

TAX DATA SHEET



BeeSure TAX ADVISORS

TAX YEAR

2024

Date _____

Empty header box

Your Name S.S. # AGE: DOB: / /

Spouse Name S.S. # AGE: DOB: / /

Mailing Address (list address of state residence) Please indicate Yes If this is a new address from last year or same as last Year [] Yes [] Same Home Phone Number Work or Cell Phone Number

City, State, Zip E-mail address

Occupation: Occupation Spouse:

Are you a resident of Florida? [] Yes [] No If not, of which state are you a resident?

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No Do you have any interest in or authority over any foreign account or foreign trust? Yes No Country? _____

Do you file a tax return in another state other than Florida? [] Yes [] No If Yes what state _____ County Lived _____ If resident of another state, did you pay state income tax for Tax Year 2024? [] Yes [] No How Much Did You pay? \$ _____ If Not a Florida resident list your 2nd address here _____

Are you [] single, [] married, [] separated [] divorced [] Widowed Have you remarried? [] Yes [] No Are you recently a widow within the last 2 years. [] Yes [] No Spouse Date of Death? _____ Are [] you or [] your spouse [] blind or [] disabled? [] Head of household? Do you provide more than 50% support for anyone? Yes [] List below in dependent area

Filing Status: [] Single [] Married Filing Jointly [] Married Filing Separate [] Head of Household [] Qualifying Widow Did you live with your Spouse more than 6 months in 2024? [] Yes [] No or live with spouse for 1 day? [] Yes [] No

Is someone acting on your behalf? [] Yes [] No If Yes, Name _____ Do you have POA(circle) Yes No Relationship _____ Phone Number () _____

Would you like your refund direct deposited? [] Yes [] No Complete Attached E-File/Direct Deposit Disclosure form

Did You and all your dependents carry health insurance For the entire year? [] Yes [] No [] Maybe (You are allowed a 3 month gap) Do You Have a 1095-A or 1095 - B or 1095 - C - Is This The First Year That You or Your Spouse Are Getting Soc Security - Yes No

If new Customer, how did you hear about Us? Referral Name _____ Other _____

Do You Have a: [] Corporation [] Partnership [] Sole Proprietorship [] LLC Do you use your auto for business [] Yes [] No If box checked above Fill Out the Business Expense Section on Page 7 and/or auto expense sheet on page 5 or have attached expenses on separate sheet attached Do You Have a Trust: [] Yes [] No Did you sell any business property during 2023? [] Yes [] No What was Gain? _____ Do you own rental properties? [] Yes [] No A Time share? [] Yes [] No Farm property? [] Yes [] No If yes to any complete rental expense on Pg 7 List dependents that you are claiming on your tax return. (this person, whom you are claiming, cannot be claimed on any other person's tax If You have more dependents than 3 list how many You have here # _____ and list them on Page 4 with the information listed below.

Table with 7 columns: Name, SS # or ITIN#, Age, D.O.B, Relationship, Full time student, Months in Home

Can anyone else claim you as a dependant on their tax return? [] Yes [] No Does anyone living with you or relative not living with you depend on you for their support? [] Yes [] No Does this person make more than \$5,050? [] Yes [] NO

ATTESTATION: I/We attest that all information supplied to BeeSure Tax Advisors and contained in this Tax Data Sheet for the purpose of completing my/our tax return, is true, correct, to the best of my/our knowledge. I/we understand if I do not complete this tax data sheet in full answering all the questions, which leads to any errors on my tax return I hold BeeSure Tax Advisors harmless from all inaccuracies and harmless if I do not receive all my tax deductions, credits, or exclusions that are not included on my tax return. If any institutional statements have not been received by me and are later received after return has been filed, I hold BeeSure Tax harmless and any follow up or amended return needed will result in an a minimum \$150 charge unless I purchase the extended service agreement. If I do not complete the Tax Data sheet in full and there are inaccuracies, I will be responsible to pay for the amending of my tax return if needed starting at \$100. If I do complete the Tax Data sheet in full by completing the entire Tax Date Sheet we will not ensure the accuracy of your tax return under our Double Check Guarantee.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Check Yes or no to each question below that applies to you or family, do not fill in amounts if you have documents included to support, If no documents to support, fill in dollar amounts to the right and put check in box. The more You complete. The more You could save in Taxes

Note: How many consecutive years have you used BeeSure Tax to do your taxes? _____

- 1) Do you have **wages**, salaries, tips for the year? (Making Work Pay) Yes No # _____ \$ _____
- 2) Did you receive **interest income** for the year? # _____ Yes No # _____ \$ _____
- Did you close out any checking or CD accounts in **2024**? # of banks _____ Yes No # _____ \$ _____
- Did you have foreign interest of \$1,500 or more? Yes No # _____ \$ _____
- 3) Did you **itemize deductions** on schedule A for **2023**? (Schedule L) Yes No # _____ \$ _____
- 4) Did you receive any **dividends** for the year? Yes No # _____ \$ _____
- 5) Did you receive any **unemployment** for the year? Yes No # _____ \$ _____
- 6) Did you have any **gambling winnings**? Yes No # _____ \$ _____
- 7) Did you receive **social security or Railroad retirement** income? Yes No # _____ \$ _____
- Any Federal withholdings taken out from your soc sec for 2024?** Yes No # _____ \$ _____
- 8) Did you have (1099-R's) **pension** income? Yes No # _____ \$ _____
- 9) Did you receive a **state refund** of taxes paid from previous year? Yes No # _____ \$ _____
- 10) Do you own annuity or annuities? Yes No Is any an IRA? Yes No # of annuities? _____
- 11) Did you take any **Annuity distributions, RMD's** for the year? Yes No # _____ \$ _____
- 12) Did you have any **other income** for the year not mentioned? Yes No # _____ Type? _____
- 13) Did you receive **1099 Misc Income** from a business? Yes No # _____ \$ _____
- Did you receive a **K-1** for an investment? Yes No # _____ \$ _____
- 14) Do you have an **IRA**? Traditional Roth Sep Simple or 401k Yes No \$ _____
- Did you, or you plan to **contribute to your IRA** this year (by 4/15)? If yes, list amount below Yes No _____
- Did you take any **distributions** on your retirement account? Yes No # _____ \$ _____
- Did you take any **Required Minimum Distributions** for the year? Yes No # _____ \$ _____
- Did you **rollover a 401K** or other retirement account for the year? Yes No # _____ \$ _____
- Did you have **capital losses** to carry over from the previous tax year? Yes No # _____ \$ _____
- 15) Do you have a **brokerage account**? Yes No Did you sell any stocks? Yes No # _____
- Is your brokerage account an IRA? Yes No Have any **royalties**? Yes No \$ _____
- 16) Did you pay or receive any **alimony** for the year? Yes No # _____ \$ _____
- List person's social and the name to whom you are paying alimony. SSN _____
- Name _____
- 17) Did you use a **home office** exclusively for your business? Yes No # _____ \$ _____
- 18) Did you pay interest on a **student loan**? for you, your spouse, your dependent? No _____
- 19) Did you pay expenses for yourself, your spouse, or your dependent to attend **educational classes** beyond high school? Yes No What year currently attending (circle) **1st, 2nd, 3rd, 4th** \$ _____
- If Yes answered to question above and you received IRS form 1098-T or 1099-Q complete info on page 4**
- 20) Did you receive an early withdrawal **penalty on your CD**? Yes No # _____ \$ _____
- 21) Did you have any **moving expenses** due to job (50 miles or more) relocation? Yes No \$ _____
- If answered yes to question above list moving expenses if you moved more than 50 miles due to job on page 6 addendum**
- 22) Did you, as a self-employed business owner, pay **health insurance** premiums? Yes No \$ _____
- 23) Did you as an **educator** of children, (kindergarten thru 12th grade) pay expenses? Yes No \$ _____
- 24) Did you pay for any **childcare** for the year? # of children _____ Yes No \$ _____
- 25) Did You **sell Any Home** in **2024**? Yes No **If Yes complete Info on page 5 addendum** # _____ \$ _____
- 26) Did you **inherit any real estate** or property for the year? Yes No # _____ \$ _____
- 27) Did you pay **Estimated Payments** for the year? # of payments _____ Yes No # _____ \$ _____
- List payment amounts by quarter: \$ _____ \$ _____ \$ _____ \$ _____
- List dates paid or attach coupons (1) _____ (2) _____ (3) _____ (4) _____
- 28) Did you purchase an energy efficient item below for your principal residence in **2023**? Yes No

- Air conditioner Door(s) Windows Skylight Solar Panel
- Insulation Roof Heat Pump Furnace water heater

_____ \$ _____

29) Do you hold the **mortgage** on any property you own? (B) Yes No # _____ \$ _____

30) Did you contribute to an **HSA** (Health Savings Account) for the Year? Yes No # _____ \$ _____

Were you able To Itemize Deductions using Schedule A in the Previous Tax Year? Yes No

Please Note: The following questions numbered 31-38 below relate to whether you can itemize your deductions only if they exceed your Standard Deduction amount based on your filing status, which can be either Single, Married, Head of Household as well as if you are 65 or older or legally blind. Your Standard Deduction amounts are listed here: Your base amount for filing **married filing jointly is \$29,200**, for filing **Single \$14,600**, and for **filing Head of Household \$21,900**. You could qualify for an additional standard deduction amount to be added to your base amount if you are: Age 65 or older and **married** you can add **\$3,100** to the base amount, if 65 or over and single or **head of household** you can add **\$1,950** to your base amount. Once you know your standard deduction, if the total amount of deductions below in questions 31-38 come within a few thousand below your standard deduction amount there is a good chance you will not be able to itemize your deductions, and it is in your best interest to take the Standard Deduction amount. If there are any questions and you think you may be close complete the related questions below.

If you did not itemize for 2023, it is unlikely you will itemize for 2024. Your 2024 Standard deduction married filing jointly is \$29,200, for filing Single \$14,600, and for filing Head of Household \$21,900. If your 2024 expenses for medical and mortgage have not significantly increased and you did not itemize in 2023, you can skip questions 31- 38 below.

Questions below pertain to 2024 Tax Year

31) Did you have **medical and/or dental** expenses for the year? Yes No # _____ \$ _____

Did you incur any **medical mileage**? # of miles _____ Yes No # _____ \$ _____

Did you pay for any **prescriptions** or insulin out-of-pocket in **2024**? Yes No \$ _____

Did you purchase **eyeglasses**, contact lenses or hearing aids in **2024**? Yes No \$ _____

Have you seen a **chiropractor**, psychiatrist or psychologist in **2024**? Yes No \$ _____

Did you pay any **nursing home, home health care, assisted living bills**? Yes No \$ _____

Did you pay any **health insurance** premiums in **2024**? Individual Group? # _____ \$ _____

Did you pay any **Long-Term Care** premiums? Yes No \$ _____

Did you pay **Medicare Supplement** or **Medicare Advantage** Premiums? Yes No \$ _____

32) Did you own a **home in 2024**? Yes No In which state is this home? _____

Was a house purchased in **2024**? Yes No Do you own a 2nd home? Yes No \$ _____

What state is 2nd home? _____

Did you pay an **origination fee** on purchase of new home in **2024**? Yes No # _____ \$ _____

Do you have **mortgage interest** that you paid in **2024**? Yes No # _____ \$ _____

Did you pay **property taxes** for your home in **2024**? Yes No # _____ \$ _____

Do you have **mortgage interest** that you paid on 2nd home? Yes No # _____ \$ _____

Did you pay **property taxes** for your 2nd home in **2024**? Yes No # _____ \$ _____

Are you currently paying on a **home equity** line of credit? Yes No # _____ \$ _____

Are you currently paying on a **2nd mortgage**? Yes No # _____ \$ _____

Do you have an **FHA loan**? Yes No Are You paying **MIP**? Yes No # _____ \$ _____

Do you have **PMI** on your current mortgage? Yes No # _____ \$ _____

33) Have you made any cash **donations** or contributions in **2024**? Yes No # _____ \$ _____

Have you made any **donations** to Goodwill/Salvation Army? Yes No # _____ \$ _____

(Donations to Goodwill/Salvation Army must have receipts (from either) completed and value placed on items donated)

If yes to the question above, do you have the receipts? Yes No \$ _____

Did you incur any **charitable miles**? Yes No # _____ \$ _____

34) Have you made any **large purchases** for the year (Car, boat, A.C, pool, or roof etc)? Yes No

If yes list the amount of interest paid for large purchases \$ _____ \$ _____

35) Did you have **casualty losses** on one of the following?

fire, storm damage, stolen property water damage Yes No # _____ \$ _____

36) Did you have expenses for **investment advice** or **Tax Preparation** ? Yes No # _____ \$ _____

37) Do you have **unreimbursed expenses** you paid for as an employee? Yes No # _____ \$ _____

(Union Dues, Job Education, clothes, shoes, safety glasses, etc.) **if yes please complete sheet on page 4 Business Expenses**

38) Did you receive any **gambling losses** to offset winnings? Yes No # _____ \$ _____

Please write additional notes or information concerning your tax return if needed to help the tax preparer.
 Or **Additional Dependents from Page 1** (error on the side of giving us more information to not miss any deductions on your behalf)

1098-T or 1099-Q Questions Please answer below for yourself or the student that you have paid cost related to education cost at an accredited college or learning program.

(Internal use only) Customer gave answers on phone Yes No Who asked questions? _____

- 1) Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for any 4 prior years? Yes No
- 2) How many years has student attended at the end of last year (Dec 31st)? example: 1st year, 2nd year, 3rd year, 4th year _____
- 3) Was the student enrolled at least half-time for at least one academic period that began in **2024** at an eligible education institution in a program leading toward a post secondary degree, certificate, or other recognized post secondary educational credential? Yes No
- 4) Did the student complete the first 4 years of post-secondary education before this tax year for which you are filing? Yes No
- 5) Was the student convicted of a felony possession or distribution of a controlled substance **before the end of tax year 2024**? Yes No

Business Expenses on Schedule C or S-corp, or Miscellaneous NEC

Supplies	\$ _____	Business Travel	\$ _____	Appliances	\$ _____
Rent	\$ _____	Business Meals	\$ _____	Tools	\$ _____
Insurance(E & O)	\$ _____	Wages	\$ _____	Licenses	\$ _____
Mortgage Ins	\$ _____	Advertising	\$ _____	Maintenance	\$ _____
Attorney Fees	\$ _____	Office Expenses	\$ _____	Wages	\$ _____
Dry Cleaning	\$ _____	Lawn Service	\$ _____	Bus Telephone	\$ _____
Repairs	\$ _____	Postage	\$ _____	H.O.A	\$ _____
Taxes	\$ _____	Uniforms	\$ _____	Cable	\$ _____
Electric Bill	\$ _____	Property Ins	\$ _____	Signage	\$ _____
Tolls	\$ _____	Website	\$ _____	Internet	\$ _____
Equipment	\$ _____	Pool Maint.	\$ _____	Water Bills	\$ _____
R.E Commission	\$ _____	Cleaning	\$ _____	Cell Phone	\$ _____
Shoes	\$ _____	_____	\$ _____	_____	\$ _____
		Other(write-in)		Other(write-in)	