



Thank you for choosing EWH SMALL BUSINESS ACCOUNTING to assist you with your 2024 taxes. This letter confirms the terms of engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. In order to prepare complete and accurate returns, we will rely, without further verification, upon information you provide to us from 3rd parties including, but not limited to, K1's, 1099's, 1098's, receipts and similar items. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. A Tax Organizer can be found on our website, www.ewhsba.com to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we may discover.

The law imposes penalties on taxpayers for failure to disclose participation in reportable transactions or abusive tax shelters on their tax returns. EWH will not be liable for any penalties in regard to the above unless EWH has been advised in writing of such participation and investments. EWH must also receive all paperwork from the taxpayer in regard to those transactions or tax shelters.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, cancelled checks, etc. as these items may later be needed to prove accuracy and completeness of a return.

Our engagement to prepare your 2024 tax returns will conclude when you have received the completed returns. You must pay for the tax preparation and any related services we provide at this time. Review all tax return documents carefully before signing them. If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, *please sign this letter in the space indicated and return it to us in the envelope provided.*

_____	_____	_____	_____
Client Signature	Date	Spouse Signature (if MFJ status)	Date
_____		_____	
Print Name		Print Name	

20670 Watertown Road, Waukesha, WI 53186
2021 S 18th Avenue Ste 201, West Bend, WI 53095

1613 Main Street, Ste 4, Onalaska, WI 54650
2810 Crossroads Drive, Ste 4000, Madison, WI 53718

Notes to EWH:

Information yet to be provided:

EWB 2024 Personal Income Tax Return Organizer

Please complete and return to us at EWB Small Business Accounting S.C., 20670 Watertown Rd, Waukesha WI 53186. To ensure a timely return, please complete no later than **March 1, 2025**. Information received after **March 14, 2025**, will be automatically extended at an additional charge.

You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of five years to comply with Federal and State regulations and audit procedures. Do not claim as deductions any bills that have not actually been paid within the year.

PRIMARY CONTACT INFORMATION

PRIMARY NAME _____ **EMAIL** _____ Phone _____

SPOUSE NAME _____ **EMAIL** _____ Phone _____

When your tax return is completed, would you like to have us:

- Email my tax return via DOCUSIGN.** In lieu of a paper copy we will email your return to the primary email address listed above.
- I will **pick up** my tax return and supporting documents at EWB office Waukesha West Bend Onalaska
- Mail** my tax return and supporting tax documents to the address on the tax return for an additional \$15 fee.

BANKING INFORMATION

Do you wish to have your refund directly deposited into your personal bank account? Yes No

If Yes, please check below or fill in banking information or attach a voided check or deposit slip.

Direct Deposit Information is same as last year

Name of Bank _____ Checking Savings

Bank Routing No _____ Bank Account No _____
(9 digit number on bottom left of check)

PERSONAL INFORMATION

FILING STATUS(choose one): Single Married Filing Joint Widow(er) Head of Household Married Filing Separate

CHANGE IN MARITAL STATUS? IF YES, PLEASE EXPLAIN: _____

Primary _____ Spouse _____

Soc Sec # _____ Soc Sec # _____

Date of Birth _____ Date of Birth _____

Occupation _____ Occupation _____

Date of Death (if applicable) _____ Date of Death (if applicable) _____

Can you be claimed as a Dependent on someone else's return? Taxpayer Spouse

ADDRESS INFORMATION

Street _____ Apt # _____ City / Village / Town _____ State _____ Zip _____

County _____ Township/School District _____ Within City Limits? Yes No

State Residency Change:

Moved From _____ /24 through _____ /24 Moved From _____ /24 through _____ /24
State Dates State Dates

DEPENDENTS

Any change in Dependent from prior year? If YES, please explain.

Full Name	Social Security #	Date of Birth	Relationship	# of Months Lived in Home	% of Support		v Check if Legally Blind	Need to File Tax Return
					by You	by Other		
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NOTE: ADD ADDITIONAL DEPENDENTS IN NOTES ON PAGE 2

ESTIMATED TAX PAYMENTS MADE

Due Date	Federal		State	
	Amount Paid	Actual Date Paid	Amount Paid	Actual Date Paid
Amount Applied from prior year				
Due April 15, 2024				
Due June 15, 2024				
Due Sept. 15, 2024				
Due Jan. 15, 2025				

Check all questions and provide documentation for all questions answered 'Yes'.

Yes No

- Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund? Tax Payer Spouse
- Were you notified by the IRS or State of any changes in your prior years tax returns? *If yes, provide correspondence.*
- Did you receive an Identity PIN from the IRS or have you been a victim of identity theft? *If Yes, please provide correspondence.*
- Did you receive an Identity PIN from WI Dept of Revenue? *If Yes, please provide correspondence.*
- Did you make gifts of more than \$18,000 to any individual?
- Did your children under the age of 19 or a full-time student under the age of 24 have unearned (non-W2 income) income over \$2,500?

INCOME

Yes No

- Did you have W-2 Income? # _____ of W-2's provided
- Did you have any Interest Income? # _____ of 1099 - INT statements provided
- Did you have any Dividend Income? # _____ of 1099 - DIV statements provided

Any non taxable for federal or state? If yes, please list: _____

- Did you have any sale of stocks or bonds? *Provide year end statement and 1099-B*

List any sales not reported on 1099, but do not duplicate what's reported on 1099's.

Description	Date Acquired	Date Sold	Selling Price	Cost	Gain (Loss)

- Did you have any business income and expenses not prepared by EWH? *If Yes, complete Profit or Loss Worksheet PAGE 9*
- Did you have any Rental Income or expenses? *If Yes, complete Rent and Royalty Income Worksheet PAGE 11*
- Did you have any Partnership, S-Corp, or Estate/Trust income not prepared by EWH? # _____ of K-1s provided
- Did you have any Farm income or loss? *If Yes, complete the Farm Business Worksheet PAGE 12*
- Did you receive Form 1099-K from a payment processing company? *If YES, please provide documentation*

Check all questions and provide documentation for all questions answered 'Yes'.

INCOME (Continued)

RETIREMENT INCOME

- Did you receive Social Security Benefits? # _____ of 1099 SSA statements provided
- Did you make any withdrawals or distributions from an IRA, Roth IRA, 401(k), Keogh, SIMPLE, SEP, or other qualified retirement plan?
_____ of 1099 - R statements provided
 Yes No Were any of these distributions sent directly to a Charitable Organization? If Yes, please provide documents of Charitab
- Were the proceeds rolled into another retirement plan within 60 days? Please provide year end statements
- Did you or your spouse turn age 73 during the year and not take the required minimum distributions from your IRA or other retirement account?
- Did you convert any IRA proceeds into a Roth IRA? Please provide details

OTHER INCOME

- Did you receive Unemployment Compensation? # _____ of 1099-G statements provided
- Did you receive any Disability Income? # _____ of 1099-R statements provided
- Did you have income from the lottery or other Gambling Income? # _____ of W2-G statements provided
Losses: Provide statements to offset Income
- Did you receive Tip Income not reported to your employer? If so, how much \$ _____
- Did you pay or receive any Alimony? Paid \$ _____ Received \$ _____ Date of Divorce _____
To/From: Name _____ Social Security # _____
- Did you have any debt forgiven, mortgage foreclosure or abandonment of property? Provide 1099-A or 1099-C statement
- Did you engage in any bartering transactions? # _____ of 1099-B statements provided
- Did you have any transactions using virtual currency (i.e. Bitcoin)?**
- Did you receive punitive damages or awards for other than physical injuries or illness? If yes, provide legal documents.
- Did you receive any Royalty Income If yes, provide 1099MISC
- Did you have any sale or purchase of real estate (incl. your personal residence) or personal property?
Provide closing settlement statements.
If personal residence: Mo/Yr of Purchase _____ Purchase Price \$ _____
Additional improvement costs to property \$ _____
- Did you have income from an installment sale? If Yes, include documents from year of sale. If after year of sale, please provide:
Principle Amt Received \$ _____ Interest Amt. Received \$ _____

FOREIGN INCOME

- Did you have any Foreign or undeclared Offshore Income? Please explain:

- Did you have foreign assets that exceeded \$10,000 at any time during the year? Please explain:

(Including but not limited to bank accounts, entity interests and real estate)
If Yes: Bank Name _____ Bank Addr: _____
Acct # _____ Type of Acct _____
Owner(s) Name on Acct _____ Maximum value during calendar year \$ _____

HEALTH INSURANCE

HEALTH INSURANCE / HSA / MSA

- Did you have essential health insurance for yourself and/or your family through the Marketplace?
If Yes, please provide ALL Forms 1095-A.
If you have not received Form 1095-A, log in to your account <http://www.healthcare.gov/login>

Check all questions and provide documentation for all questions answered 'Yes'.

CREDITS

Yes No

- Did you have expenses associated with adopting a child? \$ _____
- Did you incur any expenses as an Armed Forces reservist, qualified performing artist, or fee-based Gov't official? \$ _____
- Did you incur and pay any Student Loan interest? \$ _____ Provide 1098-E statement
- Did you incur any non-business bad debt?
- Were you a grade K-12 Educator who had out of pocket expenses? \$ _____
- Did you make any contributions to or distributions from a Medical Savings Accounts or Health Savings Account?
(**DO NOT** include amounts deducted pre-tax from your paycheck under a Section 125 Cafeteria Plan)

Please provide all supporting documents.

Contributions: # _____ of Form 5498-SA

Distributions: # _____ of Form 1099-SA

How many months have you participated in a High Deductible Health Plan? _____

Is your High Deductible Health Plan _____ Single Coverage _____ Family Coverage

Yes No Were all distributions used for Qualified Medical Expenses?

- Did you, or will you, contribute to an IRA or Roth IRA?
(excludes employer plans) Include statements from IRA and Roth IRA administrators

Traditional IRA

Roth IRA

	Deductible	Non-Deductible	
Taxpayer \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Taxpayer \$ _____
Spouse \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Spouse \$ _____

- Did you have any Higher Education expenses for you or a dependent? **Credit will not be allowed without 1098T**
Please list unreimbursed or out-of-pocket education expenses only (now includes computer purchases/costs and internet charges).
Please provide a payment transaction listing from the university.

Student Name	Year in College (1st, 2nd, 3rd, 4th, etc.)	State College Is In	Tuition & Enrollment Fees Paid	Enrollment Status (full time, half time, less than 1/2)
			\$ _____	
			\$ _____	
			\$ _____	

- Were any proceeds from a Section 529 or Section 530 College Sponsored Savings Plans used to pay these expenses?
Please provide expense details and Form 1099-Q:

- Did you incur child care expenses (i.e. daycare)? *If yes, provide statements*

List number of qualifying children cared for _____ Total Expenses Paid \$ _____

Information of Child Care Provider:

Provider Name _____

Address _____

EIN or Social Security # _____

Amount Paid _____

Child's Name _____

Information of Child Care Provider:

Provider Name _____

Address _____

EIN or Social Security # _____

Amount Paid _____

Child's Name _____

If payments were made to an individual and they totaled **more than \$2,600**:

- Were the services performed in your home?
If YES, have you filed wage tax returns? Yes No

- Did you install Exterior doors, Windows, Skylights, Insulation, HVAC, Water heater, Wind, Solar, to your existing primary residence?

Date Installed	Description	Amount Paid

- Did you install Exterior doors, Windows, Skylights, Insulation, HVAC, Water heater, Wind, Solar, or Geothermal property to new construction of a primary residence?

Date Installed	Description	Amount Paid

- Did you purchase a Clean Energy, electric vehicle? Please provide copies of Purchase Documents

Year, Make and Model	VIN	Purchase Date

Check all questions and provide documentation for all questions answered 'Yes'.

ITEMIZED DEDUCTIONS

Yes No

UNREIMBURSED MEDICAL EXPENSES

Did you have any unreimbursed out of pocket medical expenses?

(exclude Medical Savings Account, Flexible Spending Account & Health Savings Account Expenses)

Note: Deduction is only allowed if medical expenses exceed 7.5% of Adjusted Gross Income (AGI).

Medical & Dental Insurance Premiums \$ _____
(exclude pre-tax deductions from paycheck and Medicare)

Medical/Dental Bills \$ _____
(includes glasses, hearing aids, lab fees, ambulance fees, hospitals, etc.)

Medicare Supplemental Insurance \$ _____

Other medical expenses (please specify)

Long Term Care Insurance Taxpayer \$ _____
Spouse \$ _____

_____ \$ _____
_____ \$ _____

Prescription Medicine, Drugs & Insulin \$ _____
(prescription drugs purchased outside of the US are not eligible for deduction)

Medical Transportation & Lodging \$ _____

Miles Driven for Medical Care _____ miles

TAXES PAID

Did you pay real estate taxes? Primary Residence \$ _____ Secondary Residence \$ _____
Include tax bill and paid receipt

INTEREST PAID

Did you pay mortgage interest? Primary Residence \$ _____ Secondary Residence \$ _____
Include Form 1098
HELOC \$ _____ Other \$ _____

If HELOC, please describe what proceeds were used for: _____

Interest Paid to Individuals:

_____ \$ _____
Name

Street Address _____ City _____ State _____ Zip _____ Social Security # _____

CHARITY

Did you make any charitable contributions? *Please refer to Page 3 Retirement Income if Gift was made via a Retirement Account Distribution*

Cash Contributions:

<u>List to Whom Contributed</u>	<u>Amount</u>	<u>Receipts</u>
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Non-Cash Items Given to Charity (detailed list required):

<u>List Organization</u>	<u>Value</u>	<u>Receipts</u>
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Miles driven for charitable purposes: # _____ of miles

MISC

Did you have any casualty losses? \$ _____ Description: _____

Check all questions and provide documentation for all questions answered 'Yes'.

WISCONSIN

Yes No

Did you pay rent for housing? (Annual) \$ _____ Was heat included? Yes No

Did you make any contributions to a WI college savings account? If Yes, fill in the information below for each student. If more than 2 beneficiaries, use Comments and Notes.

WI EdVest Account
Tomorrow's Scholar Account
Name _____ SS # _____
Amount \$ _____

WI EdVest Account
Tomorrow's Scholar Account
Name _____ SS # _____
Amount \$ _____

Did you pay for a Dependent(s) to attend a private school? If Yes, complete the information below for each student. If more than 2 children, please use Comments / Notes / Missing Tax Items (bottom of page).

Student's Name _____
Grade:
K 1 2 3 4 5 6 7 8 9 10 11 12
Amount Paid in 2024 \$ _____
Name of School _____
Address _____
School FEIN # _____

Student's Name _____
Grade:
K 1 2 3 4 5 6 7 8 9 10 11 12
Amount Paid in 2024 \$ _____
Name of School _____
Address _____
School FEIN # _____

Did you receive child support (for WI Homestead credit only)? If Yes, amount received \$ _____

Did you purchase items out of state with No Sales Tax paid? If Yes, list purchase amount \$ _____

Do you want to donate to any of the following?

- Endangered Resource Fund \$ _____ Multiple Sclerosis \$ _____
Red Cross WI Disaster Relief \$ _____ Second Harvest/Feeding Amer. \$ _____
Cancer Research \$ _____ Military Family Relief \$ _____
Veterans Trust Fund \$ _____ Special Olympics \$ _____

Profit or Loss From Business Worksheet

(Fill out **IF NOT** prepared by EWH)

Business Name _____

FEIN Number _____

Entity Type: Sole Proprietorship Single Member LLC

Business Belongs to: Taxpayer Spouse

Description of Business Activity _____

Yes No

Do you pay for Health Insurance Premiums?

Provide Amount paid for premiums in calendar year \$ _____

Did you receive loan proceeds from the **Economic Injury Disaster Loan (EIDL)**?

Balance owed on this loan as of December 31, 2024 Amount \$ _____

Did you make any payments in 2024 that would require you to file Form(s) 1099?

If Yes, did you or will you file all required Forms 1099?

Did you use gas or special fuels in off-road vehicles for business or farm use? Number of gallons _____

Beginning Inventory Jan. 1, 2024 \$ _____ Ending Inventory Dec. 31, 2024 \$ _____

INCOME	\$
Gross Receipts or Sales Include ALL 1099NEC/1099K received	
Less: Returns & Allowances	
Cost of Goods Sold	
EXPENSES	\$
Advertising	
Vehicle Expense - See Next Page	
Commissions & Fees	
Contract Labor	
Employee Benefits	
Insurance (other than health)	
Mortgage Interest (paid to banks)	
Health Insurance	
Other Interest	
Legal & Professional Services	
Office Expense	
Pension & Profit Sharing Plans	
Equipment Lease	
Rent	
Repairs & Maintenance	
Supplies	
Taxes & Licenses	
Travel	
Meals	
Entertainment	
Utilities	
Wages	
Telephone	
Dues & Subscriptions	
Bank Service Charges	

Profit or Loss From Business Worksheet (Continued)

Other Expenses: Please list	\$

Equipment Purchases: Please list	\$

Yes **No**

Did you have a home office?

If Yes, total square footage of home _____ and total square footage of office space _____

Home Expenses:	\$
Home Owners Insurance	
Utilities	
Repairs & Maintenance	
Home mortgage interest & Real estate tax - report on Page 7	

Did you have a personal vehicle used for business?

Vehicle 1

Vehicle 2

Driven by (circle one)	Vehicle 1	Vehicle 2
Description of Vehicle		
Date Purchased		
Cost or other basis. If leased, enter yearly lease payments		
Actual Vehicle Costs in 2024		
Business Miles Driven in 2024		
Commuting Miles Driven in 2024		
Was the Vehicle used for Personal Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the Business Miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
➔ Is evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rent and Royalty Income Worksheet

Yes **No**

Did you make any payments in 2024 that would require you to file Form(s) 1099?

If Yes, did you or will you file all required Forms 1099?

	Property #1	Property #2	Property #3
Description of Property			
Gross Rents & Royalties			
Expenses:	\$	\$	\$
Advertising			
Auto			
Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Other Professional Fees			
Management Fees			
Mortgage Interest (Form 1098)			
Other Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Wages & Salaries			
Other:			

Please ✓ check one for each property:

<input type="checkbox"/> Single Family	<input type="checkbox"/> Single Family	<input type="checkbox"/> Single Family
<input type="checkbox"/> Multi Family	<input type="checkbox"/> Multi Family	<input type="checkbox"/> Multi Family
<input type="checkbox"/> Short-Term / Vacation	<input type="checkbox"/> Short-Term / Vacation	<input type="checkbox"/> Short-Term / Vacation
<input type="checkbox"/> Self Rental	<input type="checkbox"/> Self Rental	<input type="checkbox"/> Self Rental
<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

What % of the property did you occupy during the year?	_____ %	_____ %	_____ %
If property was a Vacation home, how many days was it occupied by you?	_____ days	_____ days	_____ days
How many days rented?	_____ days	_____ days	_____ days
Were you active in the management of the rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Farm Worksheet

Business Name _____

FEIN Number _____

Entity Type: Sole Proprietorship Single Member LLC

Business Belongs to: Taxpayer Spouse

FARM INCOME	\$
Farm Income	
Distributions received from co-ops	
Agricultural program payments	
Crop insurance proceeds received in current year	
Other income	
FARM EXPENSES	\$
Car and Truck	
Chemicals	
Conservation expenses	
Custom hire	
Depreciation	
Employee benefits	
Feed purchased	
Fertilizer/Lime	
Freight/Trucking	
Gasoline/Fuel/Oil	
Insurance	
Mortgage interest	
Interest - other	
Labor hired	
Pension/Profit sharing	
Rent/Lease - machinery	
Rent/Lease -other	
Repairs/Maintenance	
Seeds/Plants	
Storage/Warehousing	
Supplies	
Taxes	
Utilities	
Veterinary, etc.	
Other expenses	

Did you use gas or special fuels in off-road vehicles for business or farm use? Number of gallons _____

Did you use a personal vehicle used for Farming?

Description of Vehicle	
Date Purchased	
Cost or other basis. If leased, enter yearly lease payments	
Actual Vehicle Costs in 2024	
Business Miles Driven in 2024	
Commuting Miles Driven in 2024	
Was the Vehicle used for Personal Use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the Business Miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
➔ Is evidence in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No