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January 2, 2024

To Our Loyal Clients:

It is that time of year again, time to begin assembling information for the preparation of your 2023 income tax returns. Enclosed along with this letter is our normal Client Information Worksheet, Client Checklist, Itemized Deduction Checklist, and our engagement letter WHICH WILL NEED TO BE COMPLETED AND SIGNED. If you or someone you know needs our "Client Tax Package", you can retrieve this from our website www.boremanbabb.com under resources. Also, as a reminder, we do require payment (cash or check) of our tax preparation fees when you pick up your return from our office.

We HIGHLY recommend that you drop off your tax information at our office as soon as possible once you believe you have received all of your documents. As the end of tax season approaches there will be a point in time that we will not be able to complete any more returns before April 15th. We will certainly let you know at the time you drop off your tax information, approximately when you can expect your return to be completed or whether it will need to be put on an automatic extension. If you have not dropped off your tax information but would like us to prepare an automatic extension, please contact our office by April 3rd, 2024.

We are always hopeful that you might tell other people about the great service we provide to our clients. We are confident that your friends and family will find our tax preparation work quick, efficient, and very reasonably priced. Thank you so much for your loyalty and for spreading the word. It is our greatest advertisement. We will always strive to give you the best service possible and we will always be willing to go the extra mile.

We look forward to assisting you in the upcoming year. We trust you have had a wonderful Holiday and a Happy New Year. Thank you for your loyalty and friendship.

Sincerely,

Daniel and Matthew

CLIENT INFORMATION WORKSHEET

PERSONAL INFORMATION

Taxpayer Name:	Spouse's Name	Spouse's Name: Spouse's Occupation:				
Taxpayer Occupation:	Spouse's Occup					
Taxpayer Birthdate:	Spouse Birthda					
Taxpayer Work Telephone:	Spouse Work T					
Taxpayer Cell Phone:	one:					
Home Telephone:	E-mail address:					
Current Address:	City:	State: Zip:				
School District:	County:	Twp/Boro/City:				
	ELECTRONIC – FILING INFOR	MATION				
Bank Name:	Checking	g account Savings account				
Account Number:	Routing Numb	per:				

CHECKLIST OF ITEMS TO BRING WITH YOU OR DROP OFF

1. All W-2's and 1099's.
2. All K-1 forms from S Corporations and Partnerships.
3. All 1098's (Mortgage interest statement).
4. Any Escrow statements.
5. 1099 forms which list stock sales (will also need purchase date and cost).
6. 1099 forms which list unemployment compensation, refunds, pension payments, and social security benefits.
7. 1099 forms which report IRA transfers.
8. 1095 forms which report Health Insurance coverage.
9. Social security numbers and birthdates for all dependents born in 2023.
10. Name and social security number of a former spouse to whom you paid alimony. If you received alimony, we'll need to know the amount for the year.
11. If you moved during the year, we will need the dates, addresses and school districts that you moved from and to.
12. Form 1098-T issued from a school for any tuition expenses.
13. Year End statements documenting any 529 plan contributions.
14. Record of estimated tax payments.
15. Names, addresses and identification numbers of all daycare providers.
16. Your 2022 tax return. (For new clients only if you have not already provided it.)
17. Settlement sheets (HUD-1) for any real estate purchases or sales.
18. A list of any purchases or improvements to your home involving energy efficient items (i.e., certain rated windows, furnaces, solar, geothermal, etc).
19. List of any foreign bank accounts and balances at the end of the year.
20. Any other documents you feel may be needed or have questions on

ITEMIZED DEDUCTION CHECKLIST (PAID IN 2023)

MEDICAL EXPENSES			<u>C</u>	<u>ONTRIBUTIONS</u>		
Prescription drugs	\$			House of worship	\$	
Health insur. premiums	\$			Heart/Cancer	\$	
Medicare premiums	\$			Payroll deductions	\$	
Long-Term Care Ins.	\$			United Way	\$	
Doctors & dentists	\$			Easter seals	\$	
Hospitals/Medical lodging	\$			Salvation Army (good	ls) \$	
Med. Mileage (22¢/mile):	<u>mil</u>	es		Goodwill (goods)	\$	
Lab. & X-ray	\$			Charity miles (14¢/mil		
Glasses, hearing aid	\$			•	\$	
	\$			•		
	\$		BU	USINESS EXPENSES		
				OTE: NON-REIMBU	RSED EMPLOYEE	
<u>TAXES</u>				XPENSES NO LONGE		
Real estate tax	\$			N FEDERAL RETUR		
Other property tax	\$			Professional licenses	\$	
Occupation taxes	\$			Trade/Prof. journals	\$	
Personal taxes	\$			Educational expenses	\$	
1 01301141 041103	\$			Safety equipment	\$	
	\$			Work tools	\$	
	- Ψ			Business telephone	\$	
INTEREST				Uniform cost	\$	
Home mortgage- 1 st *	\$			Uniform laundry	\$	
Home mortgage- 2 nd *	\$ \$			Professional societies	\$	
Student Loan Interest	\$	_		Business Miles (65.5¢)		mile
Investment interest	\$			Total vehicle mileage		
* If paid to individual list r				Business Meals	\$	
address, and social security				Dusiness Meals		
address, and social security	mumoer.				\$	
<u></u>					\$ \$	
		OTHER IN	FORMATIO	ON		
Alimony payments \$Name				Daycare expenses: Name:		
SSN		_		Address:		
SSN Tradional IRA \ ROTH IRA	(circle one) denosits:	_		Address		
				SSN:	A mount paid:	
Husband \$ Wife\$		=				
SEP IRA deposits \$		_		Name:		
SEF IKA deposits \$		_		Address:		
529 Plan Contributions: \$				SSN:	A mount noid:	
32) I han Commountons. \$\psi		-		5511.	7 inount para.	
	ESTIM	MATED TAX	X PAYMEN'	TS MADE		
FEDERAL		STA	ATE		LOCAL	
Date Amount		Date	Amount	<u>I</u>	Date Amount	
						