



HETLETVED

CPA

620 Main Avenue • PO Box 1106
Washburn, ND 58577-1106
1-888-602-3020
www.hetcpa.com

Tax Disclosures
2024

Name: _____
****Notifications will be provided via text****
Phone: _____ I do not wish
Email: _____ to receive texts

****This form is required every year****

****It must be signed****

Please complete this form for you and all dependents.

Part 1. All Taxpayers Tax return copy preference: Folder Flash Drive Portal

Yes No

REFUND: Direct deposit Bank: _____ Checking Savings
Routing No: _____ Account No: _____

I've reported all taxable income.
 I've included all W-2s, 1099s, 1099-Gs, 1099-SAs, 1098-Ts, & 1095-As. No other forms will be received.

Healthcare.gov: I purchased my health insurance through the healthcare exchange
(Also known as the health insurance marketplace or Obamacare) and **Form 1095-A** is included.

I paid out of pocket (not through my employer) for my health insurance in 2024.
Total premiums paid for the year: \$ _____ (Include Ministry Sharing Plans)

I gave a gift to an individual over \$18,000.
RETIREMENT CONTRIBUTIONS: TRADITIONAL IRA SEP ROTH IRA
(Do not include contributions to an employer's plan) if yes, \$ _____

*I have foreign accounts in excess of \$10,000.
 I made energy efficient improvements to my home in 2024 (windows, doors, solar, hvac, water heater)
Improvement made: _____ Cost \$ _____ Labor \$ _____

I have long-term care (nursing home) insurance that qualifies for the
ND partnership plan tax credit. (if yes) 2024 premiums paid: \$ _____

I made payments to ND College Save in 2024. Total paid: \$ _____
ESTIMATED TAX PAYMENTS: I made Federal and or State estimated tax payments (list)

Federal: Apr 2024 _____ Jun 2024 _____ Sept 2024 _____ Jan 2025 _____
State: Apr 2024 _____ Jun 2024 _____ Sept 2024 _____ Jan 2025 _____

(Do not include the balance due from your 2023 tax return)

I paid student loan interest of \$ _____ and 1098-Es are included.
 I (or my dependent) attended college in 2024 and form 1098-T is included. Books \$ _____
 I paid for childcare (daycare) in 2024. Total paid: \$ _____ Include after school programs and day camps
 I (or my employer) contributed to a HSA in 2024 and 1099-SA is included. Total spent: \$ _____
 *I received (as a reward, award or payment for property or services) a digital asset in 2024.
 *I sold, exchanged, gifted, or otherwise disposed of a digital asset in 2024. (Cryptocurrency, NFTs, etc.)

Taxpayer's Driver's License or State-Issued Photo ID

Circle 1 Driver's License
2 State-Issued Photo ID

Number _____ State _____

Issue Date _____ Exp Date _____

****If not provided, we will not contact you for this info****

I don't have or refuse to provide ID

Spouse's Driver's License or State-Issued Photo ID

Circle 1 Driver's License
2 State-Issued Photo ID

Number _____ State _____

Issue Date _____ Exp Date _____

****If not provided, we will not contact you for this info****

I don't have or refuse to provide ID

Part 2. Business / Farm (not required unless you own a business, farm, or rental activity)

Yes No

I have documentation of business mileage driven. (vehicle mileage log)
 I have provided information on all equipment purchases, trades, and sales.
 *I was required to issue 1099s. If yes, did you file all required 1099s? ___ Yes ___ No

* Taken directly from 2024 1040 or other schedule. These questions must be answered on all tax returns.

Signed: _____

Date: _____



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this page is not required unless you are a new client, are noting changes from a prior year, or itemize

Taxpayer

First Name M. Last Name Occupation Birthdate

Spouse

First Name M. Last Name Occupation Birthdate

Mailing Address

Telephone Home _____ Taxpayer Cell _____
Spouse Cell _____

Dependents: (PLEASE VERIFY WITH SOCIAL SECURITY CARD)

of months in your home this year

Name	Birthdate	Social Security #	Son or Daughter	# of months in your home this year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This section is only required if you itemize your deductions.

Single Standard Deduction: \$14,600

Head of Household Standard Deduction: \$21,900

Married Filing Joint Standard Deduction: \$29,200

Married, One Over 65 Standard Deduction: \$30,750

Married, Both Over 65 Standard Deduction: \$32,300

MEDICAL EXPENSES	AMOUNT
(Do not list items paid by insurance, flex, or HSA)	
Medical Insurance	_____
Medicare Premiums	_____
Long-term Care (Nursing Home) Insurance premiums	_____
Prescription drugs, medicines, insulin,	_____
Doctors, clinics, hospital, etc.	_____
Dental expense	_____
Vision expense	_____
Hearing expense	_____
Other _____	_____
Medical travel	_____
(_____ Miles @ 21¢)	_____

*note: medical expenses may not be deductible in full

TAXES PAID

State income tax _____
Real estate tax _____

INTEREST EXPENSE	AMOUNT
Home - paid to Bank	_____
Home - paid to Individual	_____
(Name, SS# & Address)	
Points paid	_____

*If you have financed the purchase of a home, or refinanced your existing home, please provide a copy of the closing statements.

CONTRIBUTIONS	AMOUNT
(Do not include political contributions)	
Church	_____
Other	_____
Non Cash	_____
Charity travel	_____
(_____ Miles @ 14¢)	_____