

## 2024 Estimated Payments

NAME: \_\_\_\_\_

<b>Did you make Estimated Payments to the IRS, PA (or another state) or Local? If so, list below</b>			
<b>IRS (due dates listed)</b>	<b>Amount</b>	<b>Date</b>	<b>Check #</b>
Q1 (4/15/2024)	\$		
Q2 (6/17/2024)	\$		
Q3 (9/15/2024)	\$		
Q4 (1/15/2025)	\$		
<b>PA (due dates listed)</b>	<b>Amount</b>	<b>Date</b>	<b>Check #</b>
Q1 (4/15/2024)	\$		
Q2 (6/17/2024)	\$		
Q3 (9/15/2024)	\$		
Q4 (1/15/2025)	\$		
<b>Local (due dates listed)</b>	<b>Amount</b>	<b>Date</b>	<b>Check #</b>
Q1 (4/15/2024)	\$		
Q2 (6/17/2024)	\$		
Q3 (9/15/2024)	\$		
Q4 (1/15/2025)	\$		

**Please list any 2024 tax related questions or concerns (please wait until after 4/15 for questions about next tax year):**

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## 2024 SUMMARY SHEET

NAME: \_\_\_\_\_

**\*\*\*WE DO NOT NEED RECEIPTS\*\*\***

**PLEASE DO NOT SUBMIT RECEIPTS. KEEP RECEIPTS FOR YOUR RECORDS. PROVIDE US A SUMMARY.**

PLEASE SUMMARIZE	YOU	SPOUSE
<b>Medical Summary:</b>	<b>Amount</b>	<b>Amount</b>
Health Insurance Premiums (not including Medicare from SS statements or paid from an Employer plan)	\$	\$
Out of pocket co-pays & prescriptions (exclude if paid from or reimbursed by HSA, MSA, FSA)	\$	\$
Prescriptions	\$	\$
Medical Parking, tolls, hotels	\$	\$
Medical Miles Driven	\$	\$
Long Term Care Premium paid		
<b>Tax Summary:</b>	<b>Amount</b>	<b>Amount</b>
Union Dues	\$	\$
Teacher or Unreimbursed Employee Expense	\$	\$
Sales Tax on MAJOR purchases (vehicle, appliance)	\$	\$
Real Estate Taxes primary residence	\$	\$
Real Estate Taxes vacation home, not rental	\$	\$
State Taxes paid with 2022 return in 2024	\$	\$
Local Taxes paid with 2022 return in 2024	\$	\$
<b>Mortgage Interest Paid: (form 1098)</b>	\$	\$
<b>Total Charity: (may be deductible)</b>	<b>Amount</b>	<b>Amount</b>
Check or Cash Contributions	\$	\$
Non Cash Contributions (estimate value)	\$	\$

Home Office:	Amount	Amount
Rent	\$	\$
Homeowner or renter insurance	\$	\$
Total Utilities	\$	\$
Internet & Cell phone	\$	\$
General household repairs	\$	\$
Other misc. unreimbursed expenses	\$	\$
Furniture and Equipment (not reimbursed)	\$	\$
Square Footage of Home		
Square Footage of Office		

**529 Contributions made in 2024 – refer to 529 statements**

Full Name	Social Security Number	Amount