

NOBLE INCOME TAX, LLC

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2024 Tax Year

We need your Basic or updated Information for this year

First:	Last:	Spouse's First:
Address:		
Zip code:	City	State
Telephone Work Phone	Time available to receive call	: am pm
	Cell Phone	
Your B-day:	Your Occupation:	Your SS:
Spouse's B-day	Spouse's Occupation:	Spouse SS :
E mail Address :		

Single:	Married Filing Jnt.	Married filing Sep.	Head of H	Widower
Your Employer #1 _____	_____	_____	_____	\$ _____
Your Employer #2 _____	_____	_____	_____	\$ _____
Spouse's Employer #1: _____	_____	_____	_____	\$ _____
Spouse's Employer #2 _____	_____	_____	_____	\$ _____
Did you receive any Other Incomes (e.g,1099) ?	You ()Yes ()No	Spouse ()Yes ()No		
Did you receive Social Security Income this year ?	You ()Yes ()No	Spouse ()Yes ()No		
List below ONLY changes from last year or check box () Same dependents as Last Year				

Please remove the following former Dependents for this year:

1 _____ (2) _____ (3) _____ (4) _____

Current Dependents (do not list your name or spouse's) (** names only if on file)

NAME (first and Last names)	Social Security #	Birthday	Relationship
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1 _____ - - - - - - - - - - _____

2 _____ - - - - - - - - - - _____

3 _____ - - - - - - - - - - _____

Use Check Box as a check-off of documentation being enclosed or write the amount :

Do you and your Family have Medical Insurance coverage for this year ? # of months of coverage: ()

() Interest Income: \$ _____ () Dividend Income \$ _____

() Other income (Alimony, Gambling, Part time job paid in cash) \$ _____

() Capital gain or loss from sale investments (if applicable) \$ _____

() **Unemployment compensation received:** \$ _____

() **Real Estate Tax** (if you are not filing long form otherwise write on page 2) \$ _____

() **Last year state refund** (if you filed a long form last year) \$ _____

() IRA contribution \$ _____ (Regular or Roth). **IRA withdrawal:** \$ _____

() Interest paid on student loan last year: \$ _____ (provide proof)

() Out of pocket Teacher's expenses (\$250 max.) \$ _____

CHILDCARE TOTAL EXPENSES \$ _____ Do you participate in Payroll Childcare deduction ()

Child #1 \$ _____ Child #2 \$ _____ Child #3 \$ _____

Person or Organization who provided childcare and EIN

Name & Address: _____

Zip code & city: _____

Are you being claimed as a dependent on any other person's return? () **YES** or () **NO**

Did you rent an Apt. or house last year in California ? : ()Yes or ()No, # of months ? ()

Landlord Address & Phone:

() e file with Direct. () Pay by Zelle via our email

Pay by Paypal

Continuation of Employer's Info:

Your Employer #3 _____ \$

Your Employer #4 _____ \$

Spouse's Employer #3: _____ \$

Spouse's Employer #4 _____ \$

*******2024 LONG FORM CLIENTS ONLY *******

2024 Standard deduction

Single or Married Filing Separately: \$14,600
 Married Filing Jointly/Widow(er):\$29,200
 Head of Household: \$21,900

Medical Expenses:
Dr Visits \$ _____
Dental...Bills..\$ _____
Med..Ins...Premium\$ _____
Med. Mileages\$ _____

Your notes to us below:

Taxes Real Estate \$ _____
Vehicle registration \$ _____
Other Taxes \$ _____

MORTGAGE INTEREST: (Lender form 1098)
Primary Lender \$ _____
Secondary Lender \$ _____
Other Lender \$ _____

<u>CHARITABLE CONTRIBUTION:</u>
Church contribution: \$ _____
Other than cash:\$ _____

NOBLETAX Use Only (Missing information)

JOB RELATED EXPENSES:
Union dues: \$ _____
Work clothes & upkeep: \$ _____
Tools, materials, tools: \$ _____
Job related expenses: \$ _____
Education (job related): \$ _____
Last year Tax Prep. Fees: _____
\$ Others: _____

ELIMINATED

Casualty & Theft (Police Report): \$