

Tax Questionnaire – Please complete- SIGN & Send with all other Tax Documents (Attach additional sheets if needed)

Name _____		Date of Birth _____	
Taxpayer: _____		DOB: ____/____/____ Occupation: _____	
Spouse: _____		DOB: ____/____/____ Occupation: _____	
Phone # _____	Email (1) _____	Email (2) _____	
Dependent(s) - List any NEW Dependent - or any other changes in dependents that have occurred in past year			
Full Name	Social Security #	Date of Birth	Relationship (Son/Daughter)

Please Check the applicable box for each & explain or provide additional information on back & attach additional sheets if needed)

Yes No **In 2024 Did you?** (and/or your spouse if applicable)

- 1) [] [] Move to a new home ? - **If yes**, enter **date moved** ____/____/____ and list your **current address** below:

- 2) [] [] Have interest in a **financial acct (bank / security / broker) in a Foreign Country**, or own property **Outside of USA** ?
- 3) [] [] Have **Health coverage** ? (including your spouse, and all dependents *if applicable*)
- 4) [] [] Sell, Dispose, Receive or Purchase any **Digital Assets** ? (Cryptocurrencies /digital coin etc...)
- 5) [] [] Renew your Driver's License? **If yes**, send a copy of the Front & Back of renewed license(s)
- 6) [] [] Pay for **Childcare**? **If yes**, complete the information requested in section (6) on Back ➡
- 7) [] [] Pay any **student loan interest**? **If yes**, include a copy of Form 1098-E for each student
- 8) [] [] Pay **Tuition** for anyone attending college? **If yes**, include a copy of Form 1098-T & the Bursar Statement.
Also list below any amounts you paid for **Books** for each Student:

- 9) [] [] Make any **monetary \$ donations** you have a receipt for? **If yes**, list information in section (9) on Back ➡
- 10) [] [] Make any **non-monetary donations** (clothes, furniture, etc...) to a charity which you have a receipt for?
If yes, and the total value donated was **under \$500** enter the total value of all items here: \$ _____
If yes, and total value donated was **over \$500** list the information requested in section (10) on Back ➡
- 11) [] [] Have any **job-related** expenses -not reimbursed by your employer? (**K-12 Teachers include classroom supplies**)
If yes, list each item and expense in section (11) on Back ➡
- 12) [] [] Pay any **Sales Tax** on large items ? (Large Appliances / Car / Boat) **If yes**, include a copy of receipt(s)
- 13) [] [] Pay **Rent** or **Property Tax**? **If yes**, list amount paid for **Rent \$ _____** **Property Tax \$ _____**
- 14) [] [] Receive **Unemployment** payments? **If yes**, include a copy of form 1099-G.
- 15) [] [] Contribute any money to a **529 College Savings plan**? **If yes**, include a copy of the end of year statement
- 16) [] [] Deposit money to an **IRA (other than employer plan)**? **If yes**, include a copy of the end of year statement
- 17) [] [] Pay for **medical / dental expenses** out of pocket? **If yes**, list in "Addl Info" section on back ➡
- 18) [] [] Receive a **1099-K form** or money for non-personal transactions w/ Venmo-PayPal-eBay-Cash App-other?
If yes, include 1099-K form and/or attach a list of transactions detailing income / costs and all expenses
- 19) [] [] Make any **Energy-Efficient improvements** to your main home? (Solar / New Furnace /Central AC / HW heater / Windows / Doors / Insulation / home energy audits) **If yes**, include a copy of the receipt(s)
- 20) [] [] Gift anyone more than 18,000 in money or property ? **If yes**, explain in the "Addl Info" section on back ➡
- 21) [] [] Make any **Estimated Tax payments**? **If yes**, enter the amounts and dates paid in section (22) on Back ➡

SIGN x _____ & Complete **ADDITIONAL INFORMATION ON BACK** ➡

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(6) List CHILD-CARE EXPENSES below- All information is required to qualify for the credit -

Childs Name	Name of Provider	Address of Provider	ID number of Provider	Amount Paid

(9) List monetary \$ Donations to Charities below – Proof of all donations is required & if over \$ 250 receipt must be from Charity.

Name of Charity	Amount	Name of Charity	Amount

(10) List NON-Monetary donations (attach additional sheets if needed – Also include Receipts / Statements from Charity)

Name of Charity	Item(s) donated	Date Donated	Original cost \$	Market Value \$ when donated

(11) List each Unreimbursed Job-related expense below- (Teachers include unreimbursed Classroom Supplies)

EXPENSE	COST	EXPENSE	COST

(22) List all Estimated Tax Payments made: **FEDERAL (IRS) Payments**

Date	Amount Paid	Date	Amount Paid	Date	Amount Paid	Date	Amount Paid

[] **STATE Payments**

Date	Amount Paid	Date	Amount Paid	Date	Amount Paid	Date	Amount Paid

> **Additional information** (attach additional sheets if needed):

> **IF you are due a Tax Refund & would like your refund Directly Deposited to a bank account complete the information below:**

Name of Bank _____ Type of Account [] Checking [] Savings

Routing # _____

Account # _____

If you have an IRS Identity PIN enter here : Taxpayer _____
 Spouse: _____

Please SIGN x _____

Send this SIGNED and completed form with your Tax Documents

(W-2 / 1099int / 1099Div / 1099B stock sales / 1098 Mortgage statement / 1099NEC / 1099Misc / 1099-K)