

2025 TAXES

Client Tax Questionnaire

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-3 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the Tax Preparer.

Standard Fees: *Form 1040 \$100 **State Tax Returns \$50 per State Schedule A or D \$50+ Schedule C, E or Form 2555 \$75+

NOTE: Additional Fees Apply for Rental Properties, Self Employment Income, Forms K-1, Foreign Earned Income Exclusions

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name		M.I.	Last name		Daytime telephone number	Are you a U.S. citizen?				
						<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2. Your spouse's first name		M.I.	Last name		Daytime telephone number	Is your spouse a U.S. citizen?				
						<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3. Mailing address			Apt #	City		State	ZIP code			
4. Your Date of Birth		5. Your job title		6. Last year, were you:		a. Full-time student	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				b. Totally and permanently disabled		<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. Legally blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Your spouse's Date of Birth		8. Your spouse's job title		9. Last year, was your spouse:		a. Full-time student	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				b. Totally and permanently disabled		<input type="checkbox"/> Yes	<input type="checkbox"/> No	a. Legally blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure										
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No										

2. List the names below of:

- **everyone** who lived with you last year (*other than your spouse*)
- **anyone** you supported but did not live with you last year

To be completed by Tax Preparer

Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____</p> <p>2. Tip Income?</p> <p>3. Scholarships? (Forms W-2, 1098-T)</p> <p>4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)</p> <p>5. Refund of state/local income taxes? (Form 1099-G)</p> <p>6. Alimony income or separate maintenance payments?</p> <p>7. Self-Employment income? (Form 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)</p> <p>8. Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?</p> <p>9. Income (or loss) from the sale or exchange of Stocks, Bonds, Digital Assets or Real Estate? (including your home) (Forms 1099-S, 1099-B)</p> <p>10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)</p> <p>11. Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)</p> <p>12. Unemployment Compensation? (Form 1099G)</p> <p>13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)</p> <p>14. Income (or loss) from Rental Property?</p> <p>15. Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.) Specify: _____</p>
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Contributions to an IRA retirement account? Enter type of IRA and contribution amount(s) in the comments sections of Page 3</p> <p>3. College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)</p> <p>4. Expenses to Itemize: <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions</p> <p>5. Child or dependent care expenses such as daycare? (provide statement from provider)</p> <p>6. For supplies used as a teacher, teacher's aide, or other educator?</p> <p>7. Expenses related to self-employment income or any other income you received?</p> <p>8. Student loan interest? (Form 1098-E)</p>
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Sell a home? (Form 1099-S)</p> <p>2. Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)</p> <p>3. Adopt a child?</p> <p>4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit <u>disallowed</u> in a prior year? If yes, for which tax year? _____</p> <p>5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)</p> <p>6. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in Box 12)</p> <p>7. Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]</p> <p>8. Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____</p> <p>9. Have a loss related to a declared Federal disaster area?</p> <p>10. Receive a letter or bill from the IRS or the State? Explain in comments section of Page 3</p>

California and New Jersey Residents ONLY**Yes No Unsure Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)**

<input type="checkbox"/>	1. Have health care coverage?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have an exemption granted by the Marketplace?

MILITARY ONLY

Date of your last PCS Move: _____ State of Legal Residency: You _____ Spouse _____

*From a tax standpoint, your State of Legal Residency (SLR) is considered your "domicile" or "resident" state as long as you are on active duty. Even if you are stationed in another state, you're still considered a resident of your SLR

Part VII – Additional Information and Questions Related to the Preparation of Your Return**1. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)**Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse**2. If you are due a refund, would you like:** a. Direct deposit b. To purchase U.S. Savings Bonds c. To split your refund between different accounts

Yes No Yes No Yes No

3. If you have a balance due, would you like to make a payment directly from your bank account? Yes No If yes, what date?**4. You will receive your tax return(s) for review and e-signing in an email through DocuSign.**

To e-sign your tax return(s), provide e-mail addresses

YOU

SPOUSE

Comments/Additional Information:

Payment is due upon completion of your tax returns. You will receive an invoice via e-mail with a link to pay online.
Your prompt payment is appreciated. THANK YOU

PREFERRED FORM OF PAYMENT: Direct Bank Payments Through 'ZELLE' OTHER FORMS ACCEPTED: PayPal, Visa or Mastercard Debit Cards

CHECK THE STATUS OF YOUR REFUND AT WWW.IRS.GOV/REFUNDS