

Client Tax Questionnaire

- 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.

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

Part II – Marital Status and Household Information

1. As of December 31, 2025, what was your marital status?

☐ Never Married (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

☐ Married a. If Yes, Did you get married in 2025? ☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 2025? ☐ Yes ☐ No

☐ Divorced Date of final decree _____

☐ Legally Separated Date of separate maintenance agreement _____

☐ Widowed Year of spouse's death _____

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

[illegible]

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

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 ☐ Yes ☐ No b. To purchase U.S. Savings Bonds ☐ Yes ☐ No c. To split your refund between different accounts ☐ 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