2024 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.
- Please complete pages 1-3 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.

To be completed by Tax Preparer

- If you have questions, please ask the Tax Preparer.
- Picture ID (such as valid driver's license) for you and your spouse.

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 Informa	ation (If y	ou are filing a joir	nt return, en	ter your name	es in the	e same order as la	ist year's re	eturn)				
1. Your first name		M.I.	Last name	9			Daytime	telephon	e number	Are you a U	I.S. citizen? □ No	
2. Your spouse's first name		M.I.	Last name	9			Daytime	telephon	e number	Is your spou	use a U.S. citiz □ No	zen?
3. Mailing address					Apt #	City				State	ZIP code	
4. Your Date of Birth	5. Your j	ob title		6. Last year	, were y	ou:			a. Full-tir	ne student	🗌 Yes 🗌	No
				b. Totally an	d perma	anently disabled	🗌 Yes	🗆 No	c. Legally	y blind	🗆 Yes 🛛	No
7. Your spouse's Date of Birth	8. Your s	pouse's job title		9. Last year	, was yo	our spouse:			a. Full-tir	ne student	🗆 Yes 🛛	No
				b. Totally an	d perma	anently disabled	🗆 Yes	🗆 No	c. Legally	y blind	🗆 Yes 🛛	No
10. Can anyone claim you or yo	e as a dependent	? 🗌 Y	′es 🗌 No	🗌 Un	sure							
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been						n issued an Identit	ty Protectio	n PIN?			🗌 Yes 🗌	No
Part II – Marital Status and	Househ	old Information	1 I									
1. As of December 31, 2024, wh	nat 🗌	Never Married	(This ir	ncludes regist	ered do	mestic partnership	os, civil uni	ons, or o	ther formal	relationship	s under state la	aw)
was your marital status?		Married	a. If Yes,	, Did you get i	married	in 2024?				🗆 Yes	🗌 No	
			b. Did yo	ou live with yo	ur spou	se during any part	of the last	six mont	ths of	🗌 Yes	🗌 No	
		Divorced	2024?	Date of final	decree							
		Legally Separate	ed Date o	of separate ma	aintenar	nce agreement						
		Widowed		of spouse's de	eath							

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

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent,	months	Citizen (yes/no)	,	Married as of 12/31/24	Student	Permanently Disabled (yes/no)	qualifying child/relative of any other person?	50% of his/ her own	person have less than \$5,050 of income?	taxpayer(s) provide more than 50% of support for this person?	Did the taxpayer(s) pay more than half the cost of maintaining a home for this
(a)	(b)	none, etc) (c)	(d)	(e)	(f)	(g)	(h)	(i)	(yes/no)	support? (yes/no)			person? (yes/no)

i aye z

Yes	No	Unsure	Part III – Income – Last Year, Did You <i>(or Your Spouse)</i> Receive
			1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year?
			2. Tip Income?
			3. Scholarships? (Forms W-2, 1098-T)
			4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
			5. Refund of state/local income taxes? (Form 1099-G)
			6. Alimony income or separate maintenance payments?
			7. Self-Employment income? (Form 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)
			8. Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?
			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)
			10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
			11. Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)
			12. Unemployment Compensation? (Form 1099G)
			13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
			14. Income (or loss) from Rental Property?
			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 <i>(or Your Spouse)</i> Pay
			1. Alimony or separate maintenance payments? If yes, do you have the recipient's SSN?
			2. Contributions to a retirement account?
			3. College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
			4. Deductions: 🗌 Medical & Dental (including insurance premiums) 🗌 Mortgage Interest (Form 1098)
			Taxes (State, Real Estate, Personal Property, Sales) Charitable Contributions
			5. Child or dependent care expenses such as daycare?
			6. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
			7. Expenses related to self-employment income or any other income you received?
			8. Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You <i>(or Your Spouse)</i>
			1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
			2. Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
			3. Adopt a child?
			4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?
			5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
			6. Receive the First Time Homebuyers Credit in 2008?
			7. Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
			8. Make estimated tax payments or apply last year's refund to this year's tax? If so how much?
			9. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
			10. Receive a letter from the IRS or the State?

			Page
			v Jersey Residents ONLY
Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
			 Have health care coverage? Receive one or more of these forms? (Check the box)
			4. Have an exemption granted by the Marketplace?
MILIT		ONLY	
Date o	f 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 \	/II – A	Additiona	al Information and Questions Related to the Preparation of Your Return
Che 2. If ye	eck he ou are	ere if you e due a re	tion Campaign Fund <i>(If you check a box, your tax or refund will not change)</i> u, or your spouse if filing jointly, want \$3 to go to this fund refund, would you like: Yes No Yes No Yes No Yes No
3. If y	ou ha	ve a bala	ance due, would you like to make a payment directly from your bank account?
4. You	u will I	receive y	your tax return(s) for review and e-signing in an email through DocuSign.
То	e-sigr	n your tax	x return(s), provide e-mail addresses YOU SPOUSE
Comr	nents	/Addition	nal Information:
			of your tax returns, you will receive an invoice via e-mail with a link to pay online. ent is appreciated. THANK YOU
PR	EFERF		I 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