

INCOME TAX RETURN QUESTIONNAIRE

Client Name	
Client Name	

Filing Status and Dependents	Yes	No	Comment	
Did your address change?				
Did your marital status change?				
Were there any changes in dependents?				
Are you supporting anyone not living with you?				
Income	Yes	No	Comment	
Have you changed employment?				
Has your income changed?				
Do you have self-employment income or loss?				
Did you start a business, purchase a rental property or farm, or acquire interests in partnerships of S corporations? Need documentation if YES				
Did you receive any disability or unemployment payments? Need tax document if YES				
Did you receive alimony? Did you pay alimony?				
Did you surrender any U.S. savings bonds?				
Did you have foreign income/gifts?				
Did you buy or sell any stocks, bonds or other investment				
property?				
At any time during 2024, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?				
Did you have any cancellation of debt (1099-C)?				
Did you make any withdrawals from an IRA or Pension				
before age 59 1/2?				
Did you make any withdrawals from an education savings				
account or Section 529 plan?				
Do you own a second residence or any other real estate?				
If so, do you rent it out?				
Did you receive a 1099-K? You may be required to print the 1099-K from your account.				
Do you have any lottery or gambling winnings?				
Did you have any jury duty income?				
Retirement	Yes	No	Comment	
Did you or your spouse reach age 73?				
Did you take your Required Minimum Distributions (RMD), if applicable?				
Did you or your spouse receive Social Security benefits?				
Did you or your spouse receive any 1099-Rs, Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.?				

Retirement (continued))	Yes	No	Comment
Did you convert part or all of your regular			
IRA/SEP/SIMPLE IRA into a Roth IRA?			
Have you or do you plan on contributing to a Traditional			
IRA, Roth IRA, SEP, Keogh or SIMPLE plan?			
Itemized deductions	Yes	No	Comment
Did you pay out-of-pocket medical expenses (co-pays			
prescriptions, braces, hearing aids, etc.)?			
Did you take out a home equity loan this year?			
Did you purchase, sell, or refinance your principal home or			
second home, or take out a home equity loan? Need Mortgage			
interest statement.			
Did you face any foreclosure transactions on your			
personal residence?			
Do you have any charitable contributions? We will need back-up			
information for contributions.			
Do you have any medical or charity mileage?			
Did you have any property damaged due to a storm, fire,			
or other natural disaster located in a federally declared			
disaster area?			
Tax Credits	Yes	No	Comment
Did you have any energy efficient home improvements in 2024?			
Examples include exterior doors, exterior windows and skylights,			
insulation and air sealing materials or systems, central air			
conditioners, natural gas, propane, oil water heaters, oil			
furnaces, heat pumps, etc. If YES include receipts. Did you make contributions to an HSA? If YES need 1099 SA			
Did you make payments for Long Term Care Insurance? If YES			
need statement of payment.			
Did you purchase a new, qualified plug-in EV or fuel cell electric vehicle (FCV) in 2024? If YES include receipt from purchase.			
venicie (FCV) în 2024? îl FES înclude receipt nom purchase.			
Miscellaneous	Yes	No	Comment
Did you make any estimated federal or state tax			
payments towards your income tax?			
Were you a resident of (or did you have income in) more			
than one state?			
Do you have any daycare costs for your dependents?			
Did you give a gift of more than \$17,000 to one or more			
people?			
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Are you enrolled in health insurance through the			
Are you enrolled in health insurance through the Marketplace?			

We will need all tax documents pertaining to your tax return. Please add additional information on a separate sheet of paper.

Client Signature _____

Spouse/Partner Signature _____ Date _____