



Individual Tax Questionnaire

The questionnaire is needed **before** we are able to start your tax return. Please check the appropriate box and include all necessary details and documentation.

Taxpayer - REQUIRED

Full Name: _____ Social Security Number: _____

Birthdate: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____ Occupation: _____

Spouse

Full Name: _____ Social Security Number: _____

Birthdate: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____ Occupation: _____

Primary Address Information - REQUIRED

Street Address: _____ City, State, Zip: _____

Do you: Rent Own

General Information - REQUIRED

- Marital Status at the end of the tax year?
 Single Married Separated Divorced (Final Date: _____)
- If Married, did you live apart from your spouse for the last 6 months of the tax year?
 Yes No
- Can anyone else claim you as a dependent on their tax returns? (i.e. Parents)
 Yes No
- Did you have health insurance through the Marketplace which is coverage that is with Healthcare.gov and **not** through your employer?
 Yes (Form 1095 A Required) No
- Veteran Honorably Discharged?
 Yes No
- Are you a disabled Veteran?
 Yes. If so, what percentage? _____% (You **must** provide Results Letter) No

General Dependent Information – REQUIRED if you have dependents

- Are you claiming a child between 19 and 23 years of age, who was a student for more than five calendar months of the tax year? Please list the school and months attended.

- Are you claiming a child who lived with any other adult relative for more than half the tax year? List each relative, their relationship to the child and their income for the last tax year.

- Do you claim any dependents that do not live with you for the year? Yes No
 If yes, # of months in home _____

Dependent 1 Information

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship to Dependent: _____ Months in home: _____

- Did you provide over half of the financial support for this dependent?
 Yes No
- Can anyone other than you qualify to claim this dependent?
 Yes No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

Dependent 2 Information

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship to Dependent: _____ Months in home: _____

- Did you provide over half of the financial support for this dependent?
 Yes No
- Can anyone other than you qualify to claim this dependent?
 Yes No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

Dependent 3 Information

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship to Dependent: _____ Months in home: _____

- Did you provide over half of the financial support for this dependent?
 Yes No
- Can anyone other than you qualify to claim this dependent?
 Yes No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

If needed, please list additional dependents below:

Crypto Currency and Foreign Income - REQUIRED

- Did you exchange property goods or services using Crypto Currency?
_ Yes _ No
- Did you buy, sell, invest, or mine in any Crypto Currency?
_ Yes _ No
- Did you have foreign income or signature authority on a foreign account?
_ Yes _ No
- Did you have foreign accounts or investments which had an aggregate value of over \$10,000?
_ Yes _ No
- Do you have any foreign accounts where the aggregate value was higher than \$50,000 on the last day of the tax year OR the aggregate value exceeded \$75,000 at any point in the tax year?
_ Yes _ No

Sources of Income - REQUIRED

Please check all your sources of income:

- _ Wages (W2) _ Interest (1099-INT) _ Social Security (SSA-1099)
- _ Dividends (1099-DIV) _ Stocks/Asset Sales (1099-B) _ Partnerships and S Corporations (K1 Forms)
- _ Rental Income _ Canceled Debt (1099-C) _ Gambling (W2G Win/Loss Statement)
- _ Alimony Received (Provide Divorce Decree) _ Farming (Profit and Loss & Balance Sheet)
- _ Self Employment (Profit and Loss & Balance Sheet) _ Distributions from Retirement Accounts (1099-R)
- _ Social Security, Pension, or IRA (1099 R) _ Unemployment (1099-G)

Deductions

Please check the applicable deductions:

- _ Medical Expenses _ Charitable Contributions _ Property Taxes _ Mortgage Interest
- _ Student Loan Interest _ Educator Expenses _ Health Savings Account Contribution
- _ Retirement Accounts _ PMI _ Tuition _ IRA Contribution (Roth or Traditional)
- _ Alimony Paid (Provide Divorce Decree (before 1/1/2019), Name and Social Security Number of Recipient)
Amount Paid: \$_____
- _ Estimated Taxes Paid _ No _ Yes:

Federal: Date _____	Amount \$ _____	State: Date _____	Amount \$ _____
Federal: Date _____	Amount \$ _____	State: Date _____	Amount \$ _____
Federal: Date _____	Amount \$ _____	State: Date _____	Amount \$ _____
Federal: Date _____	Amount \$ _____	State: Date _____	Amount \$ _____

Energy Questions

- Did you purchase an electric or plug-in Hybrid vehicle in 2022?
_ Yes, model & year _____ _ No
- Did you make any energy related improvements to your home? (i.e. HVAC, solar panels, geo-thermal windows, etc.)
_ Yes, please list description and cost below _ No

Direct Deposit

- If you are entitled a refund, would you like direct deposit?
 Yes No
- If yes, please answer the following:

Name of Financial Institution _____
Routing Number _____ Account Number _____

Direct Debit

- Would you like taxes paid to be through direct debit?
 Yes No
- For?
 Federal State
- Name of Financial Institution _____
 Routing Number _____ Account Number _____
- What date do you want to pay Federal (can't be later than 4/15) _____
- What date do you want to pay State (can't be later than 4/15) _____

Tax Return Copy Choices – REQUIRED

- Do you want to use the Secure Portal for uploading and downloading of tax return?
 Yes No
- Do you want a physical copy of your tax return? (\$25 additional charge)
 Yes No
- If yes, how would you like to get your physical copy of the return and your paperwork?
 ****Please note, any paperwork not picked up before November 1, 2023 will be shredded.***
 Mail (\$25 additional charge)
 Pick Up at Office (We will send you a link when it is ready to schedule the pick-up time)

Signature

Date