

2023 Personal Income Tax Return Questionnaire

GENERAL INFORMATION (Update as applicable)

1. Full legal name: Taxpayer _____ Spouse _____
2. Telephone: Home _____ Cell _____
3. E-mail address (es): _____
4. Has your address changed? N Y List new address: _____
5. What is your occupation: Taxpayer _____ Spouse _____
6. Has your marital status changed? N Y Describe _____
7. Date of birth: Taxpayer _____ Spouse _____
8. Have your dependents changed? N Y
9. Check if any of your children have investment income over \$1,250 who are (1) under age 18 as of 12/31/2023 or (2) under age 24 as of 12/31/2023 and are full time students.

INCOME

10. Check if you received the following income: if checked, please provide documents:

a.	Salaries & Wages	W-2 Forms
b.	Taxable or tax-exempt interest income	1099-Int or list payer and amounts
c.	Dividend Income	1099-Div or list payer and amounts
d.	Capital gains or losses	1099-B Brokerage statement (please review for costs basis)
e.	Business or rent income	Provide income and list of expenses
f.	Real estate sale	1099-S, provide settlement statement, cost basis
g.	Pension or annuity	1099-R
h.	Traditional IRA or Roth IRA	1099-R, if applicable, indicate the total Qualified Charitable Distributions paid directly from the IRA.
i.	Social Security	SSA-1099
j.	State income tax refund (s) and/or State unemployment Compensation	1099-G
k.	Alimony received	Provide amount received & date of divorce agreement
l.	529 College Savings Plan Distribution	1099-Q; indicate the amount used for Qualified Higher Education expenses
m.	Health Savings Account Distributions	1099-SA; indicate the amount used for Qualified Medical Expenses
n.	Business – other investments	K-1's

o. Other	Provide details:
----------	------------------

11. Do you have an interest in or signature authority over a foreign bank account, foreign securities account, or other foreign financial account? No Yes
12. Do you have any foreign trusts? No Yes Describe _____
13. At any time during 2023, 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)?
 No Yes Describe _____

DEDUCTIONS

14. Did you make, or will you be making, any payments to an individual Retirement Account (IRA), Simplified Employee Pension (SEP), or other qualified retirement plan? No Yes
 If yes, \$ _____ Type of plan: _____ Date of payment _____
15. Medical and dental expenses – Doctors, dentists, nurses, nursing homes, hospitals, eyeglasses, & prescriptions: \$ _____ Medical transportation \$ _____ or auto mileage _____
 Health Savings Account Contributions (Enclose 5498-SA Form) \$ _____ Self _____ Family _____
 Long-Term care insurance: Taxpayer \$ _____ Spouse \$ _____
16. Charitable contributions – Cash or check: \$ _____ Other than cash: \$ _____
 List details: _____
17. Deductions/Credits (Provide an attachment with details for any figures listed below):
- Loss by casualty or theft related to a federally declared disaster only \$ _____
 - Alimony paid \$ _____ Recipient’s SSN _____ Date of original divorce agreement _____
 - College or vocational school tuition: \$ _____ Provide 1098-Tuition statement or student loan Interest Form 1098-E?
 - Childcare: \$ _____ (provide the Care Provider’s name, address, SSN or EIN#)
 - Elementary & secondary school teacher unreimbursed classroom supply expenses: \$ _____
 - Check if geothermal, solar, small wind energy property, or a high-efficiency biomass fuel stove was installed in home _____, provide receipts of qualifying improvements.
 - Check if a new plug-in electric drive vehicle was acquired during the year _____; provide buyer’s order enclose all supporting documents.
 - For business-related vehicle expense deductions, provide (a) vehicle description, (b) date purchased, (c) mileage for business, commuting, and other personal, and (d) indicate if you have written evidence: _____

HEALTH CARE

18. Did you, your spouse, and any dependents have health insurance coverage from the Health Insurance Marketplace (Exchange)? No Yes _____, If yes, enclose all 1095-A Forms

ESTIMATED TAX PAYMENTS

19. List the dates and amounts of estimated tax payments

	Federal:		State:	
	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
Paid with extension of 2022 tax return	_____	_____	_____	_____
Balance due on 2022 tax return	_____	_____	_____	_____
4 th quarter 2022 estimate due 1-15-23	_____	_____	_____	_____
1 st quarter 2023 estimate due 4-15-23	_____	_____	_____	_____
2 nd quarter 2023 estimate due 6-15-23	_____	_____	_____	_____
3 rd quarter 2023 estimate due 9-15-23	_____	_____	_____	_____
4 th quarter 2023 estimate due 1-15-24	_____	_____	_____	_____

20. Do you want us to prepare estimated tax payments for next year? No Yes
 If yes, do you expect a large fluctuation in your income, deductions, or withholdings next year? No Yes

OTHER MATTERS

- 21. Check if you received a federal or state tax notice: (enclose copy of notice)
- 22. Check if you made any gifts this year to any one individual in excess of \$17,000 or to a trust in any amount
 List details _____
- 23. Check if you paid any cash wages during the year to a household employee
- 24. Please describe any other matters which you believe affect your income tax (use a separate sheet if necessary)

Bank Information

1. Taxpayer's name: _____

2. Tax year: _____

3. Bank name: _____

➤ Type of depositor account:

Business Checking Saving

OR

Personal Checking Saving

4. Bank account number: _____

5. Bank routing number: _____

6. Name on bank account: _____

7. Do you authorize direct debits from the bank account? Y N

8. Do you authorize direct deposits to the bank account? Y N

Signature

Date