Tax Checklist/Questionnaire

Please ***check-off*** items included & answer ***ALL*** questions. Also, please sign the attached Engagement Letter up front as ***required*** by law. Your extra effort assists us in preparing your tax return as quickly & accurately which will reflect lower taxes and costs!

Personal Information: *REQUIRED SECTION*

Full Name: ____________________

Spouse: ____________________

Cell Phone: ____________________

E-mail Address ____________________

☐ ***No Changes from previous year*** ☐ ***Sold Home***

New Home Address: ____________________

Date Moved: ________

Previous Address: ____________________

Has your Filing Status Changed? *REQUIRED SECTION*

- ☐ To Married: ☐ Joint ☐ Separate
- ☐ To Single: Divorce Date: ________
- ☐ Spouse Passed, Date: ________
- ☐ Head of Household
- ☐ ***No Changes***

Income: *REQUIRED SECTION*

- ☐ Wages (W-2)
- ☐ Interest & Dividends (1099-INT, DIV, 1099-B)
- ☐ IRA, 401(k), Pension & Annuities (1099-R)
- ☐ Income from Estates, Trusts or Businesses (K-1)
- ☐ Tax Refunds or Unemployment (1099-G)
- ☐ Social Security Benefits (1099-SSA)
- ☐ Gambling (W2-G)
- ☐ Debt Cancellation (1099-C)
- ☐ Sold Assets not held in an investment account for Gain?
- ☐ Other: ____________________

Self Employed: *Provide Business Transactions in Detail*

- ☐ Own a Rental Property
- ☐ Own a Business

Adjustments, Deductions, & Credits:

- ☐ Traditional IRA Contributions: ________
- ☐ Roth IRA Contributions: ________
- ☐ Educator Expenses: ________
- ☐ Student Loan Interest: ________
- ☐ Charitable Contributions (Provide Proof)
- ☐ Childcare Daycare Expense: ________
- ☐ Residential Energy Credits
- ☐ In 2023 Investment became worthless or a victim of Identity Theft?
- ☐ Other: ____________________

Health Insurance: *REQUIRED SECTION*

- ☐ Marketplace (Form 1095-A)
- ☐ Medicaid or Plan from Work
- ☐ High Deductible Plan with a...

...HSA - Health Savings Account

- ☐ Contributions in 2023 $ ________
- ☐ Distributions (1099-HSA) $ ________ or
- ☐ 100% for Medical Expenses

Dependant(s) Information:

☐ ***No Changes from previous year***

Name	Relation	Date of Birth	SSN	If your Dep. is a College Student:
				☐ Ed. Exp. (1098-T) *Accessed Online*

In 2023 did you (or Spouse) ...

- ☐ ...install any energy efficient home improvement? (Windows, AC/Furnace, Heat Pump, Solar) If yes, provide a receipt.
- ☐ ...purchase a ***new*** EV Car? If yes, provide a receipt & documentation of the VIN.
- ☐ ....purchase a ***used*** EV Car? If yes, provide a receipt & documentation of the VIN.
- ☐ ...own a business or an interest in a partnership, corporation, LLC, or other venture not listed above?
- ☐ ...a citizen of or live in a foreign country, income from a foreign financial account, or a grantor/transferor to a foreign trust?

Please Note any Unusual Circumstances, or Comments & Concerns below:

Bank Account Information:

If you have a refund or owe and would like it to be directly debited/deposited to/from a preferred bank account, please list below.

Bank Name: ____________________

Routing Number: ____________________

Account Number: ____________________

☐ ***No Changes, Use Account on File***

☐ Savings

☐ Checking

☐ Use Direct Debit if Tax Owed

Drivers License(s) Information: ***REQUIRED SECTION***

Only new clients must fill out Date of Birth & SSN

Primary

License Number: ____________________

Exp. Date: ________ Issue Date: ________ State: ________

DOB: ________ SSN: ____________________

Spouse

License Number: ____________________

Exp. Date: ________ Issue Date: ________ State: ________

DOB: ________ SSN: ____________________

Financial Consultation:

Would you like to have a consultation after tax season to speak about your financial situation? Including an in-depth dive into your portfolio's diversification, risk allocation, and using investments to mitigate future tax.

☐ Yes, provide me with a Financial Wellness Profile to Complete