



## 2024 INDIVIDUAL TAX QUESTIONNAIRE

AT A MINIMUM, WE ASK THAT YOU COMPLETE THIS BRIEF TAX QUESTIONNAIRE AND UPLOAD TO OUR SECURED PORTAL NO LATER THAN MAY 1ST OR BE SUBJECT TO SURCHARGE. [Secured Portal Link](#)

**REQUIRED – please complete and upload**

### BASIC INFORMATION

Client Information	TAXPAYER	SPOUSE
First Name & Middle Initial		
Last Name		
Social Security Number		
Date of Birth		
Phone Number		
Email Address		
Occupation		
Street Address		
Apartment number		
City		
State		
Zip Code		

### Dependents

Full Name	Date of Birth	Social Security #	Relationship	Months In Home

### Estimated Tax Payments

	IRS Amount Paid	Date Paid	State Amount Paid	Date Paid
April 15, 2024				
June 17, 2024				
September 16, 2024				
January 15, 2025				

### Income – 1099

	Taxpayer	Spouse	Miscellaneous Income	Amount
Social Security			Unemployment Income	
Pension Distributions			Alimony Received	
IRA Distributions			Gambling Winnings	
			Gambling Losses	

## 2024 INDIVIDUAL TAX QUESTIONNAIRE

CUSTOMER NAME:		
<b>IF ANY OF THE FOLLOWING ITEMS PERTAIN TO YOU OR YOUR SPOUSE IN 2024, PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE ADDITIONAL INFORMATION IF NECESSARY.</b>		
YES	NO	<b>GENERAL INFORMATION</b> <i>If yes, provide details.</i>
		Did your marital or filing status change during the year? <i>Provide details</i>
		Did your address change during the year? <i>Provide new address</i>
		Did your driver's license information change within the last twelve months? <i>Provide copies of updated licenses</i>
		Did you have any changes in dependents (i.e., a new child, a child turn 19 who is not a full-time student or have a child turn 24)? <i>Provide details</i>
		Did you have any children under age 19 or full-time students under age 24 at the end of 2024, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? <i>Provide details</i>
		Did you have health care coverage through the marketplace exchange in 2024? <b>(Forms 1095-A)</b>
		Did your bank account information change within the last twelve months? <i>Provide voided check for direct deposit of tax refund.</i>
YES	NO	<b>INCOME INFORMATION</b> <i>If yes, provide details or copies of the applicable form listed below.</i>
		Did you receive wages? <b>(Forms W-2)</b>
		Did you receive interest or dividend income? <b>(Forms 1099-INT or 1099-DIV)</b>
		Did you rollover retirement funds or receive a retirement distribution? <b>(Forms 1099)</b>
		Did you receive social security benefits? <b>(Forms SSA-1099)</b>
		Did you receive unemployment benefits? <b>(Forms 1099-G)</b>
		Did you sell stocks, bonds or other investment property? <b>(Forms 1099-B)</b>
		Did you buy or sell real estate? <b>(Closing disclosure, formerly known as the HUD-1, and/or Forms 1099-S)</b>
		Did you have any debts canceled or forgiven? <b>(Forms 1099-C)</b>
		Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? <b>(Forms 1099-Q)</b>
		Did you receive a distribution or contribute to a Health Savings Account (HSA)? <b>(Forms 1099-SA)</b>
		Did you receive any disability income? <i>Provide details</i>
		Did you have any foreign income or pay any foreign taxes? <i>Provide details</i>
YES	NO	<b>BUSINESS/RENTAL/FARM INFORMATION</b> <i>If yes, provide details or copies of the applicable form listed below.</i>
		Do you have, did you start, or did you acquire an interest in an entity? (partnership, LLC, S Corp or trust)? <b>(Schedule K-1)</b>
		Do you have or did you start a <b>sole proprietorship</b> business (other than flow-through entity)? <b>(Complete Business Income Organizer)</b>
		Do you have or did you purchase a <b>rental property</b> and/or <b>royalty income</b> ? <b>(Complete Rental &amp; Royalty Income Organizer)</b>
		Do you have or did you start a <b>farm</b> ? <b>(Download Farm Income Organizer)</b>
		Was an area of your home used regularly and exclusively for business? <b>(Complete Business Use of Home Organizer)</b>
		<b>If you answered YES to any of the 5 questions above please see corresponding organizer below and complete.</b>

## 2024 INDIVIDUAL TAX QUESTIONNAIRE

CUSTOMER NAME:		
YES	NO	<b>DEDUCTION INFORMATION</b> <i>If yes, provide details or copies of the applicable form listed below.</i>
		Did you pay college education tuition and fees? ( <b>Forms 1098-T</b> ) If so, how much?
		Did you pay student loan interest? ( <b>Forms 1098-E</b> ) If so, how much?
		Did you pay after-tax or self-employed health insurance premiums? If so, how much?
		Did you make a contribution to an individual or self-employed retirement account? If so, how much?
		Did you incur major medical, vision, dental or prescription drug costs? <b>Summarize expenses below</b>
		Did you pay real estate taxes? ( <b>County tax bills</b> ) If so, how much?
		Did you pay personal property taxes for your car registration? ( <b>Car tag receipts</b> ) If so, how much?
		Did you pay sales tax on major purchases, such as autos, boats, etc? ( <b>Purchase document</b> ) If so, how much?
		Did you pay mortgage interest? ( <b>Form 1098</b> ) If so, how much?
		Did you pay interest on a home equity line of credit? ( <b>Form 1098 and details of what the funds were used for</b> )
		Did you refinance a mortgage? ( <b>Closing disclosure, formerly known as the HUD-1, and term of the loan</b> )
		Did you make cash charitable contributions? ( <b>Copies of any giving statements</b> ) If so, how much?
		Did you make non-cash charitable contributions? <b>If the total amount donated is greater than \$500, provide the date of each contribution and the fair market value.</b>
		Did you pay child and dependent care costs? ( <b>Copy of the year-end statement from the provider [including the name, address and the social security number or the employer identification number of the provider]</b> ) If so, how much?
		Did you make solar, wind, geothermal or fuel cell energy efficiency improvements to your primary residence? ( <b>Copy of the receipt and a description of the improvements</b> )
YES	NO	<b>MISCELLANEOUS INFORMATION</b> <i>If yes, provide details.</i>
		Did you trade cryptocurrency in 2024?
		Did you earn income or pay taxes in another country?
		May the IRS discuss your tax return with your preparer?
		Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
		Were you notified or audited by either the Internal Revenue Service or the State taxing agency? ( <b>Copies of the tax notice(s) received</b> )
		Did you or your spouse make any gifts to an individual that total more than \$18,000, or any gifts to a trust?
		Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency?
		Do you need a paper copy of your tax return? <b>Additional processing &amp; handling fees will apply to your return.</b>
YES	NO	<b>ESTIMATED TAXES</b> <i>If yes, provide details.</i>
		Did you make any Federal 2024 estimated tax payments? <b>Provide amounts and dates paid on page 1.</b>
		Did you make any State 2024 estimated tax payments? <b>Provide amounts and dates paid on page 1.</b>
		If you have an overpayment of 2024 taxes, do you want the excess applied to your 2025 estimated tax (instead of being refunded)?
		Do you expect your 2025 taxable income and withholding to be significantly different from 2024 ( <b>Provide details below</b> )



**2024 INDIVIDUAL TAX QUESTIONNAIRE**

<b>NATURAL DISASTER – PERSONAL LOSS</b>		
YES	NO	Did you incur an unreimbursed loss ( <b>a loss in excess of insurance or FEMA reimbursement</b> ) in a federally declared disaster area?

	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
Indicate type of property	Business: Personal:	Business: Personal:	Business: Personal:
Description of property (personal residence, rental home, etc.)			
Address, City, State, Zip			
Date acquired			
Cost of property			
Date of loss			
Description of loss			
Was insurance claim made?	Yes: No:	Yes: No:	Yes: No:
Received FEMA assistance?	Yes: No:	Yes: No:	Yes: No:
Fair market value <b>BEFORE</b> loss			
Fair market value <b>AFTER</b> loss			
Total out of pocket expenses			



## 2024 INDIVIDUAL TAX QUESTIONNAIRE

### ADDITIONAL INFORMATION

Complete if applicable.

### DEDUCTIONS

Medical Expenses	Amount	Tax Expenses	Amount
Medicine, Drugs, Insulin		State Tax for Prior Year	
Total Insurance Premiums		Real Estate Taxes, Home	
Total Doctors, Dentists, etc.		Real Estate Taxes, Investments	
Total Hospital, Clinics & Hospice		DMV Fees	
Glasses, Hearing Aids, Batteries		Personal Property Tax Paid	
Orthopedic Equipment, Lab Fees, X-Ray		Sales Tax Paid (Small Items)	
Stop Smoling Programs, Products		Sales Tax Paid (Large Items)	
Medical Travel Miles		<b>Interest Expense</b>	<b>Amount</b>
Long Term Care Premiums		Home Mortgage Interest to Bank(s)	
Insurance Reimbursement		Loan Points Paid in 2024	
<b>Expenses Incurred as an Employee (state only)</b>	<b>Amount</b>		<b>Amount</b>
Bond of Employment		Professional Supplies	
Business Gifts (\$25 /person per year)		Promotion	
Business Telephone		Research expense	
Cellular Charges (Business only)		Safe Deposit Box	
Clerical Services		Rental	
Computer (Upgrades, Software, etc.)		Safety Equipment	
Investment Income Expense		Tax Preparation Fees	
Job Search Mileage		Technical References	
Laundry & Uniform Expense		Trade Journals	
Meals & Entertainment (Business only)		Typing Services	
Online Fees/Internet Fees		Union Dues	
Paper Fees		Work Tools	
Postage/deliver		Notes:	
Printing			
Professional Dues & Publications			
<b>Charitable Contributions</b>	<b>Amount</b>	<b>Child Care Expenses</b>	
House of Worship		Care Provider's Name:	
Payroll Deductions		Address:	
Cancer/Heart Fund		City, State, Zip:	
United Way Fund		Phone #:	
Other (please list)		Identifying Number (95# or SS#)	
Non-Cash (please provide receipts)		Amount incurred in 2024 & paid in 2025:	
Goodwill/ Salvation Army/ Other		Amount incurred in 2023 & paid in 2024:	



**2024 INDIVIDUAL TAX QUESTIONNAIRE**

<b>RENTAL INCOME &amp; EXPENSES</b>						
<b>Location &amp; Description of Property</b>	<b>Date Acquired</b>	<b>No. Days Personal Use</b>	<b>Ownership Percentage</b>	<b>% Owner Occupied</b>		
Prop #1						
Prop #2						
Prop #3						
Prop #4						
Prop #5						
Prop #6						
<b>Enter Income &amp; Expenses Amount at 100%</b>	<b>Prop #1</b>	<b>Prop #2</b>	<b>Prop #3</b>	<b>Prop #4</b>	<b>Prop #5</b>	<b>Prop #6</b>
<b>Total Gross Income Received</b>						
Association Dues						
Advertising						
Auto & Travel						
Cleaning & Maintenance						
Commissions						
Gardening & Landscaping						
Insurance						
Interest – Mortgage Paid to Banks						
Interest – Other						
Legal & Professional Fees						
Licenses & Permits						
Management Fees						
Offices Expenses						
Pest Control						
Repairs – Carpenter & Screens						
Painting & Decorating						
Plumbing & Electrical						
Roofing						
Supplies						
Taxes – Property/Real Estate						
Other						
Security & Safety						
Trash Removal						
Telephone						
Utilities						
Replacements						
Salaries & Wages (Bring payroll records required)						
Other -						
Depreciation (Bring Schedule)						
<b>TOTALS</b>						
<b>Type of Property</b>						
1. Single Family Residence	<b>NOTES:</b>					



**2024 INDIVIDUAL TAX QUESTIONNAIRE**

<ul style="list-style-type: none"><li>2. Multi-Family Residence</li><li>3. Vacation/ST Rental</li><li>4. Commercial</li><li>5. Land</li><li>6. Royalties</li><li>7. Self-Rental</li></ul>	
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**Be sure to upload your escrow papers, county tax bill or other proof of cost and receipts or purchase contracts for any large purchase.**

## 2024 INDIVIDUAL TAX QUESTIONNAIRE

### BUSINESS INCOME (SCHEDULE C)

**THE FOLLOWING IS A GUIDELINE, BRING YOUR PROFIT & LOSS OR INCOME STATEMENTS. BUSINESS INCOME & EXPENSE – SCHEDULE C**

Business Name		
Business Profession		
Business Activity Including Product or Service		
Employer Identification Number (EIN)		
Business Address if different from personal		
City, State, Zip code		
Accounting Method	Cash ___ Accrual ___ Other ___	Travel – Airfare
Inventory Method	Cost ___ Lower C/M ___ Other ___	- Lodging
Who Operates this Business	Taxpayer ___ Spouse ___	- Meals
		- Other
<b>INCOME – BRING ALL 1099’S</b>		Education Expenses
Gross Receipts/Total Income		Employee Benefit Programs
Returns & Allowance		Freight & Delivery
Other Income		Gifts
<b>COST OF GOOD SOLD</b>		Insurance
Purchases		Interest Expense – Mortgage
Cost of Items for Personal Use		Interest Expense - Other
Beginning Inventory		Janitorial Service
Cost of Labor		Laundry & Cleaning
Materials & Supplies		Legal & Professional Fees
Other Costs		Licenses & Permits
Ending Inventory		Meals
<b>EXPENSES</b>		Office Expense
Accounting		Outside/Contract Services
Advertising		Parking
Amortization (Bring Schedule)		Pension & Profit Sharing Plans
Bad Debts		Postage
Bank Service Charges		Printing
Car & Truck Expense		Rent or Lease of Machinery/Equipment
Cellular Phone Charges		Rent or Lease of Other Business Property
Collection Expenses		Repairs
Commissions		Research Expense
Computer Upgrade		Security & Safety
Computer Software		Storage
Online Charges		Supplies
Depreciation (Bring Schedules)		Telephone
Dues & Publications		Tools
Taxes – Business		Wages (Payroll Records Required)
- Payroll		Office in Home – Square feet of Office
- Property		Office in Home – Total Square feet of Home
- Other		Office in Home – Rent
- Other		Office in Home – Ins/Utilities/Supplies





## 2024 INDIVIDUAL TAX QUESTIONNAIRE

BUSINESS USE OF HOME (8829)			
PLEASE ENTER 2024 INDIRECT EXPENSES IN FULL. NONBUSINESS PORTION WILL CARRY TO SCHEDULE A. BUSINESS PERCENTAGE WILL BE APPLIED TO INDIRECT EXPENSES ONLY.			
Business Use Area (sqft footage)			
Total Area of Home (sqft footage)			
% (.xx) or Amount of Gross Income from Home if not 100%			
% (.xx) or amount of expenses from home if not 100%			
INDIRECT EXPENSES		DIRECT EXPENSES	
NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.		NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.	
Mortgage interest		Mortgage interest	
Real estate taxes		Real estate taxes	
Casualty losses		Casualty losses	
Insurance		Insurance	
Rent		Rent	
Repairs and Maintenance		Repairs and Maintenance	
Utilities		Utilities	
Excess mortgage interest		Excess mortgage interest	
Excess real estate taxes		Excess real estate taxes	
Other indirect expenses:		Other direct expenses:	

EMPLOYEE/VEHICLE BUSINESS EXPENSE (2106)	
General Information	
Occupation, if different from Form 1040	
Taxpayer or Spouse	
Employee Business Expenses	
Meal and Entertainment expense	
Reimbursement for meals and entertainment not on W-2, box 1	
Local transportation (bus, taxi, train, etc.)	
Travel expenses while away from home overnight	
Reimbursements not included on Form W-2, box 1	
Other business expenses:	

## 2024 INDIVIDUAL TAX QUESTIONNAIRE

Please include any of the following documentation that pertains to you in your upload.

- **Last year's tax return (new client)**
- Full Name, Spouse, dependents
- Birthdays – Month/Day/Year
- Social security number for all dependents
- W-2 forms for wages
- 1099 forms for interest, dividends, retirement, social security, unemployment, & other income
- Year-end statements from mutual funds
- K-1 forms from partnerships, corporations, & estates
- Rental or self-employment income and expenses
- Purchase and sale information for anything sold during the year
- All other statements of income
- IRA year end statements
- Medical expenses
- Records of estimated taxes paid
- Property tax statements
- 1098 forms for mortgage or student loan interest
- Donations of money to charity
- Donations of property to charity
- Volunteer expenses and mileage
- Amounts paid for higher education
- Job related expenses
- Investment related expenses
- Childcare provider's name, address, social security or EIN number, and amounts paid

### Other Tax Form Links

#### 2024 Expense Forms

1. Entertainment Expenses
2. Education Head of Household Expenses
3. Firefighter Paramedic Expenses
4. Law Enforcement Expenses
5. Medical Professionals
6. Real Estate Industry Expenses
7. Teaching Expense
8. Travel Expenses

#### Additional Forms

1. Business Use of Home
2. Sole Proprietorship Organizer
3. Rental Property Organizer
4. Royalty Income Organizer
5. Farm Income Organizer

#### Additional Questionnaires

1. Corporation Questionnaire
2. Partnership Questionnaire

