

CLIENT QUESTIONNAIRE

NEW CLIENT? YES / NO - NEW CLIENTS (PROVIDE PRIOR TWO YEAR'S RETURNS)

TAXPAYER _____
Name Social Security Number Date of Birth (if new) Occupation

SPOUSE _____
Name Social Security Number Date of Birth (if new) Occupation

FILING STATUS: SINGLE MFJ MFS HOH RETIREMENT DATE? (Can impact taxability) _____

MAILING ADDRESS _____

SCHOOL DISTRICT _____ TOWNSHIP/BOROUGH _____

IF YOU MOVED PROVIDE PRIOR ADDRESS _____ MOVE DATE _____

PHONE(S) _____

EMAIL(S) _____

INCOME (Fill In All That Apply)

(# Means Number of Forms)

	TAXPAYER	SPOUSE
WAGES W-2 #	_____	_____
W-2 G (GAMBLING) #	_____	_____
INTEREST-1099 INT #	_____	_____
DIVIDEND 1099 DIV #	_____	_____
STOCK/BONDS 1099B #	_____	_____
PENSION/IRA #	_____	_____
PENSION/IRA W/H	W/H \$ _____	W/H \$ _____
SOCIAL SECURITY	_____	_____
SOCIAL SECURITY W/H	W/H \$ _____	W/H \$ _____
ALIMONY RECEIVED	\$ _____	\$ _____

SALE OF (Home, Land, Properties) _____			
	TAXPAYER	SPOUSE	
UNEMPLOYMENT	YES / NO	YES / NO	TAXES WITHHELD? _____
STATE REFUND	YES / NO	YES / NO	
LOCAL REFUND	YES / NO	YES / NO	
DEBT 1099C / 1099A	\$ _____		DEBT FORGIVEN? _____
TAX EXEMPT INT	YES / NO	YES / NO	
WORKERS COMP	YES / NO	YES / NO	
K-1 # _____	JURY _____		PRIZE, LOTTERY, OTHER _____

ANY OTHER INCOME FROM OTHER SOURCES? (Tips, Raffles, Rentals, Etc.) YES / NO
 IF YES EXPLAIN: _____

ADJUSTMENTS TO INCOME

	TAXPAYER	SPOUSE
EARLY WITHDRAWAL PENALTY	\$ _____	\$ _____
STUDENT LOAN INTEREST	\$ _____	\$ _____
ALIMONY PAID \$ _____	DIVORCE DATE _____	
EX NAME _____	SSN _____	
<small>(Include Divorce Decree Copy)</small>		
SEP (Do Not Include Employer Contributions)	TP \$ _____	SP \$ _____

	TAXPAYER	SPOUSE	
IRA CONTRIBUTION	\$ _____	\$ _____	
ROTH CONTRIBUTION	\$ _____	\$ _____	
CONVERTED ROTH	\$ _____	\$ _____	
EDUCATION IRA	\$ _____	\$ _____	# OF CHILDREN _____
COLLEGE 529 PLAN	\$ _____	\$ _____	
1099-Q	\$ _____	\$ _____	
UNION DUES	\$ _____	\$ _____	

	TAXPAYER	SPOUSE	BUSINESS	PERSONAL	TOTAL MILEAGE		
SELF EMPLOYED	_____	_____					
FARM	_____	_____	MILEAGE _____	_____	_____	LOG: YES / NO	3RD PARTY: YES / NO
RENTALS	_____	_____	MILEAGE _____	_____	_____	LOG: YES / NO	3RD PARTY: YES / NO
HOME OFFICE	_____	_____	MILEAGE _____	_____	_____	LOG: YES / NO	3RD PARTY: YES / NO
MODEL & DATE PLACED IN SERVICE _____							

FBAR/DIGITAL ASSET/CRYPTOCURRENCY

	TAXPAYER	SPOUSE		TAXPAYER	SPOUSE
DO YOU HAVE PROPERTY IN A FOREIGN COUNTRY?	YES / NO	YES / NO	DO YOU HAVE A PENSION IN A FOREIGN COUNTRY?	YES / NO	YES / NO
DO YOU HAVE BANK ACCTS IN A FOREIGN COUNTRY?	YES / NO	YES / NO	ARE YOU DEALING IN ANY CRYPTOCURRENCY?	YES / NO	YES / NO

AT ANY TIME DURING 2024, DID YOU: (A) RECEIVE (AS A REWARD, AWARD OR PAYMENT FOR PROPERTY OR SERVICES);
 OR (B) SELL, EXCHANGE, OR OTHERWISE DISPOSE OF A DIGITAL ASSET (OR A FINANCIAL INTEREST IN A DIGITAL ASSET)?

YES / NO YES / NO

CREDITS

	TAXPAYER	SPOUSE	YEARS TAKEN
AMERICAN OPP CREDIT	\$ _____	\$ _____	_____
EDUCATION CREDIT	\$ _____	\$ _____	_____
STUDENT LOAN PAYMT	\$ _____	\$ _____	_____
ACCOUNT HISTORY	YES / NO		
1098-T, BOOKS, ETC.	YES / NO		

SOLAR ENERGY IMPROVEMENTS YES / NO

ENERGY CREDITS (*windows, doors, heating/AC, hot water heater improvements*) YES / NO
Receipts Needed

DID YOU PURCHASE AN EV (Electronic Vehicle)?
VIN # _____
AND COPIES OF BILL OF SALE REQUIRED

ITEMIZED DEDUCTIONS

HSA USED FOR MEDICAL EXPENSES? YES / NO

MEDICAL INSURANCE (PAID FOR) \$ _____

RX \$ _____

OTHER MEDICAL BILLS \$ _____

MEDICAL MILES # _____

STATE TAXES PAID \$ _____

LOCAL TAXES PAID \$ _____

1098 # _____

MORTGAGE INTEREST \$ _____

IF HOME EQUITY, WHAT WAS USED AS COLLATERAL? _____

WHAT WERE THE MORTGAGE/HOME EQUITY FUNDS USED FOR? _____

REAL ESTATE TAXES \$ _____

FIRST TIME HOME BUYER REPAYMENT YES / NO

CASH CHARITY/CHURCH DONATIONS \$ _____ (*Documentation Required*)

NON-CASH DONATIONS \$ _____ (*Documentation Required*)

CHARITY MILES _____

LARGE ITEM SALES TAX (*Auto, Etc.*) _____

DONATED LARGE ITEMS (*Make, Model, & Year*) _____

SECOND HOME _____ SECURED BY? _____

LUXURY VEHICLE _____ SALES TAX PD? \$ _____

CAMPER _____ SECURED BY? _____

BOAT _____ SALES TAX PD? \$ _____

RV _____ SECURED BY? _____

HEALTH SAVINGS ACCOUNT

H.S.A. DISTRIBUTIONS

FULL AMOUNT WAS USED FOR
QUALIFIED MEDICAL EXPENSES:
YES / NO

H.S.A. CONTRIBUTIONS

EMPLOYER (AMOUNT) \$ _____

EMPLOYEE (PRE-TAX) \$ _____

SELF CONTRIBUTION (POST-TAX) \$ _____

MARKETPLACE INSURANCE

DID YOU HAVE MARKETPLACE INSURANCE? YES / NO

DID YOU RECEIVE A PREMIUM TAX CREDIT? YES / NO

PART YEAR RESIDENCE (*Did You Move During the Year? If Yes, Fill Out Below*)

DATES: FROM _____ TO _____ TOWNSHIP _____ SCHOOL DISTRICT _____

DATES: FROM _____ TO _____ TOWNSHIP _____ SCHOOL DISTRICT _____

DATES: FROM _____ TO _____ TOWNSHIP _____ SCHOOL DISTRICT _____

ESTIMATED PAYMENTS (*Did You Make Estimated Payments? If Yes, Fill Out Below*)

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
FEDERAL	\$ _____	\$ _____	\$ _____	\$ _____
STATE	\$ _____	\$ _____	\$ _____	\$ _____
LOCAL	\$ _____	\$ _____	\$ _____	\$ _____

DIRECT DEPOSIT

IF A REFUND IS DUE, DO YOU WANT DIRECT DEPOSIT? YES / NO

BANK NAME _____

Please provide a voided check for routing and account numbers, and a driver's license to photocopy.

ELECTRONIC COPY

IF YOU WOULD PREFER AN ELECTRONIC COPY TO A PAPER COPY PLEASE CHECK HERE _____.

(ONE CAN BE UPLOADED TO A SECURE PORTAL THAT YOU CAN ACCESS WITH A PASSWORD YOU CREATE THROUGH A LINK THAT WE SEND YOU.)

SIGNATURES REQUIRED FOR INCOME TAX COMPLETION

TAX PAYER SIGNATURE: _____ DATE: _____

TAX PAYER SIGNATURE: _____ DATE: _____

