

**2023 Questionnaire** *Please check the appropriate box and include all necessary details and documentation.*

**Taxpayer:** \_\_\_\_\_ SSN: \_\_\_\_\_  
First Name Last Name

Email: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ IP Pin: \_\_\_\_\_

**Spouse:** \_\_\_\_\_ SSN: \_\_\_\_\_  
First Name Last Name

Email: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ IP Pin: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you moved in 2023, prior address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date Moved: \_\_\_\_\_

If you want a direct deposit of refunds or a direct debit of tax payments, include the bank account you would like to use:

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  Checking  Savings

**How would you prefer to receive the copy of your completed tax return? (check one)**  Office Pickup  Mail  Portal or App

**Provide additional information for every "Yes" answer.**

	Yes	No	N/A
1. Did you retire or change jobs this year? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you make gifts of more than \$17,000 to any individual? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive any correspondence from the State or IRS during the year? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you make any out-of-state purchase that the seller did not collect sales tax? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive a distribution from or were you a grantor of a foreign trust during 2023? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Dependents**

1. Are there changes to the dependents you claimed last year? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any dependents under age 19 or a full-time student under age 24 with unearned income over \$2,300?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you provide over half the support for any other person during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay for childcare while you worked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Income

	Yes	No	N/A
1. Did you receive any miscellaneous income, including but not limited to alimony, awards, grants, prizes, barter, tips, cryptocurrency, and foreign income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you receive any unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive any hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a business that requires a Schedule C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does your business need to file 1099s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you file any required 1099s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you sell or purchase any assets used in your business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you include all 1099 forms from your investment accounts, including interest, dividends, and consolidated forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have ownership in any partnership, S-corp, or LLC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sales and Purchases

1. Did you acquire or dispose of any investment during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you sell or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you sell an existing business, rental or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you have any sales or other exchanges of virtual currencies (digital assets) including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you have any debts canceled or forgiven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Retirement

1. If qualified, do you want to, or did you, contribute to an IRA or ROTH IRA for 2023?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you convert any IRA to ROTH IRA in 2023?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you receive Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you receive any distributions from a qualified retirement account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you make any Qualified Charitable Distributions (QCD) during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Education

1. Did you or your dependents attend a post-secondary school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you have any educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you make any contributions to a 529 (or EdVest) account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you make any withdrawals from an education saving account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Healthcare

1. Did you purchase Marketplace health insurance through healthcare.gov? A 1095-A form is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you pay any health, dental, vision or supplemental insurance premiums (not through an employer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you pay long-term care insurance premiums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you make any contributions to an HSA account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you receive any distributions from an HSA account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Deductions and Credits

1. Did you pay any out-of-pocket medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you pay real estate taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you pay rent for your home in 2023? Total amount paid: _____ Inc. heat? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you take out a home equity loan? Explain what it was used for. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you make any cash or non-cash contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you purchase a qualified plug-in electric vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you make any energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_