

Tax Questionnaire

At a minimum, please answer the first 3 pages of this Tax Questionnaire and return it to us along with your supporting tax documents through the portal. You don't have to complete the rest of the Tax Organizer unless you find it helpful.
Taxpayers filing jointly with their spouse should answer these questions together.

Personal Information

Yes No

- Did your marital status change during the year?
If yes, explain: _____
- Did your address change from last year?
New Address: _____
- Did you receive an Identity Protection PIN (IP PIN) from the IRS? If yes, please provide.
- If you are getting a refund, would you like a direct deposit?
If yes, has your bank information changed from last year?

Dependent Information

If this group does not apply to you, check this box and proceed to the next group. N/A

- Were there any changes in dependents from the prior year?
If yes, explain:
- Did you provide over half the support for any other person(s) other than your dependent children during the year, such as an elderly parent?
- Did you pay for child care or preschool while you worked, looked for work, or while a full-time student?
- Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,300? (i.e Interest, Dividends, Stock sales)
- Did you pay any expenses related to the adoption of a child during the year?

Health Care Information

- Did you make any contributions to a Health Savings Account (HSA) or Archer MSA outside of work? If yes, how much?
- Did you receive any distributions from a Health savings account (HSA)? If yes, please provide the Form 1099-SA.
- If yes, were all of the distributions used for qualified medical expenses?
- Did you pay long-term care premiums for yourself or your family? If yes, how much for you and your spouse? You: _____ Spouse: _____
- Did you receive any Premium Tax Credit advance payments? If yes, provide Form 1095-A. (For health insurance purchased on the Marketplace or 'Obamacare')
- Did you pay health insurance premiums for an individual or family plan outside of work?

Education Information

If this group does not apply to you, check this box and proceed to the next group. N/A

- Did you, your spouse, or your dependents attend a university during the year?
If yes, please provide the 1098-T.
- Did you home school your children at anytime in 2024?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did you make any contributions to an education savings or 529 Plan account?
If yes, please include Form TC-675H (Utah)
- Did you pay any student loan interest this year? If yes, please include Form 1098-E.

Itemized Deduction Information

Yes No

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.) that totals more than 7.5% of your income?

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?

Did you donate a vehicle or boat during the year? If yes, please provide form 1098-C from the donee organization.

Did you pay real estate taxes for your primary home and/or second home?

Did you pay any mortgage interest? If yes, please provide Form 1098.

Did you pay any investment interest on brokerage accounts, etc

Retirement Information

If this group does not apply to you, check this box and proceed to the next group.

N/A

Did you receive any Social Security benefits during the year? If yes, provide Form 1099-SA.

Did you make any withdrawals from an IRA, Roth, 401(k), or other qualified retirement plan? If yes, provide the Form 1099-R.

Did you make any contributions to an IRA, Roth, or SEP or other qualified plan in 2024? If yes, how much?

Would you like to discuss the option of still making a contribution to a retirement account for the current tax year?

Income Information

Did you receive any unemployment benefits during the year? If yes, provide Form 1099-G.

Did you have any self-employment during the year?

Did you receive any non-employee compensation? If yes, provide Form 1099-NEC or the total amount received.

Did you collect money services via Square, Venmo, Paypal or similar platforms in 2024? If yes, please check your account for Form 1099-K.

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Did you have any sales or other exchanges of virtual currencies such as bitcoin?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Purchases, Sales and Debt Information

Did vehicle you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

Did you sell, exchange, or purchase any real estate during the year?

Did you purchase or sell a principal residence during the year?

Did you dispose of any stock during the year?

Did you take out a home equity loan this year?

Did you refinance a principal residence or second home this year?

Did you sell an existing business, rental, or other property this year?

Did you start a new business or purchase rental property during the year?

Did you sell, exchange, or purchase any assets used in your trade or business?

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? Please provide the 1099-C.

Did you acquire a new or additional interest in a partnership or S corporation?

Did you foreclose or abandon a principal residence or real property during the year?

Miscellaneous Information

Yes No

Did you make energy efficient improvements to your main home this year?

If you are an educator, did you purchase classroom supplies?

If yes, how much?

Did you make gifts of more than \$17,000 to any individual?

Did you utilize an area of your home for business purposes? (Only available to self-employed persons. W-2 employees working remote doesn't qualify.)

Did you pay any individual as a household employee during the year?

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?

If yes, did the maximum foreign bank account balance exceed \$10,000?

Did you receive correspondence from the State or the IRS?

If yes, explain: _____

Please provide notices if not yet resolved.

202 Estimated Tax Payments

If this group does not apply to you, check this box and proceed to the next group.

N/A

Federal

Q1 Due April 15th, 2024	Date Paid	Amount Paid
Q2 Due June 17th, 2024	Date Paid	Amount Paid
Q3 Due Sept 16th, 2024	Date Paid	Amount Paid
Q4 Due Jan 15th, 2025	Date Paid	Amount Paid

State(s)

Q1 Due April 15th, 2024	Date Paid	Amount Paid
Q2 Due June 17th, 2024	Date Paid	Amount Paid
Q3 Due Sept 16th, 2024	Date Paid	Amount Paid
Q4 Due Jan 15th, 2025	Date Paid	Amount Paid

If there is anything else we should know about regarding your tax situation, please explain here

GENERAL INFORMATION

2024
(MAIN INFO)

Taxpayer's First Name	M.I.	Spouse's First Name	Spouse's M.I.
Taxpayer's Last Name	Suffix	Spouse's Last Name (if different)	
Taxpayer's Social Security Number		Spouse's Social Security Number	
Present Home Address		City, State, Zip Code	
E-Mail Address			
Filing Status: Please Check One			
Single	Married Filing Joint	Married Filing Separately	Head of Household
Qualifying Widow(er)			
If you selected head of household and have no dependents, list the name _____			
and social security number _____ of your qualified child WHO LIVES WITH YOU and qualifies you for this status.			

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

- Pre-1985 divorce or separation agreement
- Signed Form 8332
- Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) State of Part-year Residency 2nd State of Part-year Residency

Please use the following space for any comments you wish to make to your preparer.

W-2 INCOME

2024
(W-2)

List below your employers:

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

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Street address _____
City, State, Zip Code _____
Employer Identification Number _____

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City, State, Zip Code _____
Employer Identification Number _____

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Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

* Please include a W-2 from each of your employers.

W-2G INCOME

**2024
(W-2G)**

List below your payers : ***Please include any W-2G from each of your payers.**

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____

TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____

TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____

TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE CURRENT TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2025.**

Federal payments

State of ___ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in current year: _____

State/local estimated payments for current tax year due January 15th next tax year, paid on or after January 1st: _____

ITEMIZED DEDUCTIONS

**2024
(SCH A)**

	*T,S,J	Current Year	Previous Year
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			

TAXES PAID			
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Other _____	_____	_____	_____

INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____

CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____

PENSION AND RETIREMENT INCOME

2024
(1099R)

PENSIONS AND IRAS

List below your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

*** Please upload any 1099's and other information.**

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

Current Year AMOUNTS

Previous Year TOTAL

Taxpayer Amount \$ _____

Spouse Amount \$ _____

PARTNERSHIP AND S-CORPORATION INCOME

2024
(K-1 P/S)

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

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Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

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Name of Partnership or S-Corporation _____
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Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please upload all K-1 schedules received.

ESTATE AND TRUST INCOME

2024
(K-1 E/T)

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

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Federal ID Number _____
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Federal ID Number _____
If any rental real estate, are you an active participant? _____

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Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please upload all K-1 schedules received.

OFFICE IN THE HOME DEDUCTION

2024
(8829)

For Self-employed individuals ONLY(Not for W-2 employees)

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

Current Year

Previous Year

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from prior year Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

Part-Year, Part-Rental, or Personal Use Unit

2024
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):		
	Current Year	Previous Year	Current Year	Previous Year
Rent received			%	%

Expenses:	Rental and personal use		Rental only	
	Current Year	Previous Year	Current Year	Previous Year
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
Personal use unit ONLY:				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

Part-Year, Part-Rental, or Personal Use Unit

2024
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):		
	Current Year	Previous Year	Current Year	Previous Year
Rent received			%	%

Expenses:	Rental and personal use		Rental only	
	Current Year	Previous Year	Current Year	Previous Year
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
Personal use unit ONLY:				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

Part-Year, Part-Rental, or Personal Use Unit

2024
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):		
	Current Year	Previous Year	Current Year	Previous Year
Rent received			%	%

Expenses:	Rental and personal use		Rental only	
	Current Year	Previous Year	Current Year	Previous Year
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
Personal use unit ONLY:				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

CHILD AND DEPENDENT CARE EXPENSES

2024
(2441)

Please list all care providers information and the amounts paid to them.

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FOREIGN EARNED INCOME

2024
(2555)

Is this your spouse's foreign earned income?

Your foreign address	Prior Year	
	Current Year	
Employer	Prior Year	
	Current Year	
Employer U.S. address	Prior Year	
	Current Year	
Employer foreign address	Prior Year	
	Current Year	

Residence	Current Year	Previous Year
Taxpayer tax home overseas		
Date established		
Bonafide residence began		

Income	Current Year	Previous Year
Earned Income		
Salary		
Noncash Income		
Home		
Meals		
Car		
Other		
Allowances and Reimbursements		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

Travel History During Tax Year							
Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							

Miscellaneous Questions

Kind of foreign living quarters: Purchased home Rented house or apartment Employer housing

Did your family live with you overseas? Yes No

If so, who? _____

And for what period? _____

Have you told the authorities overseas that you are not a resident of their country? Yes No

Are you required to pay income taxes to the country you claim residence? Yes No

How long is your contract to work overseas? _____

What kind of visa are you working under? _____

Describe the length or employment limitations of your visa. _____

If you maintained a home in the U.S. while overseas:

Address: _____

If rented:

Name of occupant: _____ Relationship: _____