



Name: _____

Tax Year _____

ANNUAL QUESTIONNAIRE MUST BE completed Completed by: _____

If YES to any questions, please provide us with any related tax forms & more details.

PERSONAL Information

- Y N Did your **marital status** change during the year?
- Y N Did your **address** change from last year?
- Y N Can you be **claimed as a dependent** by another taxpayer?

DEPENDENT Information

- Y N Were there any **changes in dependents** from the prior year?
- Y N Do you provide financial support for an **elderly parent or other relative**?
- Y N Do you have any children under age 18 with **INVESTMENT** income ?
- Y N Did you have **K-12 school** expenses?
- Y N Did you pay for **daycare expenses** while you worked or looked for work?

MEDICAL information

- Y N Did you or you dependent purchase health care from marketplace? Include **1095A**
- Y N Did you have an HSA? Did you use all your disbursements for medical expenses? Include 1099SA

PURCHASES & SALES Information

- Y N Did you start, buy, or sell a **Business or Rental** this year?
- Y N Did you sell, exchange, or purchase any **real estate** during the year? Include 1099S
- Y N Did you take out a **home equity** loan or **refinance** this year?

EDUCATION

- Y N Did you or your dependents have **education / tuition expenses** Include 1098T
- Y N Did you pay any **student loan interest** this year? Include 1098E
- Y N Did you make any **withdrawals from or contributions to** an education savings or **529 Plan** account? Include 1099Q

INCOME Information

- Y N Did you make **withdrawals or contributions** to an **IRA, SIMPLE, SEP** account?
- Y N If you are in the business of **tips**, did you reports all tips to your employer?
- Y N Did you receive any **disability income** during the year?

ITEMIZED Deduction Information

- Y N Did you receive a **Property Tax Refund**? If yes, how much? \$ _____
- Y N Did you make any **charitable** contributions (monetary or non-cash)?

MISCELLANEOUS Information

- Y N Did you have any **relatives** that you provided **support** for during the year?
- Y N Did you pay **LONG-TERM HEALTH** care premiums for yourself or your family?
- Y N Did you incur **moving costs** due to active military order related to permanent change of station?
- Y N Did you receive **correspondence** from the **State or the IRS**?
- Y N Did you have any income from **virtual currency or Bit coin** transactions
- Y N Did you have financial interest in or **signature authority over foreign** country account

ESTIMATED Tax Payments

- Y N Did you make **ESTIMATED** tax payments? Provide dates, amounts, and proof of payment

FINAL TAX RETURN

- Y N A PDF Client copy of your return will be placed in your Client Access Portal for your retrieval. Would you like a paper copy sent to you in addition to your Client Portal?

How would you like your tax documents returned?

- No fee - Pickup
- Extra fee - US Postal Service Certified FedEx / UPS