

NAME: \_\_\_\_\_

### QUESTIONNAIRE- TO BE ANSWERED BY ALL CLIENTS:

To help assure the accuracy of your tax return and that all possible tax deductions are taken, please complete the following:

Address Change? \_\_\_\_\_

E-Mail Change? \_\_\_\_\_

Phone Number Change? \_\_\_\_\_

Opt in for e-mail newsletters?

☐ YES ☐ NO

Do you want to sign up for the Care Plan (\$25 per tax return)?  
If so, please fill out and sign the enclosed IRS Form 8821.

☐ YES ☐ NO

Y N

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wish to designate a part of your taxes to the Presidential Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any births, adoptions, marriages, divorces, or deaths in your immediate family during 2024?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children with total investment income more than \$2,500, that were under age 19 or fulltime students under age 24 at the end of 2024?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, an S corporation, trust, or REIT, etc?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive income for which you did not receive a Form W-2 or 1099?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car for business purposes (other than to commute to and from work)? Did you commute between first and second jobs? If yes, complete page 3 of the organizer.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you move because of a job change? If so, bring moving costs. (May only apply to a State return.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you add/install solar energy or any other energy efficient improvements?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy a main home in 2024? If so, please provide the closing statement.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or gift any stock, real estate, land, or other property or have any become worthless? If yes, complete page 3 of the organizer and provide the final settlement statement for both the purchase and the sale.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any gold, old jewelry, or precious metals?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any items on EBay?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a gift to any individual in excess of \$18,000?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money for which you have exhausted all reasonable efforts to collect?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you employ any household workers? (Specifically, caregivers, nannies, etc.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay additional state tax last year because of an audit or filing of a late return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make an internet purchase on which no state sales tax was collected?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a retirement plan, including a Roth IRA? What type of plan? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make contributions to a Health Savings Account (HSA) this year? (Do not mark "yes" for FSA)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 that had a balance of \$10,000 at any point during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a foreign gift or inheritance from someone in a foreign country or from a foreign entity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had the Earned Income Credit denied?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you claim the Homeowners' Credit in 2008 for which you are responsible for paying back each year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy health insurance through an exchange (i.e. www.healthcare.gov, www.coveredca.com)? If yes, please include in your tax information the Form 1095A that the Health Insurance Exchange sent you. Please bring any forms 1095-B or 1095-C received from an insurance company or employer. |

### SIGNATURE REQUIRED:

To the best of my knowledge, the enclosed information correctly includes all income, deductions, and other information necessary for the preparation for this year's income tax returns and I have adequate records to substantiate data.

Taxpayer \_\_\_\_\_

Date \_\_\_\_\_

Spouse \_\_\_\_\_

Date \_\_\_\_\_