## 2024 Tax Return Questionnaire

<u>TAXPAYER</u>		<u>SPOUSE</u>					
Name:	Name	e:		,			
SSN:		SSN:					
Date of Birth:	Date						
Phone Number:	Phon	Phone Number:					
Email:		Email:					
Preferred method of contact:	erred method of contact:			erred method of contact:			
Phone Email Text □ Spouse	Ph	one i	Email	Text	□ Spouse		
People you want to claim:	<u>SSN</u>	Date of Birth			In college?		
					<del></del>		
Current Address:							
Did you move during the year? Yes N	o If so,	what dat	e?				
Do you have any bank accounts or income overse	as?	Yes	No				
Did you have any cryptocurrency transactions last	year?	Yes	No				
Did you make any of the following contributions a	nd if so, ho	w much?					
401(k) 403(b) Traditional IRA \$_	R	oth IRA \$		HSA	\$		
Are you expecting a refund or to owe money? If s	o, how muc	h?					
How do you prefer to pay for your accounting sen	rices?						
Debit/Credit Venmo/CashApp	Email	□Ca	ash/Ched	:k			
When would you like your return filed?							
ASAP March April May-Ju	ne July	/-Sept	Octob	er w	henever		
Other questions/comments/concerns:							