

2024 TAX QUESTIONNAIRE

JAY HANSEN CPA, PLLC

NAME: _____ DATE: _____

PHONE: _____

1. Have you or your spouse **Renewed** your Drivers License?

If Yes, Provide us a copy of the front.

2. Did you have Health Insurance through the Marketplace Healthcare in 2024?

If Yes, Provide your Health Insurance Form **1095-A**

3. Did you or any of your dependents attend **College** in 2024?

If Yes, Provide form 1098-T

4. Did you receive **Paypal or Venmo Payments** in excess of \$5,000?

If Yes, Provide form 1099-K

5. Did you make any **Energy efficient improvements** to your home?

If Yes, Provide Type and Total Cost.

6. Did you purchase a new **Electric Vehicle**?

If Yes, Provide the VIN # and Purchase Price.

7. Any Changes to your **Filing status**? ie. Marriage/Divorce/ Birth of Child

If Yes, provide changes, and any new Dependent SS#/DOB/Name & Gender.

8. Were you set up to make **Quarterlies/ Estimated Tax Payments**? (Jan/April/June/Sept)

If Yes, did you make all payments as set up?

9. Did you sell, trade, or earn income from **Digital Currency** (ex. Bitcoin/Dogecoin/Crypto)?

If Yes, Provide a gain loss report.

10. If you receive a **Refund**, How would you like it?

A. Mailed Check

B. Applied to your 2025 Tax Payments

C. Direct Deposit (please provide Account information)

STAFF USE: Email

In office

Mailed