



Lambert Business & Tax Solutions
www.lbsllcus.com Email: lbs@lbsllcus.com

2025 Tax Questionnaire

347 N Liberty St, Valders, WI 54245 Phone: 920-775-4941
33. E. Waldo Blvd Suite 1 Manitowoc WI 54220 Phone: 920-374-4173

1. Personal Information

Name: _____ Date: _____

Current Address: _____

Y or N Address Change from Previous Tax Year

Phone No: _____ Cell No: _____ Email Address: _____

Driver's Licenses/State Issued ID Card for taxpayer and spouse (required information due to increased identity theft)

Y or N Driver's License Photo ____/____/____, ____/____/____ DOBs needed if Driver's Licenses aren't provided

Y or N License renewed in past year (if yes, provide of copy of Driver's License)

Y or N New Client. If yes, provide 2024 tax return, DOBs & Copy of Driver's Licenses _____

2. Dependent Information (new clients or dependent change from 2024 for existing client)

Y or N Dependents (if yes provide names and SSN if different than last year)

Names: _____ DOB _____, _____ DOB _____

Y or N Did any dependents have income in 2025?

3. Income Sources (Attach all relevant forms)

Y or N Wages (W-2) # of W2s _____ Employers _____

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Y or N Was OT or tips paid? If yes (provide last 2025 paystub showing YTD OT & Tips)

Y or N Interest (1099-INT) Y or N Dividends (1099-DIV)

Y or N Retirement/Pension/IRA (1099-R) Y or N Social Security (SSA-1099)

Y or N Self-employment/Contractor (K-1, 1099-NEC, 1099-MISC, 1099-K) Y or N Rental income

Y or N Alimony received/paid (prior to 2019) Y or N Capital gain/loss (1099-B)

Y or N Other income (gambling, jury duty, scholarships, etc.) Y or N Foreign Assets

Y or N Digital asset transactions (crypto, NFTs, etc.) Y or N Unemployment (1099-G)

4. Adjustments & Deductions (Attach all relevant forms)

Y or N Mortgage Interest paid (1098) Y or N Charitable Contribution Annual Amount _____

Y or N Student loan interest paid (1098-E) Y or N Out of State Purchases _____

Y or N IRA contributions Y or N HSA Distributions/Contributions (1099-SA, 5498-SA)

5. Credits (Attach all relevant forms)

Y or N Child and Dependent Care Credit. If yes, Provider Name _____ EIN _____



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Y or N Private Tuition paid for a dependent in grades K-12. If yes, provide school statement

Y or N Education Credits (1098-T) If yes, provide college year _____ Y or N Student Loan Interest Paid (1098-E)

Y or N WI College Savings Plan (Edvest or Tomorrow's Scholar) Y or N Electric vehicle purchased prior to 9/30/25

Y or N Energy Improvements on main residence: _____ Amt Pd \$ _____

Y or N New Vehicle Interest Credit. If yes, provide proof of purchase date, proof that vehicle was assembled in the US, a loan agreement and documentation of interest paid from the lender.

Y or N Property Taxes (include amount(s), date(s) paid & provide copy of tax bill) _____

Y or N Paid Rent, If yes, Monthly \$ _____ X _____ months Y or N Is heat included. \$ _____ year/months

6. Health/Well-Being (Attach all relevant forms)

Y or N Health Insurance If yes, through: Marketplace (1095-A) Employer (1095-B/1095-C) Other

Y or N Medical Expenses If yes, Annual Amount _____

Y or N Supplement to Medicare. If yes Name _____ Annual Premium Paid _____

Y or N Long-Term Care Insurance. If yes, Provider Name _____ Annual Premium Paid _____

8. Direct Deposit/Payment as checks paid or paid to the IRS are no longer accepted

Bank Name: _____ Routing Number: _____

Account Number: _____ Type: Checking Savings

9. Other Information (Attach all relevant forms)

Y or N 2025 Estimated Tax Payments paid? Amount(s): _____ Date(s) Paid: _____

Y or N Were you a victim of identity theft? Y or N Do you have an Identity Protection PIN (IP PIN)?

Y or N Primary Home sold? If yes, provide closing statement Y or N Any other significant financial events

X _____ Date _____

I certify to the best of my knowledge that I have provided all information known to me pertaining to the calculation of my tax liability

X _____ Date _____

If needed, I approve Lambert Business & Tax Solutions submitting an extension on my behalf

Notes: