

Temar Accounting

NAME: _____

SIGNATURE: _____ DATE: _____

Address: _____

(If you moved during the year please provide all addresses)

Phone Number: _____

Tax Payer Email: _____ Spouse Email: _____

Tax Payer S.S. Number: _____ Spouse S.S. Number: _____

Tax Payer Date of Birth: _____ Spouse Date of Birth: _____

Tax Payer Occupation: _____ Spouse Occupation: _____

Marital Status on Dec 31 st :	Single	Married	Separated	Divorced	Widow(er)
Bank Name	Routing #	Account #	Checking or Savings		

Dependent's Name	Relationship	S.S. #	Birth Date

Yes No N/A

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Did you have any **childcare expenses** during the year? If “yes” \$_____ total for 2024

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Can another person qualify to claim the child?

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Did all your **dependents live** with you for at least 6 months with you providing over half their support?

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Did you have a financial interest in or signature authority over a **financial account in a foreign country** or receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

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Did you make any **residential energy efficient improvements** in **2024?**

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Did you, your spouse or a dependent incur any **tuition expenses** in **2024?**

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Did you or your spouse make any **gifts** to an individual that total **more than \$18,000?**

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Do you have **any additional income** that is not reported on the tax forms you have provided us?

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Did you use any **HSA distributions** for anything other than healthcare expenses?

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Did you receive, sell, send, exchange or otherwise acquire any financial interest in any **virtual currency** in 2024?

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Did you make any purchases during 2024 that you did not pay **sales tax**, which were not exempt?
If “yes” please provide total purchase amount. _____

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Did you make any **qualified charitable distributions from your IRA** in 2024?
If “yes” please provide total amount. _____

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Do you want to fill this questionnaire out electronically next year?