



## Year-End Tax Questionnaire

**Please Note-This Questionnaire must be filled out prior to Simonic preparing/filing your tax return!**

### 1. FOREIGN ACCOUNTS

a) Do you have a financial interest in, or signing power over, a bank, securities, and assets including property or other financial accounts in a foreign country? \_\_\_\_\_ Yes \_\_\_\_\_ No

b) If yes, did the balance exceed \$10,000 in 2025? \_\_\_\_\_ Yes \_\_\_\_\_ No

c) Do you have an Offshore Trust? \_\_\_\_\_ Yes \_\_\_\_\_ No

d) Do you trade in Virtual Currency (Bitcoin, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

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### 2. HEALTH INSURANCE

a) Did you purchase your health insurance through the Health Insurance Marketplace?  
\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, please provide Form 1095-A*

b) Do you have a Health Savings Account (HAS)? If so, please provide the 5498-SA (if applicable) and the 1099-SA forms.  
If you had distributions from your HAS, were they for unreimbursed medical expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### 3.. ESTIMATED TAXES

a) Did you make estimated tax payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much and when? \_\_\_\_\_

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### 4. TAX RETURN COPY

How would you like to receive your tax return? \_\_\_\_\_ Paper \_\_\_\_\_ Digital

**NOTE: Due to the increase cost of postage, tax returns will be sent digitally unless a paper copy is requested.**

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on the return.

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed call our office for assistance.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Should you have a refund, would you want a direct deposit of the refund? Yes \_\_\_\_\_ No \_\_\_\_\_

Would like your refund rolled forward to next year's return or apply to estimated tax payments? Yes \_\_\_\_\_ No \_\_\_\_\_

Should you have a tax liability, would you want a direct debit out of your account? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide banking information for direct deposit or direct debit: Same as last year \_\_\_\_\_

Bank Name:	
Routing Number:	
Account Number:	
Type (checking or savings):	