

QUESTIONNAIRE FOR YEAR: 2024

YOUR NAME: _____ SSN: _____

SPOUSE NAME: _____ SSN: _____

YOUR DOB: _____ SPOUSE DOB: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

CELL: _____ EMAIL: _____

DEPENDENTS

NAME: _____ SSN _____ DOB _____

NAME: _____ SSN _____ DOB _____

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PLEASE SEND TO ME ALL IRS FORMS: W-2...1099'S...DIVIDENDS...STOCK SALE....
INTEREST....JURY DUTY....UNEMPLOYMENT....SOCIAL SECURITY...GAMBLING
WINNINGS...EDUCATIONAL 1098..SALE OF RESIDENCE...1099 NEC

FILING STATUS

SINGLE: _____ MARRIED: _____ MARRIED FILING SEPARATE: _____

HEAD HOUSEHOLD: _____

CHILD CARE

NAME OF PROVIDER: _____ EIN OR SSN: _____

ADDRESS: _____ AMOUNT PAID: _____

MEDICAL AND DENTAL EXPENSES

PRESCRIPTIONS: _____ TOTAL DOCTORS: _____

TOTAL DENTAL: _____ TOTAL INS PREMIUMS: _____

TOTAL VISION: _____ OTHER: _____

TOTAL MEDICAL MILEAGE: _____

CONTRIBUTIONS

TOTAL CHURCH: _____ TOTAL NON POFITS: _____

TOTAL OTHER THAN CASH DONATIONS: _____ (OVER \$500 MUST HAVE RECEIPTS)

HOUSE DEDUCTIONS

TOTAL INTEREST: _____ TOTAL TAXES: _____

POINTS: _____

OTHER DEDUCTIONS

CAR LICENSE AND TAXES: _____

TEACHER SUPPLIES: _____ (**\$300 LIMIT**)

GAMBLING LOSSES: _____ (**ONLY UP TO WINNINGS**)

HIGHER EDUCATION INTEREST: _____ **COST:** _____

RENEWABLE ENERGY OR ELECTRIC COST TOTAL: _____

ESTIMATED TAXES PAID

1ST QUARTER AMOUNT: _____ **DATE PD:** _____

2ND QUARTER AMOUNT: _____ **DATE PD:** _____

3RD QUARTER AMOUNT: _____ **DATE PD:** _____

4TH QUARTER AMOUNT: _____ **DATE PD:** _____

OTHER INFORMATION

DIRECT DEPOSIT

ACCOUNT: _____ **ROUTING:** _____

SIGNATURE: _____

NEW CLIENTS: PLEASE SEND PAGE 1 AND 2 OF THE FEDERAL 1040 FROM THE PREVIOUS YEAR. I CAN NOT ELECTRONICALLY FILE WITHOUT THOSE PAGES.

CAN I EMAIL YOUR COMPLETED INCOME TAX RETURN: _____ **CHECK IF YES**

Your personal information: _____ **Email** OR _____ **Post Office (snail mail)**