

## Individual Income Tax Questionnaire 2024

### Primary Taxpayer

|  |                                 |                                  |  |                                  |                             |            |       |
|--|---------------------------------|----------------------------------|--|----------------------------------|-----------------------------|------------|-------|
| Full Name                                    | _____                           | Social Security Number           | _____                                      | Date of Birth                    | _____                       | Occupation | _____ |
| Can anyone claim you as a dependent?         | Yes <input type="checkbox"/>    | No <input type="checkbox"/>      | Totally/Permanently Disabled:              | Yes <input type="checkbox"/>     | No <input type="checkbox"/> |            |       |
|  |                                 |                                  | Legally Blind:                             | Yes <input type="checkbox"/>     | No <input type="checkbox"/> |            |       |
|  |                                 |                                  | Full-time Student:                         | Yes <input type="checkbox"/>     | No <input type="checkbox"/> |            |       |
| Were you issued an Identity Protection PIN#? | Yes <input type="checkbox"/>    | No <input type="checkbox"/>      | Driver's License or State ID#              | _____                            | State                       | _____      |       |
|  | PIN _____                       |                                  | Issuance Date                              | _____                            |                             |            |       |
|  |                                 |                                  | Expiration Date                            | _____                            |                             |            |       |
| Marital Status in 2024?                      | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Legally Separated <input type="checkbox"/> | Widowed <input type="checkbox"/> | Date of change in 2024:     | _____      |       |

### Secondary Taxpayer

|  |                              |                             |                               |                              |                             |            |       |
|--|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|------------|-------|
| Full Name                                    | _____                        | Social Security Number      | _____                         | Date of Birth                | _____                       | Occupation | _____ |
| Can anyone claim you as a dependent?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Totally/Permanently Disabled: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |       |
|  |                              |                             | Legally Blind:                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |       |
|  |                              |                             | Full-time Student:            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |       |
| Were you issued an Identity Protection PIN#? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Driver's License or State ID# | _____                        | State                       | _____      |       |
|  | PIN _____                    |                             | Issuance Date                 | _____                        |                             |            |       |
|  |                              |                             | Expiration Date               | _____                        |                             |            |       |
| Street Address                               | _____                        | City                        | _____                         | State                        | _____                       | Zip        | _____ |
| Phone  | _____                        | Secondary Phone             | _____                         |                              |                             |            |       |
| Email  | _____                        |                             |                               |                              |                             |            |       |

Did you have dependents? Yes ☐ No ☐ Please complete Dependent Addendum

Did you move during the year? Yes ☐ No ☐ Date of move: \_\_\_\_\_

From Address: \_\_\_\_\_

To Address: \_\_\_\_\_

|  | Taxpayer   | Spouse   |
|--|--|--|
| Had foreign bank/investment accounts with signatory authority? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Had transactions involving digital assets/cryptocurrency?      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Paid or received alimony during 2024?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Amount Pd: _____ Amount Rcv: _____                             |  |  |
| Date of Divorce decree: _____                                  |  |  |
|  |  |  |

#### INCOME

|  |  |  |
|--|--|--|
| Salary/ Wages Form W-2s: How many jobs did you work?                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Unemployment Form 1099-G   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Interest 1099 Int  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dividends 1099 Div   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Social Security/ RR SSA 1099   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pension/IRA 1099 R   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sale of Investments/Stocks 1099B or 1099S                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Miscellaneous Income (Self-employment/K-1/Rental/Farm)? 1099-Misc/1099 NEC | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gambling Income W-2G   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cancellation of Debt 1099 C  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sale of personal residence or other real estate                            | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

#### ADJUSTMENTS

|   |  |  |
|---|--|--|
| Had educator expenses as an educator for K-12                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contributed to or took distributions from an HSA Account          | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Made IRA Contributions outside of deductions from payroll in 2024 | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Paid student loan interest in 2024                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

#### ITEMIZED DEDUCTIONS

|  |  |  |
|--|--|--|
| Paid premiums on long-term care insurance                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Paid interest on home mortgage/equity loan for primary/secondary residence | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Donated to a qualified charity in 2024                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

#### MISCELLANEOUS

|  |  |  |
|--|--|--|
| Paid premiums for health insurance outside of payroll deductions           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Paid out-of-pocket medical expenses  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Made gifts in the amount/value of more than \$18,000 to any one individual | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Enrolled in healthcare coverage through the Marketplace (Healthcare.gov)   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Made energy efficient home improvements                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Attended a post secondary educational institution and paid tuition         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Made estimated tax payments for 2024 tax year                              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Federal: \_\_\_\_\_ State: \_\_\_\_\_ Local: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Dependent Addendum

|  | Dependent 1 | Dependent 2 | Dependent 3 | Dependent 4 | Dependent 5 |
|--|-------------|-------------|-------------|-------------|-------------|
| Name of Dependent  |             |             |             |             |             |
| Relationship to Taxpayer   |             |             |             |             |             |
| SSN/ITIN   |             |             |             |             |             |
| Birth Date   |             |             |             |             |             |
| Is the dependent a U.S. Citizen?   |             |             |             |             |             |
| How many months did he/<br>she live with you in 2024?  |             |             |             |             |             |
| Did the other biological parent<br>reside with you during the year?<br>(for unmarried parents) |             |             |             |             |             |
| Can anyone else claim the<br>dependent on their return?  |             |             |             |             |             |
| Did anyone else live with<br>you and your dependent?   |             |             |             |             |             |
| Did you provide more than 1/2<br>the cost to maintain the home?                                |             |             |             |             |             |
| Did the other parent earn more<br>money than you during the year?<br>(for unmarried parents)   |             |             |             |             |             |
| Was the dependent a<br>full-time student?  |             |             |             |             |             |
| Was the dependent in college?<br>Attach form 1098-T or Receipts                                |             |             |             |             |             |
| Were any day-care expenses<br>incurred or paid for the<br>dependent?                           |             |             |             |             |             |
| Was the dependent disabled?  |             |             |             |             |             |