



Tax Preparation Questionnaire & CheckList

Print out this form and take your time filling it out to help collect documents you will need for the 2023 tax season. Once completed feel free to upload filled out form on our secure client portal page at www.bigredaccounting.com

Name and Address:

Taxpayer: _____ **Occupation:** _____

Address: _____

Spouse: _____ **Occupation:** _____

Address: _____

Phone Numbers Home: _____ Work: _____ Cell: _____

Email Address: _____

Filing Status: Single Married Head of Household Qualifying Widow

Birth Date: Month, Day, Year Yourself: ___/___/___ Spouse: ___/___/___

Do you or your spouse wish to contribute \$3 to go to the presidential Election Campaign? You Spouse
(Checking box will not change your tax or refund)

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Yes No

Dependents:

Name (First, Initial, Last)	Income over 2,500? (Y/N)	Date of Birth	Relationship	Months Lived in Home

Health Insurance Coverage:

Did you or your dependents have health care coverage with a government Marketplace (Exchange) during 2023? Please provide Form 1095-A, issued by the government Marketplace. Some family situations may have more than one 1095-A.

If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.

If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

Did you, your spouse, or dependents NOT have insurance coverage for any months of 2023. If so please list member below and check months they were NOT insured.

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Checklist of information that will be needed to complete your return

Any items below that apply to you should be checked and include the information needed

- Wages (Form W-2)
- Interest Income (Form 1099-INT)
- Foreign bank accounts, income +/- or paid taxes
- Dividend Income (Form 1099-DIV)
- Stock Sale Information/Capital Gains (Form 1099-B)
- Each stock sale: Date purchased, number of shares bought, amount paid
- Pension Distributions (Form 1099-R)
- Social Security Benefits (Form 1099-SSA)
- State / Local Refunds (Form 1099-G)
- Gambling Income (Form W-2G)

Other Income

- Alimony Received
- Unemployment Compensation (Form 1099-G)
- Education Savings Account Withdrawal (Form 1099-Q)
- Disability Income (Form 1099-QA)
- Small Business (self-employed or independent contractor business owner)
 - Business Income (Form 1099-MISC plus items not on 1099-MISC)
 - Business Expenses (Provide list or use the Business Organizer)
 - Vehicle Information
- Rental Property
 - Rental Income (Form 1099-MISC)
 - Related Expenses (Provide list or use the Rental Property Organizer)
- Schedules K-1 from Partnerships, S Corps, Trusts
- Tip Income
- Scholarships (Form 1098-T)
- Debt Cancellation (Form 1099-C)
- Bartering Income (Form 1099-B)
- Jury Duty

- Sale of Real Estate not qualifying for Personal Residence Exemption
 - Closing Statement – Sale of Property
 - Closing Statement – Purchase of Property
 - List of additions/improvements while you owned the property
 - Forgiveness of Debt income (Form 1099-C or 1099-A)

Deduction Information:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> IRA Contributions | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> SEP, Simple, Keogh Plans | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Student Loan Interest (Form 1098-E) | <input type="checkbox"/> Out of Pocket Medical Expenses (& Form 1099-SA) |
| <input type="checkbox"/> Student Expenses (Forms 1098-T & 1099-Q) | <input type="checkbox"/> Forms 1095-A, 1095-B & 1095-C |
| <input type="checkbox"/> Alimony Paid | <input type="checkbox"/> Healthcare Market Place Exemption |
| <input type="checkbox"/> Recipient Name and SS # | <input type="checkbox"/> Medical Account Contribution (Form 5498-SA) |
| <input type="checkbox"/> Mortgage Interest (Form 1098) | <input type="checkbox"/> ABLE Account Contribution (Form 5498-QA) |
| <input type="checkbox"/> Investment Interest | <input type="checkbox"/> Real Estate Taxes |
| <input type="checkbox"/> Cash and Noncash Charitable Contributions | <input type="checkbox"/> Other Taxes (including sales tax paid on the purchase |
| <input type="checkbox"/> Business or Disaster Casualty/Theft Loss | of autos, boats and RVs for personal use) |

Credit and Payment Information:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Child Care Expenses <ul style="list-style-type: none"> <input type="checkbox"/> Provide name, address, SS# or EIN, and information) amount paid for each child | <input type="checkbox"/> Tuition Statements (Form 1098-T) & Education Expenses |
| <input type="checkbox"/> Estimated tax payments (dates and amounts paid) | <input type="checkbox"/> Copy of voided check (for direct deposit of refund |
| <input type="checkbox"/> Legal papers for adoption, divorce or separation involving custody of your dependent children | <input type="checkbox"/> Energy or electric vehicle tax credit information |
| | <input type="checkbox"/> Closing statement for first-time or long-time homebuyers' credit |

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