QUESTIONNAIRE FOR 2025 TAXES

NAME_____ **DATE**_____

PHONE #:_____ **CELL PHONE #:**_____

EMAIL:_____

DRIVERS LICENSE INFO:

NAME	NAME (SPOUSE)
DL #:_____ DATE OF ISSUE:_____ DATE OF EXP:_____	DL #:_____ DATE OF ISSUE:_____ DATE OF EXP:_____

IRS PIN #: _ _ _ _ _ _ IF ASSIGNED ONE. WE NEED IT TO E-FILE	IF YOU DON'T HAVE IT WITH YOU PLEASE CALL WITH IT	MARKETPLACE HEALTH INS. (NEED 1095-A)

ARE YOUR DEPENDENDS THE SAME? _____

NEW DEPENDENTS ONLY

MALE OR FEMALE

DEPENDENTS NAME:_____

SSN:_____

DATE OF BIRTH:_____

ARE ANY DEPENDENTS DISABLED?_____

ARE ANY DEPENDENTS IN COLLEGE?

_____ _____ _____

(IF YES, WE NEED 1098-T)

IS YOUR ADDRESS THE SAME? _____

NEW ADDRESS:_____

_____

_____

DATE OF MOVE:_____

IF YOU PURCHASED ANY OF THE FOLLOWING:
NEW HOT WATER HEATER, FURNACE, ROOF, WINDOWS, INSULATION, DOORS, SOLAR PANELS
(NEED $$ AMOUNT) $_____

IS YOUR MARITAL STATUS THE SAME? IF NO FILL IN THE INFORMATION
ONLY IF IT CHANGED IN 2025

SPOUSE NAME: _____

SSN: __-__-____ **DATE OF BIRTH:** __-__-____

DATE OF MARRIAGE: __-__-____ **DATE OF DEATH:** __-__-____

DATE OF DIVORCE: __-__-____

DID YOU RECEIVE, SELL, EXCHANGE OR ACQUIRE ANY VIRTUAL CURRENCY?
BITCOIN, CYBERCURRENCY, CRYPTOCURRENCY, DIGITAL CURRENCY, DIGITAL WALLET

NO PAPER CHECKS - 2025 THE IRS WILL DO DIRECT DEPOSIT OR PRE-PAID DEBIT CARD

DIRECT DEPOSIT INFO MUST BE PROVIDED EVERY YEAR ON THIS FORM
IF YOU EXPECT A REFUND

BANK:_____ **CHECKING**_____ **SAVINGS** _____

ROUTING #:_____ **ACCT #:**_____

SIGNATURE:_____

REFERRED BY:_____