

# CLIENT TAX PREPARATION QUESTIONNAIRE 2023

These are questions we would normally ask you while sitting with us during preparation.

Please read carefully. PLEASE FILL OUT CAREFULLY.

FULL LEGAL NAME	SOC SEC #	DATE OF BIRTH	OCCUPATION IN 2023
Taxpayer - TP			

Spouse - SP

Street Address	TP CELL PHONE #	TP EMAIL
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City, State, Zip	SP CELL PHONE #	SP EMAIL
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**YES**    **NO**    CHECK IF THE FOLLOWING APPLY DURING 2023:

DID YOU OR YOUR SPOUSE RECEIVE AN IRS PIN DUE TO IDENTITY THEFT? (PLEASE PROVIDE DOCUMENTS)

DID YOUR MARITAL STATUS CHANGE IN 2023      HOW \_\_\_\_\_  
 Did you and your spouse live in SEPARATE households for the entire year? \_\_\_\_\_ For the last 6 months? \_\_\_\_\_

DID YOUR ADDRESS CHANGE? IF YOU MOVED TO OR FROM ANOTHER STATE;  
 WHERE? \_\_\_\_\_ DATE OF MOVE? \_\_\_\_\_

DO YOU LIVE INSIDE THE CITY LIMITS OF SAINT LOUIS CITY DURING PART OR ALL OF 2023?  
 START DATE OF LIVING IN THE CITY \_\_\_\_/\_\_\_\_/\_\_\_\_      END DATE OF LIVING IN THE CITY \_\_\_\_/\_\_\_\_/\_\_\_\_

DID YOU LOSE ANY OF THE DEPENDENTS LISTED ON YOUR PROIR TAX RETURN?  
 Which dependents did you lose? \_\_\_\_\_ Why? \_\_\_\_\_  
 Which dependents did you lose? \_\_\_\_\_ Why? \_\_\_\_\_

DID ANY OF YOUR DEPENDENTS LIVE IN YOUR HOME FOR LESS THAN 6 MONTHS OF 2023? (NOT INCLUDING TIME AWAY FOR SCHOOL)  
 If yes, where did they live when not in your home? Are you still claiming him/her as a dependent?

DID YOU ADD ANY DEPENDENTS IN 2023?

Name	Relationship	Birth Date	Social Security #	Months in Home
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IS IT POSSIBLE THAT A DIFFERENT TAXPAYER MIGHT CLAIM ANY OF YOUR DEPENDENTS? IF YES, EXPLAIN BELOW.

DID YOUR DEPENDENT UNDER 13 USE DAYCARE, SUMMER **DAY** CAMPS OR AFTER SCHOOL PROGRAMS?  
 YOU ARE **REQUIRED** TO PROVIDE THE **FULL NAME, ADDRESS, FEDERAL ID NUMBER OR SOCIAL SECURITY # OF THE PROVIDER**  
 Provider (Name, Address, **EIN** or **SSN**)      \$ Amount Paid      Dependent Served

DID YOU ENGAGE THE SERVICES OF ANY HOUSEHOLD EMPLOYEES? (PLEASE PROVIDE PAYROLL DOCUMENTS AND SCHEDULE H)

DID YOU MAKE ESTIMATED QUARTERLY TAX PAYMENTS, 1040-ES?

FEDERAL	DATE PAID	AMOUNT	STATE	DATE PAID	AMOUNT
1ST Q			1ST Q		
2ND Q			2ND Q		
3RD Q			3RD Q		
4TH Q			4TH Q		

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DID YOU AND/OR YOUR SPOUSE CONTRIBUTE TO A TRADITIONAL IRA OR ROTH IRA (NOT AN EMPLOYER'S PLAN)?

	TRADITIONAL IRA	\$ AMOUNT	ROTH IRA	\$ AMOUNT
TAXPAYER	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
SPOUSE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU WITHDRAW MONEY FROM A PENSION PLAN, 401(K), OR IRA?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU HAVE A RMD (REQUIRED MINIMUM DISTRIBUTION)

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU **RECEIVE** OR **PAY** ALIMONY/MAINTENANCE? \$ \_\_\_\_\_ /PER MONTH NUMBER OF MONTHS \_\_\_\_\_

DATE OF SETTLEMENT \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OTHER PARTIES SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

THIS HAS NOTHING TO DO WITH CHILD SUPPORT

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU OR YOUR SPOUSE TAKE COLLEGE COURSES? **YOU MUST PROVIDE A 1098-T.** Spent on **JUST** books & supplies: \$ \_\_\_\_\_

Did you receive any reimbursements for the EDUCATION EXPENSES from your employer or the government? Please explain & how much?

<input type="checkbox"/>	<input type="checkbox"/>
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DID A DEPENDENT GO TO COLLEGE/TRADE SCHOOLS? **YOU MUST PROVIDE A 1098-T.** Spent on **JUST** books & supplies \$ \_\_\_\_\_  
 AMOUNTS SPENT ON ROOM AND BOARD IS NOT PART OF THIS CALCULATION. ONLY BOOKS, SUPPLIES, & RELATED FEES.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU CONTRIBUTE TO A 529 ACCOUNT (COLLEGE FUND)? \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU HAVE ANY DISTRIBUTIONS FROM A 529 ACCOUNT? IF **YES** PLEASE PROVIDE ALL 1099-Q's ISSUED.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SELL STOCKS/BONDS/MUTUAL FUNDS, OR CRYPTO OUTSIDE OF AN IRA, 401(K), OR PENSION FUND?

**PLEASE PROVIDE SALE INFORMATION (INCLUDING ALL COST BASIS' FOR ALL TRANSACTION) (Broker 1099B)**

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SHORT SALE A PROPERTY, FILE A BANKRUPTCY, OR HAD DEBT FORGIVEN? Explain

IF YOU RECEIVED A 1099-A OR 1099-C PLEASE PROVIDE THOSE FORMS

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU PURCHASE REAL ESTATE?

ADDRESS OF PROPERTY \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Purchase \$ \_\_\_\_\_ Type of Use (Rental? Vacation? Home? Etc.) \_\_\_\_\_

**Provide Closing Statements for each purchase. (Also referred to as HUD-1 or ALTA statement). Ask your real estate agent or title company for a copy.**

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SELL REAL ESTATE? - IF YES WE NEED PURCHASE INFORMATION AS WELL AS SALE INFORMATION

ADDRESS OF PROPERTY \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Date of Sale \_\_\_\_\_ Purchase \$ \_\_\_\_\_ Sale \$ \_\_\_\_\_ Type of Use (Rental? Vacation? Home? Etc.) \_\_\_\_\_

**Provide Closing Statements for each purchase and sale. (Also referred to as HUD-1 or ALTA statement). Ask your real estate agent or title company for a copy.**

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU REFINANCE OR GET A HELOC ON YOUR PRIMARY RESIDENCE IN 2023. IF YES PLEASE PROVIDE CLOSING DISCLOSURE DOCS.

IF YES, DID YOU TAKE OUT ANY CASH TO USE ON THINGS OTHER THEN THE HOUSE? I.E. BUY A CAR, GO ON VACATION, PAY DOWN/OFF CREDIT CARDS?

PLEASE PROVIDE DETAILS WITH DOLLAR AMOUNTS \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INVEST IN A **NEW** BUSINESS VENTURE? If YES, please contact our office to discuss what might be needed.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INHERIT REAL ESTATE, STOCKS, BONDS, OR IRAS? Do you expect to receive a 1099 OR K-1 from the estate or trust?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU HAVE AN INTEREST OR SIGNATURE AUTHORITY OVER A FOREIGN BANK OR INVESTMENT TYPE ACCOUNT DURING ANY TIME IN 2023?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE A DISTRIBUTION FROM, OR WERE YOU THE GRANTOR OF, OR TRANSFEROR TO, A FOREIGN TRUST OR DID YOU HAVE AN INTEREST IN ANY FOREIGN ASSETS OR ACCOUNTS.

<input type="checkbox"/>	<input type="checkbox"/>
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DID THE TOTAL BALANCES OF ALL FOREIGN ACCOUNTS EQUAL OR EXCEED \$10,000 AT ANY TIME DURING THE YEAR?

(PENALTY FOR FAILING TO REPORT FOREIGN ACCOUNTS IS \$10,000 PER ACCOUNT PER YEAR!)

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE, SELL, EXCHANGE, OR DISPOSE OF A DIGITAL ASSET (OR A FINANCIAL INTEREST IN A DIGITAL ASSET)? (I.E., BITCOIN)

YOU ARE REQUIRED BY LAW TO REPORT THE GAINS FOLLOWING SIMILAR RULES FOR STOCK SALES.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL EXPENSES (OTHER THAN MEDICAL INSURANCE) UNREIMBURSED BY INSURANCE OR HSA (Doctors, dentists, therapy, medical devices, home alterations, hospitals, medical travel, etc.) \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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TOTAL MEDICAL INSURANCE PREMIUMS YOU PAID FOR **OUT OF POCKET** (OTHER THAN MEDICARE AND OTHER THAN THOSE PAID THROUGH PAYROLL DEDUCTION WITH **PRE-TAX** DOLLARS) \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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MEDICARE PREMIUM THAT WERE NOT PAID THRU SOCIAL SECURITY OR RAILROAD RETIREMENT DEDUCTIONS \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU ENGAGE THE SERVICES OF ANY HOUSEHOLD EMPLOYEES? (PLEASE PROVIDE PAYROLL DOCUMENTS AND SCHEDULE H)

<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU ARE OVER 70 1/2, DID YOU CONTRIBUTE TO A CHARITABLE ORGANIZATION DIRECTLY FROM AN IRA ORGANIZATION AMOUNT STOCK / SHARES

<input type="checkbox"/>	<input type="checkbox"/>
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CONTRIBUTIONS TO CHARITY: **MONETARY** Checks & Cash \$ \_\_\_\_\_  
You are required to have records to prove contributions and letters from organizations for any contribution over \$250

<input type="checkbox"/>	<input type="checkbox"/>
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CONTRIBUTIONS TO CHARITY: **NONCASH**  
LIST THE ORGANIZATIONS YOU CONTRIBUTED TO AND THE **DOLLAR VALUE** OF THE GOODS DONATED.  
Helpful sites for valuing items: check websites of:  
[goodwillsega.org/donation-calculator/](http://goodwillsega.org/donation-calculator/) or <https://www.bankrate.com/taxes/donation-value-guide/>

	ORGANIZATION AND ADDRESS	DATE OF CONTRIBUTION	DESCRIPTION OF DONATED GOODS	DOLLAR VALUE AT THRIFT SHOP VALUE
#1				
#2				
#3				

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INCUR UNREIMBURSED EXPENSES DOING CHARITABLE VOLUNTEER WORK?  
Total cost of goods, office supplies, travel, meeting expenses, etc. \$ \_\_\_\_\_

Total miles driven for charitable work \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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**IF YOU PARTICIPATED IN THE AFFORDABLE CARE ACT (OBAMACARE) HEALTHCARE.GOV - YOU MUST PROVIDE THE 1095-A. WE cannot file your TAX RETURN without this form. The return will be REJECTED and will require you to still provide the form to us.**

<input type="checkbox"/>	<input type="checkbox"/>
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HSA - DID YOU MAKE ANY CONTRIBUTIONS TO A HAS PLAN OUTSIDE OF WORK (NOT PAID THROUGH PAYROLL)? \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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HSA - WAS ALL OF THE DISTRIBUTION ACTUALLY USED FOR MEDICAL PURPOSES?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU DO ENERGY EFFICIENT IMPROVEMENTS TO YOUR PERSONAL RESIDENSE? PLEASE PROVIDE \$ AMOUNT FOR EACH  
SOLAR \$ \_\_\_\_\_ FURNACE 96%+ \$ \_\_\_\_\_ AC SEER 16+ \$ \_\_\_\_\_ WINDOWS \$ \_\_\_\_\_  
EXTERIOR DOORS \$ \_\_\_\_\_ INSULATION \$ \_\_\_\_\_ WATER HEATER/BOILER 90% + EFF. \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU PURCHASE A **NEW** PLUG IN HYBRID OR ALL ELECTRIC VEHICLE? COST \$ \_\_\_\_\_  
MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ VIN \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU PURCHASE A **USED** PLUG IN HYBRID OR ALL ELECTRIC VEHICLE FOR \$25,000 OR LESS? COST \$ \_\_\_\_\_  
MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ VIN \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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SELF-EMPLOYED INDIVIDUALS: YOU MAY RECEIVE A NEW TYPE OF 1099. **1099-NEC (NON EMPLOYEE COMPENSATION)**  
If you need worksheets to help your organize and prepare you income and expenses by category, please call us.

SMALL BUSINESS / INDEPENDENT CONTRACTORS - SHOULD KEEP ACCURATE BUSINESS RECORDS AND USE THEM TO PREPARE AND FILE THEIR TAX RETURNS

<input type="checkbox"/>	<input type="checkbox"/>
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RENTAL REAL ESTATE OWNERS: If you need worksheets to help you organize and prepare your income and expenses, call us.

<input type="checkbox"/>	<input type="checkbox"/>
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PARTNERS & SHAREHOLDERS/ MEMBERS IN BUSINESSES - ENSURE YOU PROVIDE US WITH THE K-1 FROM THE BUSINESS/S

PLEASE, DO NOT HESITATE TO CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS FILLING OUT THIS FORM OR QUESTIONS GENERATED FROM FILLING OUT THIS FORM.

**BE SURE TO INCLUDE ALL OF YOUR:**

W2s	SOCIAL SECURITY SSA-1099's
INTEREST INCOME 1099's	MORTGAGE INTEREST STATEMENTS
DIVIDEND INCOME 1099's	UNEMPLOYMENT COMPENSATION / 1099G
STOCK SALES - 1099B - BROKER STATEMENTS	ANY AND ALL OTHER 1099's
PENSION/IRA 1099R's	K-1's FROM PARTNERSHIPS / S-CORPS / TRUSTS / ESTATES
GAMBLING W2-G's	REAL ESTATE & PERSONAL PROPERTY TAX PAYMENTS
1099-Q	1095-A
1099-K	

WHAT STATES ARE BEING FILED OTHER THEN MISSOURI? This information will need to be separately stated if you need an extension for time to file.

DO YOU EXPECT TO HAVE TO FILE A RETURN FOR W-2 WAGES EARNED IN THE CITY OF SAINT LOUIS OR KANSAS CITY?

SAINT LOUIS CITY    Y / N                      KANSAS CITY    Y / N

DO YOU EXPECT TO HAVE TO FILE A RETURN FOR BUSINESS INCOME NOT ON A W-2 IN THE CITY OF SAINT LOUIS OR KANSAS CITY?

SAINT LOUIS CITY    Y / N                      KANSAS CITY    Y / N

DO YOU HAVE ANY QUESTIONS, COMMENTS OR CONCERNS FOR US FOR YOUR 2023 RETURN?

IF YOU ARE NEW - AND WOULD LIKE TO HAVE YOUR REFUNDS DIRECT DEPOSIT YOU MUST PROVIDE A VOIDED COPY OF A CHECK.

IF YOU ARE A RETURNING CLIENT **FROM LAST YEAR** AND THE ACCOUNT INFORMATION HAS **NOT** CHANGED. FILL IN THE INFORMATION BELOW - OTHERWISE PROVIDE A VOIDED COPY OF A CHECK.

NAME OF BANK \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

BY SIGNING THE BELOW, YOU ACKNOWLEDGE THE INFORMATION YOU PROVIDED TO BE TRUE AND CORRECT FOR THE PURPOSE OF IN PREPARING YOUR TAX RETURN. ONLY THE SIGNATURE OF PERSON/S COMPLETING THIS QUESTIONNAIRE ARE TO SIGN.

TAXPAYER

SPOUSE (IF APPLICABLE)

DATE