2024 Tax Return Questionnaire

TAXPAYER	**SPOUSE**
Name: _____	*Name:* _____
SSN: _____	*SSN:* _____
Date of Birth: _____	*Date of Birth:* _____
Phone Number: _____	*Phone Number:* _____
Email: _____	*Email:* _____
Preferred method of contact:	*Preferred method of contact:*
☐ *Phone* ☐ *Email* ☐ *Text* ☐ *Spouse*	☐ *Phone* ☐ *Email* ☐ *Text* ☐ *Spouse*

People you want to claim:	**SSN**	**Date of Birth**	**In college?**
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐

Current Address: _____

Did you move during the year? ☐ Yes ☐ No If so, what date? _____

Do you have any bank accounts or income overseas? ☐ Yes ☐ No

Did you have any cryptocurrency transactions last year? ☐ Yes ☐ No

Did you make any of the following contributions and if so, how much?

401(k) ☐ 403(b) ☐ Traditional IRA $_____ Roth IRA $_____ HSA $_____

Are you expecting a refund or to owe money? If so, how much? _____

How do you prefer to pay for your accounting services?

☐ Debit/Credit ☐ Venmo/CashApp ☐ Email ☐ Cash/Check

When would you like your return filed?

----------$100 discount applies----------

☐ ASAP ☐ March ☐ April ☐ May-June ☐ July-Sept ☐ October ☐ whenever

Other questions/comments/concerns: