

Form M		2025 Income Tax Questionnaire	
All questions are for year 2025			Yes No
FAMILY & TAXES			
1. Filing Status: Single/Married filing jointly/Married filing separately/Head of Household/Qualifying surviving spouse			
2. I/We have dependent children. Please also fill out Form Credit and possibly Form HOH questionnaires	<input type="checkbox"/>	<input type="checkbox"/>	
3. I/We have children who are student age 19 or older on 12-31-2025, or disabled that live with us.	<input type="checkbox"/>	<input type="checkbox"/>	
4. I/We or my dependent have tuition expenses to attend a college or technical school in 2025. (Provide 1098T)	<input type="checkbox"/>	<input type="checkbox"/>	
5. I/We received alimony, gifts over \$19,000 or other Non 1099 income.	<input type="checkbox"/>	<input type="checkbox"/>	
6. I/We have accounts in Canada or other foreign countries over US\$10,000? Provide detail if Yes	<input type="checkbox"/>	<input type="checkbox"/>	
7. I/We have transactions (buy, sell, exchange, receipt) using Digital Assets , such as Bitcoin.	<input type="checkbox"/>	<input type="checkbox"/>	
8. I /We sold stocks, bonds, real estate (other than home) or other property.	<input type="checkbox"/>	<input type="checkbox"/>	
9. I/We have or acquired a business, rental property, or an interest in a partnership or corporation.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Also fill out the Form E&C Business/Rental questionnaire if Yes to Question 9			
11. I/We are involved in bankruptcy, foreclosure, repossession or had debt cancellation. (ie. Credit cards)	<input type="checkbox"/>	<input type="checkbox"/>	
12. I/We purchased a personal car with loan in 2025. (Provide 1098-INT) if Yes	<input type="checkbox"/>	<input type="checkbox"/>	
13. I/We made quarterly estimated tax payments. Provide detail if Yes	<input type="checkbox"/>	<input type="checkbox"/>	
14. I/We want the 2025 refund applied to the 2026 estimated taxes.	<input type="checkbox"/>	<input type="checkbox"/>	
15. I/We want our refund direct deposited. (Provide a cancelled check) Please circle Same or New account	<input type="checkbox"/>	<input type="checkbox"/>	
16. I/We want the balance due to IRS and/or the state direct debited. (Provide cancelled check)	<input type="checkbox"/>	<input type="checkbox"/>	
17. I/We have Payroll document for overtime. Provide Overtime Document if Yes	<input type="checkbox"/>	<input type="checkbox"/>	
State			
18. List everyone that lives in your house _____			
19. I/We received child support, VA benefits, disability, or gifts over \$6,500.	<input type="checkbox"/>	<input type="checkbox"/>	
20. I/We have receipts or other documentation for charitable contributions.	<input type="checkbox"/>	<input type="checkbox"/>	
21. I/We purchased non-taxed items other than clothing. (Furniture, lawnmowers, personal items, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
22. If Yes to Question 21 , I/we want to pay Use Tax based on the "Use Tax Table" / Actual Purchases . (circle one)	<input type="checkbox"/>	<input type="checkbox"/>	
23. I/We still live in the same home as 2024.	<input type="checkbox"/>	<input type="checkbox"/>	
24. Did you receive FEMA assistance?	<input type="checkbox"/>	<input type="checkbox"/>	
25. Do you have health insurance? Yes / No Does your spouse? Yes / No Do you have Medicaid? Yes / No			
26. Do you have health insurance from market place (Government Supported Plan) Provide Form 1095A if yes	<input type="checkbox"/>	<input type="checkbox"/>	
HOMEOWNERS			
27. I/We purchased or sold a home. (Circle one) (Provide Closing Statement)	<input type="checkbox"/>	<input type="checkbox"/>	
28. I/We made energy improvements to our home. (Solar or wind/geo-thermal, doors, windows, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
29. My/Our home was rented out or used for business. (Fill out Form E & C questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	
RETIREMENT			
30. I/We have personally contributed to 2025 IRA. (Not including payroll deduction) Provide document	<input type="checkbox"/>	<input type="checkbox"/>	
31. I/We want Ark CPA Group Inc to calculate the retirement amount and agree to pay fee \$65.00 for the calculation	<input type="checkbox"/>	<input type="checkbox"/>	
32. I/We agree to participate in the Audit and Correspondence Protection Plan. Annually \$29 Ask for details	<input type="checkbox"/>	<input type="checkbox"/>	
I/We understand that It is my/our responsibility to keep all documents/records related to my/our tax returns.			
To the best of my/our knowledge, the information I/we have given is accurate and complete			
Taxpayer _____ / ____/2026 Spouse _____ / ____/2026			
Mailing Address:			
Email: _____ @ _____		Telephone: _____	
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