## **Returning Client Questionnaire for that TAX PLACE Customers**

**Please update any information that has changed or is not correct.:**

**TAX YEAR 2024**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TAXPAYER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | Phone Number | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | | | |
| **SPOUSE INFORMATION** | | | |  | | | | | | | | |  | | | | | | | | | | |
| Name | | | | | | | | | | | | | Phone Number | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | | | |
| **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | |  | | | | | | | |
| City | | | | | | | State | | | | | | | | | Zip Code | | | | | | | |
| **DEPENDENT CHILDREN Record Required** | | | | | | | | | | | | | | | | | | | | | | | |
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| **MARITAL AND FAMILY CHANGES** | | | | | | | | | |  | | | | | | | | | | | | | |
| *If you had any marital or family changes this past year, please complete this section. If not, please skip...* | | | | | | | | | | | | | | | | | | | | | | | |
| Select the option that best describes the change in your marital status: | | | | | | | | | | Married | | Single | | | Divorced | | | Widowed | | | | | |
| Date of Status Change: Click or tap to enter a date. | | | | | | | | | | | | | |
| Any births/adoptions in 2024?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name | | | | | Date of Birth/Adoption | | | | | | | | | Social Security Number | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | |
| Any deaths in your immediate family in 2024?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
| Family Member’s Name | | | | | Date of Death | | | | | | | | | Social Security Number | | | | | | | | | |
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| **RETIREMENT** | | | | | | | | | | | | | | | | | | | |  | | | |
| Did you or your spouse receive payments or distributions from a retirement plan (such as a pension/401K/IRA) last year? Or do you plan to this year? **If yes, please attach Form 1099-R.** | | | | | | | | | | | | | | | | | | | | Yes | No | | |
| Did you receive an early distribution from a retirement plan to pay medical bills, for college, or to purchase a home? If you selected yes, please provide reason: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | Yes | No | | |
| Did you make Retirement Contributions outside of your employer? If so, please provide account documents/statement showing amounts and what type of account {Roth, IRA, etc.} | | | | | | | | | | | | | | | | | | | |  |  | | |
| **HEALTHCARE/INSURANCE {you must supply all employer provided coverage forms or Marketplace forms {HSA documents from banks must be supplied}** | | | | | | | | | | | | | | | | | | | |  | | | |
| Do you have health insurance all of 2024? {excludes Medicare – your social security statement will give me that information}  If yes type of coverage: {circle} Family / Individual | | | | | | | | | | | | | | | | | | | | Yes | No | | |
| Did you participate in a Health Savings Account (HSA) this past year? **If yes, please send form 1099-SA and 5498-SA. {these forms typically come from the bank that your funds are deposited in}** | | | | | | | | | | | | | | | | | | | | Yes | No | | |
| If funds were spent from the HSA account, please list the amount for medical purposes $Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | Yes | No | | |
| Did you purchase health insurance from the marketplace? **If so, you must attach Form 1095-A. If you use an insurance agent, it is likely you are on a marketplace plan. Make sure you verify this information.** | | | | | | | | | | | | | | | | | | | | Yes | No | | |
| If your insurance is through your employer, you should also receive a tax form 1095-B and 1095-C. Please provide these forms. | | | | | | | | | | | | | | | | | | | |  |  | | |
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| HOME SELL OR PURCHASE | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you buy/sell a home this past year? | | | Yes  No | | | | | Date of Address Change: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| ***If yes, please include a copy of your closing disclosure form and 1099 form.*** | | | | | | | | | | | | | | | | | | | | | |
| ESTIMATED TAX PAYMENTS | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you make any estimated tax payments? If so, please provide dollar amounts and dates of those payments | | | Date: Click or tap to enter a date. Amount: Click or tap here to enter text.  Date: Click or tap here to enter text. Amount: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| Date: Click or tap to enter a date. Amount: Click or tap here to enter text.  Date: Click or tap here to enter text. Amount: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **CHILD AND DEPENDENT CARE** | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you pay any child or dependent care expenses this past year for a child under the age of 13 years old or costs to care for a handicapped individual? | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| *If yes, please complete the following ﬁelds:* | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Childcare Provider | | | | | | | | | | | Provider EIN/Social Security Number | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| Provider Address | | | | | | | | | | | Total Amount Paid to Provider for each child: | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| **FILING INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you or anyone listed on your return receive a 6-digit IRS Identification Protection PIN Number? You can check to see if you were issued a PIN by visiting your IRS Online Account. You must provide these numbers so the return is not rejected. | | | | | | | | | | | | | | | | | | | Yes | | | No | | |
| The IRS can deposit refunds directly into up to (3) taxpayer’s accounts. If you receive a refund, would you prefer to have your funds direct deposited? **If yes, please enter bank information or supply a voided check.** | | | | | | | | | | | | | | | | | | | Yes | | | No | | |
| Bank Name | | Routing Number | | | | | | | Account Number | | | | | | | | Type of Account | | | | | | | |
|  | |  | | | | | | |  | | | | | | | |  | | | | | | | |
| **EDUCATION CREDITS** | | | | | | | | | | | | | | | | | | | | | | | | |
| As college costs continue to rise, the importance of financial aid and the bursar's office cannot be overstated. Financial aid provides crucial support to students, while the bursar's office is responsible for collecting tuition and other fees. However, the two offices often operate independently, which leads to confusion, frustration, and delays for students. I know this can be confusing but to receive the best of these credits **you must supply the 1098-T** tax form and the **bursar statement** showing all charges and monies for the student’s account. Also, if books or supplies were purchased or rented outside of the college/college bookstore, please provide those receipts as well. If the student received scholarships, please share the file stating the allowed use for that scholarship, **especially if the child is in a dorm.** You should be able to find this in the student’s online account which shows all the grants, scholarships, bursar statement, etc.  **PLEASE MAKE SURE YOU SUPPLY ALL DOCUMENTS TO COMPLETE YOUR RETURN AT INITIAL SUBMISSION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **INCOME DOCUMENTS REQUIRED {All may not apply/all may not be listed}** | | | | | | | | | | | | | | | | | | | | | | | | |
| Wages (Includes W-2) | | | | | | Unemployment Compensation (Includes 1099-G) | | | | | | | | | | | | | | | | | | |
| Interest Income (Includes 1099-INT) | | | | | | Gambling Winnings (Includes W2-G) | | | | | | | | | | | | | | | | | | |
| Dividends (Includes 1099-DIV) | | | | | | Independent Contractor (Includes 1099-NEC/MISC.) | | | | | | | | | | | | | | | | | | |
| Brokerage/Investment Sales (Includes 1099-B) | | | | | | Rental Income (Includes 1099-MISC. or Support) | | | | | | | | | | | | | | | | | | |
| Social Security (Includes SSA-1099) | | | | | | Receipt/Sales of Digital Assets/Cryptocurrency **\*\*[please contact us for additional requirements if you have these funds]** | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | IRA/Pension/Annuity Income (1099R) | Schedule K-1’s | | Debt Cancellation (1099-C) | **Alimony [paid or received] Date Started:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ITEMIZING INSTEAD OF STANDARD DEDUCTION** | | | | | | | | | | | | | | | | | | | | | | | | |
| In order to benefit you – itemized deductions must go above the standard deduction {listed below}. The items below are the main deductions to consider. Please provide this information if you think you can itemize or would like me to calculate. | | | | | | | | | | | | | | | | | | | | | | | | |
| Real Estate Taxes | | | | | | Property Taxes {vehicles, boats, etc.} Provide copy of forms | | | | | | | | | | | | | | | | | | |
| State taxes paid {through payroll deductions or previous year amount paid in 2024} | | | | | | Charitable Contributions to qualified organizations | | | | | | | | | | | | | | | | | | |
| Mortgage Interest (Form 1098) | | | | | | Gambling Losses (Must Have Received Winnings) | | | | | | | | | | | | | | | | | | |
| Unreimbursed Medical Expenses – these cannot be pre-taxed dollars through your payroll or from your HSA. **Any dollar amounts over 7.5% of your total** i**ncome can be counted**. Doctors, prescription, dental, eyes, etc. | | | | | | | | | | | | | | | | | | | | | | | | |
| 2024 Standard Deduction Amounts for guidance: Single/Married Filing Single $14,600 -- Married Filing Joint or Qualified Surving Spouse $29,200-- Head of Household $21,900  For age 65 or older/blind add $1,500-$1,850 per person | | | | | | | | | | | | | | | | | | | | | | | | |
| **ENERGY CREDITS: RESIDENTIAL OR VEHICLE** | | | | | | | | | | | | | | | | | | | | | | | | |
| There are many different credits and requirements to take the energy credits. If you have done residential energy updates/purchases or have purchased a vehicle that qualifies, please let me know and I will send over information on these credits and the documents you will be required to send. You must have the certificates from the company you purchased these products from/manufacturer information. | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIRED DOCUMENTS | | | | | | | | | | | | | | | | | | | | | | | | |
| Some ID’s or other documents may have expired or were never received. Please verify with that TAX PLACE if we have your current ID’s / documents on file. | | | | | | | | | | | | | | | | | | | | | | | | |