2024 Individual Tax Questionnaire

Client Name ____ Date __________________

Email address: _______________________________________ Phone # _____________________

NOTE: IF "YES" TO ANY OF THE QUESTIONS BELOW,
PLEASE PROVIDE ADDITIONAL DETAILS AND/OR DOCUMENTATION

Personal Information

Taxpayer

Driver's License # __________________ State: _____ Issue Date: _________ **Exp Date:** __________

Spouse

Driver's License # __________________ State: _____ Issue Date: _________ **Exp Date:** __________

- Yes • No Do you want an electronic copy of your tax return? If yes, it will be uploaded to your portal.
- Yes • No Did your address change? ____
- Yes • No Did your marital status change? ____
- Yes • No Can you be claimed as a dependent by another taxpayer? ____________________________
- Yes • No Did you receive or pay alimony or spousal support?
  Date of agreement: _____________ Amount received: ______________________________
- Yes • No Do you want direct deposit of refunds? If yes, enter banking info below. __________________
  Bank Name: ____
  Routing #: ______________ Account #: __________________ • Checking • Savings
- Yes • No Do you want electronic payments of your balances due? ______________________________

Dependent Information

- Yes • No Are there any changes in dependents from the prior year? ____________________________
  If yes, please explain: ____
- Yes • No Did any of your children have investment income over $1,100? __________________________
- Yes • No Do you have dependents who have or will file a tax return? ____________________________
- Yes • No Did you pay for child care? If yes, please provide statement from child care provider. _________

Itemized Deduction Information

- • Yes • No Do you have charitable contributions? If so, please provide documentation. ________________
- • Yes • No Did you pay property taxes for your primary residence or other property? ____________________

Medical

- • Yes • No Were any members of your household covered by a health insurance plan via the Health Insurance Marketplace Exchange (i.e. Affordable Care Act)? ____________________
  If yes, please provide a copy of your Form 1095-A (required) ____________________
- • Yes • No Did you contribute to or receive disbursements from a Health Savings Account? ______________
- • Yes • No Did you pay Long-Term Health Care Premiums? If so, provide details. ______________________

Income Information

- • Yes • No Did you receive, sell, send, exchange or acquire any financial interest in any **virtual currency**? _
- • Yes • No Did you earn any income (such as tips) that is not reported on a tax form? __________________
- • Yes • No Do you have any rental property? ____
- • Yes • No Did you win any prizes or money from bingo, lotteries, raffles or gambling? __________________
- • Yes • No Did you make any withdrawals from an education or 529 plan account? ____________________
- • Yes • No Did you receive any Social Security benefits? ________________________________
- • Yes • No Did you receive any unemployment benefits? ________________________________
- • Yes • No Did you receive any disability income? ____________________________________
- • Yes • No Did you cash any U.S. savings bonds? Any life insurance policies? ______________________

Foreign Income/Accounts/Assets

- • Yes • No Did you have any foreign income? Did you pay any foreign taxes? ______________________
- • Yes • No Do you have any foreign bank or brokerage accounts? ______________________________
- • Yes • No If "Yes", at any time during the year was your foreign account balance over $10,000? _________
- • Yes • No If "Yes", at any time during the year was your foreign account balance over $50,000? _________
- • Yes • No Do you have signature authority on any foreign accounts? ____________________________
- • Yes • No Do you have any interests in a foreign corporation/partnership/stock of $50,000 or more? ______

Education

- • Yes • No Did you pay any student loan interest? ____________________________________
- • Yes • No Did you or a dependent have any college tuition or school-related expenses? _______________
- • Yes • No Did you make any contributions to an education savings or 529 plan account? _______________

Purchases, Sales & Debt Information

- Yes • No Did you buy or sell any stock (not including retirement accounts)? ______
- Yes • No Did you sell, exchange, or purchase any real estate? ______
- Yes • No Did you foreclose or abandon any real estate? ______
- Yes • No Did you take out a home equity loan/refinance a principal residence or second home? ______
- Yes • No Did you sell a business, rental or other property? ______
- Yes • No Did you have any debts cancelled or forgiven? ______

Retirement / Inheritance

- Yes • No Are you required to take RMDs (IRA Required Minimum Distributions)? ______
- Yes • No Did you receive any payments from a pension, IRA or 401(k) plan? ______
- Yes • No Did you take any <u>early</u> distributions from a retirement account? ______
- Yes • No Did you have any IRA or other retirement rollovers? ______
- Yes • No Did you make any IRA or Roth IRA contributions (separate from employer contributions)? ______
- Yes • No Did you make any employer retirement contributions? ______
- Yes • No Have you recently received or will you receive an inheritance? ______

Miscellaneous Information

- Yes • No Did you make any **Federal** estimated tax payments? Provide dates paid and amounts. ______
  Q1 amount ______ date paid ______ Q2 amount ______ date paid ______
  Q3 amount ______ date paid ______ Q4 amount ______ date paid ______
- Yes • No Did you make any **New Mexico** estimated tax payments? Provide dates paid and amounts. ______
  Q1 amount ______ date paid ______ Q2 amount ______ date paid ______
  Q3 amount ______ date paid ______ Q4 amount ______ date paid ______
- Yes • No Did you make any gifts of cash or property of more than $15,000 to any individual? ______
- Yes • No Did you pay any individual as a household employee or nanny subject to payroll taxes? ______
- Yes • No Did you make any energy efficient improvements to your main home? ______
- Yes • No Did you purchase an all-electric or plug-in hybrid vehicle? ______
- Yes • No Did you live in any other states? ______
- Yes • No Do you have an investment interest (filing requirement) in any other states? ______
- Yes • No Did you receive any IRS or State correspondence – notices or changes to prior year returns? ______
  ______
- Yes • No Is there anything else that might affect your taxes for this tax year? ______

<u>Self-Employment</u> (Schedule C) - Please fill out the Business Tax Questionnaire

Please make sure you fill out the Business Tax Questionnaire if you have self-employment income.

Notice Protection Plan

Each year the IRS sends millions of letters for various reasons. Some require just a simple response. Others are more complex, sometimes requiring detailed explanations or requests of additional documents.

Tier 1 Protection Plus Audit Defense – All individual tax returns will automatically include enrollment in the Tax Audit Defense program offered through Protection Plus. This program provides Audit Defense, Identity Theft Restoration and a $2,500 Tax Preparation Guarantee. Additional information about the program will be provided to you and you will work directly with Protection Plus for these services.

Tier 2 Enhanced Tax Notice & Audit Support – For those seeking additional support, we offer an Enhanced option. With this option, TAS will manage all tax correspondence & notices on your behalf by directly initiating and overseeing the case with Protection Plus. This enhanced service is available for 15% of the tax preparation fee, not to exceed $200.

Information on the Notice Protection Plan for individuals is attached.

- I would like to stay enrolled in Tier 1 at no additional charge! I understand that I will need to work directly with the experts at Protection Plus for this service.
- I'd like a little more coverage, please upgrade me to Tier 2 Enhanced Support. The fee will be 15% of the tax preparation fee, not to exceed $200.

Do we have all your documents to proceed with preparing your tax return? • Yes • No
Please note, we cannot start on your return preparation until we have received all tax documents.

I have reviewed the information on this form and to the best of my knowledge it is true, correct, and complete. I acknowledge that I have maintained adequate documentation to substantiate all deductions that I have claimed.

______________________________ ______________
Taxpayer Date

______________________________ ______________
Spouse Date

Additional Notes / Comments

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Reviewed / Interviewed by: ___________