

2024 Tax Questionnaire

Name: _____

Personal Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status or name change during the year? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year? New address _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	Were you a full year Oklahoma resident (lived in Oklahoma all year)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you renew your driver's license during the year? If so, please provide a copy.
<input type="checkbox"/>	<input type="checkbox"/>	Did your banking account information change from prior year? If so, please provide updated banking information.
<input type="checkbox"/>	<input type="checkbox"/>	Were you, your spouse, or any dependents issued an Identity Protection PIN due to Identity Theft? If yes, please provide IRS Notice CP01A

Dependent Information

<input type="checkbox"/>	<input type="checkbox"/>	Did you have any changes in dependents during the year? If "Yes," explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Can another person qualify to claim any of your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any childcare expenses during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any adoption expenses during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under the age of 19 or a full-time student under age 24 with more than \$2600 of unearned (investment) income? Provide documentation for proof of dependent related credits (school and medical records, daycare records, etc.)

Health Care Information

<input type="checkbox"/>	<input type="checkbox"/>	Did any member of your household have healthcare coverage thru the Marketplace (Obamacare)? If "Yes" provide copies of 1095-A.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any distributions from a Health Savings Account (HSA), Archer or Medicare Advantage MSA during the year?

Additional Questions

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive, sell, send, exchange, gift, or otherwise acquire or dispose of or have a financial interest in any digital assets. (Bitcoin, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a cash payment or digital asset of more than \$10,000 in one transaction or 2 or more related transactions during the year?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, was Form 8300, Report of Cash Payment over \$10,000 received in trade or business, filed?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income associated with crowd funding (Kickstarter, Indiegogo, etc.), freelancing (Upwork, TaskRabbit, etc.), car sharing (Uber, Lyft, etc.), fashion sharing (Poshmark, thredUp, etc.) or a fantasy sports league?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income or incur expenses as an independent contractor (DoorDash, Instacart, Shipt)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate your income or withholding to be different for 2025?

Foreign Account Information

<input type="checkbox"/>	<input type="checkbox"/>	Did you have a financial interest in or signature authority over a financial account or asset (including digital/crypto) located in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Schedule K-3 from a partnership or S Corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have ownership in a foreign corporation at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you own property in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Use Tax

<input type="checkbox"/>	<input type="checkbox"/>	Do you have any use tax purchases (internet, mail order, etc.) in which sales tax was not charged during the year? If yes, amount of purchases that did not have sales tax paid. Use tax will be calculated and paid with 2024 OK tax return. \$ _____
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Income, Purchases, Sales, and Debt Information

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips not reported to your employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings during the year? If so, please provide W-2G's and Losses.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any interest income from savings/investment accounts greater than \$10?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any U.S. Savings Bonds during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds, or other investments during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional interest in a Partnership or S corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home.
<input type="checkbox"/>	<input type="checkbox"/>	Did you abandon or have a principal residence or a piece of real property foreclosed on during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, exchange, or purchase any real estate during the year, other than personal residence?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts canceled or forgiven this year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new or previously owned clean vehicle (electric, plug-in hybrid, fuel-cell, qualified commercial clean vehicle during the year? If "Yes," provide the report the dealer or seller is required to provide to you and the vehicle VIN
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income that was not provided? If "Yes" explain _____

Retirement Information

<input type="checkbox"/>	<input type="checkbox"/>	Did you make any withdrawals from a pension, IRA, Roth, 401K or other retirement plans during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any contributions to a pension, IRA, Roth, 401K or other retirement plans during the year (other than through employer/W-2)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Social Security benefits during the year?



Schedule C (Business), Schedule E (Rental Property) or Schedule F (Farm)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy, sell or dispose of any business/farm/rental fixed assets?
If "Yes," provide the details of the purchase, sell or disposition of each asset. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any payments in 2024 that would require you to file Form(s) 1099? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, did you file required Form(s) 1099? If yes, please provide a copy |
| <input type="checkbox"/> | <input type="checkbox"/> | If LLC, did you file your annual certificate with OK Secretary of State? |
- Reminder:** If you have a BOI Reporting responsibility (your business is registered with Secretary of State), you have to report any name, address and/or ownership changes within 30 days of the change.

Miscellaneous Information

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay \$2,700 to any household employees (babysitter, nanny, housekeeper, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts to any one person in excess of \$18,000 during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements to your main home during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated payments toward your 2024 taxes? If yes, include the amounts and dates paid. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any notices from the IRS or state taxing authority? If yes, explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |

Itemized Deduction Information

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| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay substantial (7.5% of income) out-of-pocket medical or dental expenses (premiums, prescriptions, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boats, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal property taxes during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make <u>cash</u> (cash, check or credit card) donations to charity during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make <u>non-cash</u> (clothing, furniture, etc.) donations to charity during the year? |
- NOTE:** Any contributions (cash or non-cash) of \$250 or more are required to obtain dated acknowledgement from charity including this phrase 'no goods or services were provided in exchange for your contribution'.

Education Information

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a distribution from a Qualified Tuition program (529 plan) during the year?
Qualified education expenses have to be paid in the same year as the distribution. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to the Oklahoma Dream 529 plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay qualified expenses on behalf of an eligible student who was homeschooled in 2024?
**Proof of purchase for qualifying expenses must be shown for each student |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive forgiveness on a qualifying federal student loan? |

Planning Tips (answers optional)

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an Advance Directive? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you started reviewing and planning for retirement? (The earlier the better) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you started or considered saving for children's college/education? |
| <input type="checkbox"/> | <input type="checkbox"/> | Make sure all of your beneficiaries are up to date (Beneficiaries on Life Insurance & IRA's supersede a Will or Trust) |

Client Signature

Date

*** If you checked 'yes' to any questions, please provide tax form/supporting documentation, if applicable.