

# 2024 TAX QUESTIONNAIRE

*Because of preparer liability laws and in order to take advantage of the constantly changing tax code...*

## **ALL CLIENTS**

are required to complete our questionnaire.  
*(This is separate than the Business Questionnaire you may have previously received.)*

Complete the attached paper form and return with your other tax documents.

If you would like a copy of your tax organizer, to assist you in preparing your documents and information, contact our office.

**Section 1: PERSONAL INFORMATION (Must be completed by all clients)**

Client Name(s): \_\_\_\_\_

Check box, if **CHANGED** since last tax year, then update with current information.

- Address: \_\_\_\_\_
- Home Phone: \_\_\_\_\_  Taxpayer Cell Phone: \_\_\_\_\_  Spouse Cell Phone: \_\_\_\_\_
- Work Phone: \_\_\_\_\_  Other Phone: \_\_\_\_\_
- Taxpayer Occupation: \_\_\_\_\_  Spouse Occupation: \_\_\_\_\_
- E-mail address: \_\_\_\_\_  My Driver's License was renewed during 2024/2025 (provide copy of new D.L.)
- I prefer to receive my tax return through the client portal, Canopy, instead of a paper copy.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Were you or your spouse blind? Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Enter date of death for taxpayer or spouse, if during 2025 or 2024: Taxpayer _____ Spouse _____
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2024, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a <b>digital asset</b> (or a financial interest in a <b>digital asset</b> )? AKA crypto currency
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes to your marital status in 2024?

**DIRECT DEPOSIT OF REFUND**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want any remaining federal or state refund deposited directly to your bank account? <i>If yes, attach a voided check here or refund <b>WILL NOT</b> be directly deposited. (We cannot assume prior year information is the same.)</i>

**VOIDED CHECK HERE**

**Section 2: DEPENDENT INFORMATION**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any dependents? <b>If no, skip Section 2. If Yes, answer questions in Section 2 AND</b> complete the "Dependent Due Diligence" worksheets included in packet.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have new dependents in 2024? If yes, provide details (ie name, SS# DOB)
<input type="checkbox"/>	<input type="checkbox"/>	Did you provide over half the support for any other person during 2024? (excluding your spouse and children)
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any dependents that graduated from high school, or college or were married during 2024? If yes, we will be contacting you to determine if they can be claimed as a dependent.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a child, under the age of 19 or a full-time student age 19 - 23, who earned more than \$2,600 in investment income? If <b>yes</b> , we will need your child's tax documents.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any dependents who must file? <input type="checkbox"/> Please prepare the dependent's return(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any dependents who's returns were self-prepared or prepared by another agency? <i>If Yes, please provide a copy of their return so we may verify dependency election.</i>

<input type="checkbox"/>	<input type="checkbox"/>	Did you incur adoption expenses during 2024?
<b>Section 3: Child or Dependent Care Costs</b>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you incur any child or dependent care costs? <u>If No, skip section 3.</u> If Yes, answer questions in Section 3.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay childcare costs for a dependent child under age 13, or costs of caring for a handicapped individual, so you could work, attend school or look for a job? If <b>yes</b> , provide the amounts paid for each dependent and the names, addresses and taxpayer identification numbers of the care providers.
<input type="checkbox"/>	<input type="checkbox"/>	Did you claim any amount through an employer's dependent care reimbursement plan?
<b>4: PRIOR YEAR TAX RETURNS</b>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If <b>yes</b> , enclose agent's report or notice of change.
<input type="checkbox"/>	<input type="checkbox"/>	Were there changes to a prior year's income, deductions, credits, etc. which would require filing an amended return?
<b>Section 5: HEALTH AND LIFE INSURANCE</b>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	If you or your spouse are <b>self-employed</b> , are either you or your spouse eligible to participate in an employee's health insurance plan at another job?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay long-term care premiums? Taxpayer: \$ _____ Spouse: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase health insurance through the <b>Marketplace</b> (HealthCare.gov)? If yes, attach <b>Form 1095-A</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Health Savings Account? (This is not the same as a Medical Flex Plan.) If yes, attach <b>Form 1099-SA</b>
<input type="checkbox"/>	<input type="checkbox"/>	Were all distributions from your HSA used for medical expenses? Amount you had deducted from pay ( <b>does not</b> include employer contributions) \$ _____ Amount contributed individually, <b>not through payroll deduction</b> \$ _____

<b>Section 6: ITEMS RELATED TO INCOME/LOSSES</b>		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you have any income <u>OTHER</u> than W-2 and bank interest? <u>If No, skip section 6.</u> If Yes, answer questions in Section 6.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability payments in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips <b>NOT</b> reported to your employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you <b>receive</b> alimony in 2024? Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment compensation? If <b>yes</b> , provide Form <b>1099-G</b> .
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings? If <b>yes</b> , attach Form <b>W-2 G</b> .
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any self-employment income, rental income or farm income in 2024? ( If yes, please complete the additional information pages that accompanied this questionnaire, or contact our office to receive these necessary forms.)
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide: (1) a description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (5) selling price, (6) expenses of sale, (7) improvements or other cost/basis additions, and (8) closing statements for purchase and/or sale.
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any securities or hold any bad debts that became worthless during the year? Provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or sell or abandon a home or refinance your home mortgage during 2024? Provide closing papers for all transactions. <input type="checkbox"/> New Purchase <input type="checkbox"/> Sold Home <input type="checkbox"/> Refinanced <input type="checkbox"/> Abandoned
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any debt forgiveness in 2024? Provide details and attach any Forms <b>1099-A</b> or <b>1099-C</b> .
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any other income, not mentioned in the above questions? _____
If you have a <b>W-2</b> , please provide a copy of the <b>final paystub(s)</b> in order for your preparer to review for any other tax related information needed.		

**Section 7: FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you have foreign income or pay any foreign taxes in 2024? <u>If no, skip Section 7.</u> If Yes, answer questions in Section 7.</b>
<input type="checkbox"/>	<input type="checkbox"/>	At any time in 2024, did you have any interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	At any time in 2024, did the aggregate value of all your foreign accounts exceed \$10,000? If yes, all interest income must be reported. Enclose supporting documents.
<input type="checkbox"/>	<input type="checkbox"/>	Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an officer, director or shareholder with respect to certain foreign corporations, foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business or U.S. transfer of property to a foreign corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, at any time during 2024, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?

**Section 8: EDUCATION**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you have any educational expenses? <u>If No, skip Section 8.</u> If Yes, complete questions in Section 8.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any student loan interest? If yes, provide the amount or document(s) from lending agent.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay college expenses? If yes, complete a separate <b>College Expense Worksheet</b> on the last page for <b>EACH</b> student.
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to Ohio College Savings Account Sec 529 plan? Amount \$ _____

**Section 9: Ohio Sales Tax (Must be completed by all clients.)**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any out-of-state internet or mail order purchases that would require you to pay Ohio sales tax? If Yes, please give amount of purchase(s) \$ _____

**Section 10: IRA, PENSION AND EDUCATION SAVINGS PLANS**

YES	NO													
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you make any retirement contributions or take any retirement distributions? If No, skip Section 10. If Yes, complete questions in Section 10.</b>												
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse plan to retire in 2025?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive payments from any retirement plans?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert all or part of a regular IRA or a qualified plan into a Roth IRA?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Coverdell Education Savings Account?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an of the following retirement plans for 2024, <b><u>other than through your place of employment?</u></b>  Complete for all that applies:  <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Self</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">Traditional IRA</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Roth IRA</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">SEP</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>		Self	Spouse	Traditional IRA	\$ _____	\$ _____	Roth IRA	\$ _____	\$ _____	SEP	\$ _____	\$ _____
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Traditional IRA	\$ _____	\$ _____												
Roth IRA	\$ _____	\$ _____												
SEP	\$ _____	\$ _____												
<input type="checkbox"/>	<input type="checkbox"/>	Are planning to make additional contributions to your regular or ROTH IRA for 2024?												

**Section 11: Required Minimum Distributions**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Do you or your spouse have a retirement account AND attained age 73 or older during 2024? If No, skip Section 11. If Yes, complete questions in Section 11.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you taking required minimum retirement plan distributions?
<input type="checkbox"/>	<input type="checkbox"/>	Did you re-direct part of the RMD as a charitable contribution? If Yes, amount contributed \$ _____ (Provide Contribution receipt from charitable organization.)

**Section 12: MISCELLANEOUS (Must be completed by ALL clients)**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you install in 2024 any energy efficient items to your home? You may be eligible for the Residential Energy Credit. Provide your invoices as well as the Qualification Certificate from the manufacturer
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a hybrid or electric vehicle in 2024? If yes, provide purchase papers.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a motor vehicle or boat during 2024? If yes, provide sales receipt or amount of sales tax paid.
<input type="checkbox"/>	<input type="checkbox"/>	Are you making payments on a recreational vehicle or boat that has basic living accommodations? If yes, provide interest paid.
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate a vehicle in 2024? If yes, attach Form 1098C
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any charitable contributions? You must have copies of checks or receipts in order to claim. Any single donation of \$250 or greater must also have a letter from the charitable organization that includes each donation listed separately.
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make gifts of over \$18,000 to an individual or contribute to a prepaid tuition plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a loan at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony during 2024? Name _____ Social Security Number _____ Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire or sell any interests in partnerships, LLCs, S corporations, estates or trusts this year?

**Section 13: Businesses/Farms (Schedule C's & F's)**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>If you have business or farming income, did your company make any payments that would require you to prepare 1099s? If No, skip Section 13. If Yes, answer question in Section 13 (If uncertain, refer to 1099 rules found on our website or contact our office for more information.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you need our firm to prepare your 1099's? If yes, provide information to our office by <b>1/20/2025</b> . If no, please provide copies of your 1096 and 1099s.
<b>We will assume you have no 1099s to file unless you inform us otherwise.</b>		
If information is detected that a 1099 should have been prepared but was not, we are obligated to answer the IRS question accordingly. At that time, you can file the 1099 late, or risk under audit the penalties for non-compliance. <b>If 1099s are not prepared, those expenses would not be allowed in the case of an IRS audit.</b>		

**CLIENTS! USE THIS CHECKLIST TO CONFIRM ALL DOCUMENTS HAVE BEEN INCLUDED :**

- Copy of driver’s license(s), if renewed in 2024 or 2025
- If health insurance purchased through Marketplace (Healthcare.gov), include form 1095-A
- Supporting documents that correspond to your “**YES**” answers
- Voided check if direct deposit of refund is preferred

ESTIMATED TAX PAYMENTS																																																																							
YES	NO																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any <i>estimated</i> payments for <b>TAX YEAR 2024</b> ? <b>If yes, complete information below or include detail with your documents.</b> <b><u>DO NOT</u> INCLUDE TAX DUE PAYMENTS FOR YOU 2023 RETURNS.</b>																																																																					
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# 1040 Engagement Letter

We are pleased to confirm our understanding of the arrangements for your individual Form 1040 income tax return(s). This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work.

We will prepare the returns from information which you will furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns.

## Tax Preparer Responsibilities

We will prepare your 2024 Federal and current state of residency and current city and school district of residency, if in Ohio. We will not in any way verify the data you submit although we may ask you to clarify some of the information. *If you have taxable activity in a state/city or country other than that specifically listed, you are responsible for providing our firm with all information necessary to prepare any additional applicable state(s) or local income tax returns as well as informing us of the applicable states.*

## Taxpayer Responsibilities-PLEASE READ CAREFULLY

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, and the required documents to support charitable contributions for three years from the filing date. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We will rely, without further verification, upon information you provide to us from 3<sup>rd</sup> parties including, but not limited to, K1s, 1099s, 1098s, and receipts and similar items.

## Other Terms

We do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Please refer to the enclosed Electronic Document Policy for further instruction for delivery sensitive information.

Payments for billings are due upon completion of the engagement.

We appreciate the opportunity to serve you. By your signature below, you accept responsibility for providing us with the information necessary to prepare the appropriate forms. Please date and sign this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms and this engagement. It is our policy to initiate services after we receive the executed engagement letter. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected, and all other provisions remain in full force and effect.

Accountant Signature Greg Swartzentruber

\_\_\_\_\_ Client Signature \_\_\_\_\_ Date

\_\_\_\_\_ Client Signature \_\_\_\_\_ Date

REMINDER: No Wednesday tax return pickups will be permitted this year. You may pick up your tax return M/T/Th/F between 8:30 and 5:00, following a call from our firm that it is ready to be picked up. You can also choose to use our client portal, Canopy, to retrieve your tax return. Please indicate this preference on the first page of this questionnaire.

Please do not try to leave a detailed message for your preparer with the front office staff regarding a tax situation. They have been instructed to direct you to your preparer. If you have any special notes, you may write them here, or ask your preparer to call you.

Please call me for additional information I have for my preparer.

Notes to my preparer:

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**If you have a child age 16 or under, please fill out this form.**

**Place an 'X' by the YES or NO.**

**Child Tax Credit**

1. Client Name \_\_\_\_\_

2. Dependent's first name  
Dependent's last name

3. a. Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example, a grandchild, niece, or nephew)?

b. If the child is a stepchild, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them, can the taxpayer provide a birth certificate that verifies the taxpayer's relationship to the child?

4. Was the child under age 17 at the end Of 2024?

5. a. Did the child live with the taxpayer for more than half of 2024?

b. Exceptions:

Does the child meet an exception?

- Divorced or separated parents
- Kidnapped child
- Temporary absences
- Child was born or died the

**"NO" on line 3 or 4, or "NO" on 5a & 5b for child, STOP; Otherwise continue to 6**

6. Did the child provide over half of his or her support for 2024?

7. Can the child be the qualifying child of any other person for 2024?

8. Could the taxpayer, or spouse if filing jointly, be claimed as a dependent on someone else's 2024 tax return?

**If you checked "YES" on line 6, 7 or 8 for a child, STOP; otherwise, continue to line 9.**

9. Is the child a citizen or national of the United States?

10. Does the child have a social security number (SSN) or adoption taxpayer identification number (ATIN)?

Child A	Child B	Child C	Child D
Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No

Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No

Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No

Client Signature: \_\_\_\_\_

**If you have a child 17 or older, please fill out this form.  
Place an 'X' by the YES or NO**

**Other Dependent Credit Checklist**

Client Name: \_\_\_\_\_

Dependent's first name: \_\_\_\_\_

Dependent's last name: \_\_\_\_\_

- Is the other dependent the taxpayer's son, daughter, stepchild, foster child, or a decedent of any of them (for example, a grandchild), brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example a niece or nephew), father, mother, or an ancestor or sibling of either of them (for example a grandmother, grandfather, aunt, or uncle), any other person (other than the taxpayer's spouse) who lived with the taxpayer all year as a member of the household if the relationship didn't violate local law?

- Was the other dependent a child who was age 17 or older and not a full time student?

- Was the other dependent not a dependent of any other taxpayer for 2024?

- Did the other dependent have a gross income of less than \$5,050 in 2024. This does not include nontaxable income such as welfare benefits or nontaxable Social Security benefits, or was the person permanently or totally disabled?

- Did the taxpayer provide over half of the other dependent's support for 2024?

- Is the other dependent filing a joint return for 2024? Note. If the other dependent is filing a joint return in 2024 only to claim a refund of estimated or withheld taxes, check "No"

- Is the other dependent a citizen, national or resident alien of the U.S.?

- Does the other dependent have a SSN, ITIN or adoption taxpayer identification number (ATIN) issued on or before the due date of the 2024 Return (including extensions)?

Child A	Child B	Child C	Child D
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	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>No</b>	<b>No</b>	<b>No</b>
	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>No</b>	<b>No</b>	<b>No</b>
	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>No</b>	<b>No</b>	<b>No</b>
	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>No</b>	<b>No</b>	<b>No</b>
	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>No</b>	<b>No</b>	<b>No</b>
	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>No</b>	<b>No</b>	<b>No</b>
	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
	<b>No</b>	<b>No</b>	<b>No</b>

Client Signature: \_\_\_\_\_

# College Information Worksheet

(Complete a **separate** worksheet for **each student**. You can copy this page or find this form on our website.)

Student's Name \_\_\_\_\_

## Part I- Student Status

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did this student receive Form(s) 1098-T, Tuition Statement? If <b>yes</b> , attach form(s).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did student receive scholarships or other education assistance?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this student the beneficiary of a Qualified Tuition Program (also known as Section 529 Plan)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this student the beneficiary of an Education Savings Account (ESA)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did this student receive Form(s) 1099-Q, Payments From Qualified Education Programs (under Sections 529 and 530)? If <b>yes</b> , attach form(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash U.S. savings bonds during 2024 to pay for this student's education?  |

## Part II- College Student Information

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | How many years of college (postsecondary) education had the student completed as of <b>1/1/2024</b> ?<br><input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four or more |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the student have a high school diploma (or General Education Development credential)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the student enrolled at an eligible education institution during 2024?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did this student take at least one-half the normal full-time workload for one academic period?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has this student been convicted of a felony for possessing or distributing controlled substance?  |

Other Expenses:

Books purchased from the school                      \$ \_\_\_\_\_  
Books purchased from an outside source            \$ \_\_\_\_\_

Besides the 1098-T for each institution, **please include a detailed student account report for the calendar year 2024**. This report will show all charges and payments received which will help determine the correct tuition deduction or credit.