**2023 CLIENT QUESTIONNAIRE ATTACHMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Checklist:** | | | | | | | | | | | | | | | | |
| Complete the following checklist of common items that are used to prepare your individual tax return. Please indicate the **quantity** of the items that pertain to your return. **Quantity** | | | | | | | | | | | | | | | | |
| **Items of Income:** | Compensation – Wages/Salary (W-2s) | | | | | | | | | | | | |  | | |
|  | Interest Income (1099-INTs) | | | | | | | | | | | | |  | | |
| Dividend Income (1099-DIVs) | | | | | | | | | | | | |  | | |
| Capital Gains/Losses (1099-Bs and Realized Gains/Loss Statements) | | | | | | | | | | | | |  | | |
| Sale of Real Estate (1099-Ss, Settlement Sheets, Cost Basis) | | | | | | | | | | | | |  | | |
| Self-Employment/Business Income (1099-MISCs, 1099-NECs, Credit Card Statements, and Associated Expenses) | | | | | | | | | | | | |  | | |
| Rental Real Estate Income (1099-MISCs and Associated Expenses) | | | | | | | | | | | | |  | | |
| Partnership, S-Corporation, Trust/Estate Income (K-1s) | | | | | | | | | | | | |  | | |
| Payment Card and Third-Party Network Transactions (1099-K) | | | | | | | | | | | | |  | | |
| State/Local Tax Refunds (1099-Gs) | | | | | | | | | | | | |  | | |
| IRA and Pension Income (1099-Rs) | | | | | | | | | | | | |  | | |
| Social Security Benefits (1099-SSAs) | | | | | | | | | | | | |  | | |
| Alimony and Unemployment Compensation (1099-Gs) | | | | | | | | | | | | |  | | |
| Long-Term Care (1099-LTCs) | | | | | | | | | | | | |  | | |
| Cancellation of Debt Income (1099-Cs) | | | | | | | | | | | | |  | | |
| Gambling Income (1099-MISCs or W-2Gs) | | | | | | | | | | | | |  | | |
| Other Income: List | | | | | | | | | | | | |  | | |
| **Income Adjustments:** | Self-Employed Health Insurance (1099-SAs) | | | | | | | | | | | | |  | | |
|  | IRA/SEP Contributions | | | | | | | | | | | | |  | | |
| Tuition Expenses Paid (1098-Ts) | | | | | | | | | | | | |  | | |
| Tuition Plan Contributions/Withdrawals (1099-Qs) | | | | | | | | | | | | |  | | |
| Student Loan Interest Paid (1098-Es) | | | | | | | | | | | | |  | | |
| Other Adjustments: List | | | | | | | | | | | | |  | | |
| **Items of Deductions and Credits:** | Medical Expenses | | | | | | | | | | | | |  | | |
| Real Estate Taxes (1098s or Real Estate Tax Bills) | | | | | | | | | | | | |  | | |
|  | Mortgage Interest (1098s) | | | | | | | | | | | | |  | | |
| Investment Interest Expense | | | | | | | | | | | | |  | | |
| Charitable Contributions | | | | | | | | | | | | |  | | |
| Other Deductions: List | | | | | | | | | | | | |  | | |
| Child and Dependent Care Expenses | | | | | | | | | | | | |  | | |
| Other Credits: List | | | | | | | | | | | | |  | | |
| Health Care (1095s) | | | | | | | | | | | | |  | | |
| Please provide any additional tax documentation, so that we may accurately include all taxable income you may have received throughout the year. If you are uncertain, provide the information and we will determine the tax impact. | | | | | | | | | | | | | | | | |
| **Personal Information:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Were you married, divorced, or widowed at any time during the year? | | | | | | | | | | | |  | | | |  |
| If you are married, do you and your spouse want to file separate returns? | | | | | | | | | | | |  | | | |  |
| Did your address change during year? | | | | | | | | | | | |  | | | |  |
| If yes, please provide your new address, home phone number, cell phone number, and email address in the sections below: | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | | |
| Cell phone: | | | |  | | | | | | | | | | | | |
| Home phone: | | | |  | | | | | | | | | | | | |
| **Dependents:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Can you or your spouse be claimed as a dependent by another taxpayer? | | | | | | | | | | | |  | | | |  |
| Were there any changes in dependents from the prior year? The determination of whether another individual may be claimed as a dependent can be complex. If you have any question about the exemption in respect of another person, please complete the Dependency Determination Schedule attached to this Questionnaire. | | | | | | | | | | | |  | | | |  |
| If yes and adding a dependent, please provide the following information. If more than one addition, please include on a separate attachment. | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | |
| Social Security No.: | | | |  | | | | | | | | | | | | |
| Date of Birth: | | | |  | | | | | | | | | | | | |
| No. of Months Living at Residence: | | | |  | | | | | | | | | | | | |
| If yes and removing a dependent, please identify below. If more than one deletion, please include on a separate attachment. | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | | | |
| Did you pay for childcare or other qualifying care for a dependent (such as a parent) while you worked or looked for work? | | | | | | | | | | | |  | | | |  |
| If yes, please provide the following information: | | | | | | | | | | | | | | | | |
| Provider’s Name: | | | |  | | | | | | | | | | | | |
| Provider’s Address: | | | |  | | | | | | | | | | | | |
| Social Security/EIN No.: | | | |  | | | | | | | | | | | | |
| Amounts Paid in 2023: | | | | | | | | | | | | $ | | | | |
| Do you have any children under the age of 17 on 1/1/24 or under the age of 24 on 1/1/24 and were full-time students with wages, interest, or dividend income, or who have sold any stock in 2023? | | | | | | | | | | | |  | | | |  |
| If yes, do you want us to prepare their return(s)? | | | | | | | | | | | |  | | | |  |
| Did you adopt a child or begin adoption proceedings during 2023? | | | | | | | | | | | |  | | | |  |
| Did the residence for which you claimed the first-time homebuyer credit cease to be your principal residence in 2023? | | | | | | | | | | | |  | | | |  |
| What was the amount of the credit claimed? $ | | | | | | | | | | | | | | | | |
| If yes, on what day and year was the home purchased? | | | | | | | | | | | |  | | | |  |
| If yes, on what day and year was the home sold? | | | | | | | | | | | |  | | | |  |
| **Schedule A – Itemized Deductions Information:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Are you claiming a deduction for mortgage interest expense and real estate taxes paid on your personal residence or second home? (Defined as a dwelling that provides basic living accommodations such as sleeping space, toilet, and cooking facilities.) | | | | | | | | | | | |  | | | |  |
| If yes, please provide all 1098 mortgage interest statements and all real estate tax bills for 2023. | | | | | | | | | | | |  | | | |  |
| If all real estate taxes paid are not reported on a 1098, please provide all real estate tax bills for 2023 or indicate the amount in the space provided. Amount Paid in 2023: | | | | | | | | | | | | $ | | | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution, for which someone else received the Form 1098? | | | | | | | | | | | |  | | | |  |
| If yes, please provide the following information: | | | | | | | | | | | | | | | | |
| Individual’s Name: | | | |  | | | | | | | | | | | | |
| Social Security/EIN No.: | | | |  | | | | | | | | | | | | |
| Amounts Paid in 2023: | | | | | | | | | | | | $ | | | | |
| Are you claiming a deduction for mortgage interest paid to an individual or other non-financial institution and did not receive the Form 1098? | | | | | | | | | | | |  | | | |  |
| If yes, please provide the following information: | | | | | | | | | | | | | | | | |
| Lender’s Name: | | | |  | | | | | | | | | | | | |
| Social Security/EIN No.: | | | |  | | | | | | | | | | | | |
| Amounts Paid in 2023: | | | | | | | | | | | | $ | | | | |
| Did you make any large purchases, such as a motor vehicle, RV, or boat in 2023? | | | | | | | | | | | |  | | | |  |
| If yes, please provide the invoice amount and sales tax paid on the transaction. | | | | | | | | | | | | | | | | |
| Did you incur any casualty or theft losses during the year? | | | | | | | | | | | |  | | | |  |
| If yes, provide the following details: | | | | | | | | | | | | | | | | |
| Description of Loss: | | | |  | | | | | | | | | | | | |
| Property on Which Loss Occurred: | | | |  | | | | | | | | | | | | |
| Amount of Loss in 2023: | | | | | | | | | | | | $ | | | | |
| Amount Reimbursed by Insurance in 2023: | | | | | | | | | | | | $ | | | | |
| **Charitable contributions:** | | | | | | | | | | | | | | | | |
| Fill out all information below relating to charitable contributions, even if you anticipate taking the standard deduction. | | | | | | | | | | | | | | | | |
| For contributions made with cash to a charitable organization, do you have receipts substantiating the amount given? Receipts are required regardless of the dollar amount, even for as little as a $1 contribution. | | | | | | | | | | | |  | | | |  |
| If yes, what is the amount of cash contributions? | | | | | | | | | | | | $ | | | | |
| For each contribution in the amount of less than $250 and made with checks or credit cards to a charitable organization, do you have a receipt or cancelled check substantiating the amount given? Receipts or cancelled checks are required regardless of the dollar amount, even for as little as a  $1 contribution. | | | | | | | | | | | |  | | | | |
| If yes, what is the amount of check/credit card contributions? | | | | | | | | | | | | $ | | | | |
| For each contribution in the amount of $250 or more and made with checks or credit cards to a charitable organization, do you have written acknowledgement from the charity substantiating the amount given? Written acknowledgements are required. Cancelled checks are insufficient. | | | | | | | | | | | |  | | | | |
| If yes, what is the amount of check/credit card contributions? | | | | | | | | | | | | $ | | | | |
| For each contribution of clothing and household goods made to a charitable organization valued at an amount of less than $250, are these items in good condition or better? | | | | | | | | | | | |  | | | | |
| If yes, what is the total value of the clothing or household items given? | | | | | | | | | | | | $ | | | | |
| For each contribution of clothing and household goods made to a charitable organization valued at an amount between $250 and $499, are these items in good condition or better and do you have a receipt substantiating the value of these items? | | | | | | | | | | | |  | | | | |
| If yes, what is the total value of the clothing or household items given? | | | | | | | | | | | | $ | | | | |
| For each contribution of clothing and household goods made to a charitable organization valued at an amount of $500 or more, are these items in good condition or better and do you have a receipt substantiating the value of these items? | | | | | | | | | | | | |  | | |  |
| If yes, please provide the following information (if more than one contribution, please attach a separate sheet): | | | | | | | | | | | | | | | | |
| Name of Charity: | |  | | | | | | | | | | | | | | |
| Address of Charity: | |  | | | | | | | | | | | | | | |
| Amount Given in 2023: | | | | | | | | | | | | | $ | | | |
| Have you made any other types of charitable contributions (such as appreciated property)? | | | | | | | | | | | | |  | | |  |
| If yes, please provide details: | | | | | | | | | | | | | | | | |
| Do you have any gambling losses (to the extent of gambling winnings)? | | | | | | | | | | | |  | | | |  |
| Gambling losses need to be substantiated with contemporaneous gambling logs or other documentation. Can you substantiate your gambling losses with the required supporting documentation? | | | | | | | | | | | |  | | | |  |
| Amount of Loss in 2023: | | | | | | | | | | | | $ | | | | |
| **Schedule C / SE – Self-Employment/Business Income and Expenses:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Did you make payments of fees and other non-employee compensation, interest, rents, royalties, real estate transactions, annuities, or pensions? | | | | | | | | | | | |  | | | |  |
| If yes, did you file all required Forms 1099? | | | | | | | | | | | |  | | | |  |
| Did you pay employees wages from a trade or business? If so, please include FormsW-2 and W-3 for the calculation of the wage limit for the new pass-through deduction if applicable. | | | | | | | | | | | |  | | | |  |
| Did you start, continue or dispose of a business activity during the past year? If yes, please discuss the matter with one of our tax managers. | | | | | | | | | | | |  | | | |  |
| If yes, please provide a list of your related business revenue and expenses (including health insurance), any newly acquired business assets, and assets that were disposed of in 2023. | | | | | | | | | | | | | | | | |
| Were you or your spouse eligible to be covered under an employer’s health plan at another job? | | | | | | | | | | | |  | | | |  |
| If yes, how many months were you covered? | | | | | | | | | | | | Months: | | | | |
| Did you use any part of your personal residence as a home office? | | | | | | | | | | | |  | | | |  |
| Do you have unreimbursed business automobile expenses? | | | | | | | | | | | |  | | | |  |
| Total Miles Driven: | | | |  | | Total Business Miles Driven: | | | | |  | | | | | |
| **Schedule D – Capital Transactions:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Did you sell any type of asset (rental real estate, vacation home(s), land, securities, bonds, privately held corporations or partnerships, collectibles, etc.) and did not receive a Form 1099-B and/or Form 1099-S? | | | | | | | | | | | |  | | | |  |
| If yes, please attach a statement of cost basis, dates of purchase, date of sale, and sales price. | | | | | | | | | | | | | | | | |
| If you sold a security or bond at a loss, did you buy back the identical security or bond sold within 30 days before or after the sale? | | | | | | | | | | | |  | | | |  |
| Did any securities sold this year pay a stock dividend or have a stock split? | | | | | | | | | | | |  | | | |  |
| Was the sale of any asset in conjunction with a plan to acquire a like-kind asset in a §1031 exchange? | | | | | | | | | | | |  | | | |  |
| Did you receive a note receivable from the buyer as part or all of your proceeds from the sale? | | | | | | | | | | | |  | | | |  |
| If you sold any asset at a loss, were you related to the buyer? | | | | | | | | | | | |  | | | |  |
| Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a qualified employee stock purchase plan? | | | | | | | | | | | |  | | | |  |
| If yes, please provide support (statements/schedules from your employer). | | | | | | | | | | | | | | | | |
| Did you engage in any put or call transactions? | | | | | | | | | | | |  | | | |  |
| Did you invest in a Qualified Opportunity Fund? If so, please provide documentation. | | | | | | | | | | | |  | | | |  |
| Did you have any debts canceled, forgiven, or refinanced during 2023? | | | | | | | | | | | |  | | | |  |
| Did you trade real property for other real property in a like-kind exchange transaction? | | | | | | | | | | | |  | | | |  |
| **Schedule D – Principal Residence Transactions:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Have you refinanced a mortgage or taken out a home equity loan on your principal residence this year? | | | | | | | | | | | |  | | | |  |
| Did you use any of the proceeds for any other purpose than improving your principal residence? If so, please provide a detail of the use of the proceeds. | | | | | | | | | | | |  | | | |  |
| Did you refinance your principal mortgage in a **prior year** and use proceeds for any other purpose than improving your principal residence? If so, please provide the supporting documentation. | | | | | | | | | | | |  | | | |  |
| Did you sell your principal residence in 2023? If no, go to the next section. If yes: | | | | | | | | | | | |  | | | |  |
| Did you occupy the home as your principal residence for at least 2 years out of the 5-year period prior to the sale? | | | | | | | | | | | |  | | | |  |
| Did you ever rent out this property? | | | | | | | | | | | |  | | | |  |
| Are there any years after 2008 for which the house was not your principal residence? | | | | | | | | | | | |  | | | |  |
| If the home was acquired prior to May 7, 1997, did you defer the gain from the sale of a prior  residence by reinvesting the proceeds within two years? | | | | | | | | | | | |  | | | |  |
| Did you ever use any portion of the home for business purposes? | | | | | | | | | | | |  | | | |  |
| Have you or your spouse sold a principal residence within the last 2 years? | | | | | | | | | | | |  | | | |  |
| At the time of the sale, the principal residence was owned by: | | | | | | | | Taxpayer | Spouse | | | | | | Both | |
| **Schedule E/F – Rental or Farm Income and Expenses:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Did you purchase, continue, or dispose of a rental or farm activity during the past year? If yes, please discuss the matter with one of our tax managers. | | | | | | | | | | | |  | | | |  |
| If yes, please provide a list of your related rental or farm revenue and expenses, any newly acquired business assets, and assets that were disposed of in 2023. | | | | | | | | | | | | | | | | |
| **Schedule E – Income from S-Corporations, Partnerships or Trust/Estates:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Did you purchase, continue, or dispose of a privately held business activity during the past year in which you have or are to receive a Schedule K-1? | | | | | | | | | | | |  | | | |  |
| If yes, please provide K-1 and discuss the matter with one of our tax managers. | | | | | | | | | | | | | | | | |
| Are you or did you become during the past year a beneficiary of a trust or estate in which you have or are to receive a Schedule K-1? | | | | | | | | | | | |  | | | |  |
| If yes, please provide K-1 and discuss the matter with one of our tax managers. | | | | | | | | | | | | | | | | |
| **IRA/Pension Contributions and Distributions:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? | | | | | | | | | | | |  | | | |  |
| If yes, was it to acquire a principal residence or pay for qualified higher education expense? | | | | | | | | | | | |  | | | |  |
| If yes, were any distributions from your IRA and/or Roth IRA distributed directly to a charitable organization? | | | | | | | | | | | |  | | | |  |
| Did you make a nondeductible contribution to a traditional IRA? | | | | | | | | | | | |  | | | |  |
| If yes, indicate amount contributed: | | | | | | | | | | | | | | | | |
| Did you or your spouse make a contribution to a retirement plan, 401k, SIMPLE, SEP, or IRA that is not reported on your W-2 or K-1? | | | | | | | | | | | |  | | | |  |
| If yes, indicate the type of plan and the amount contributed: | | | | | | | | | | | | | | | | |
| Taxpayer’s Retirement Plan and Contribution Amount: | | | | |  | Spouse’s Retirement Plan and Contribution Amount: | | | | | |  | | | | |
| Did you or your spouse contribute to a Roth IRA? | | | | | | | | | | | |  | | | |  |
| If yes, indicate the amount contributed: | | | | | | | | | | | | | | | | |
| Taxpayer’s Contribution Amount: | | | | |  | Spouse’s Contribution Amount: | | | | | |  | | | | |
| Did you or your spouse convert an existing IRA to a Roth IRA? | | | | | | | | | | | |  | | | |  |
| If yes, indicate the amount converted: | | | | | | | | | | | | | | | | |
| Taxpayer’s Conversion Amount: | | | | |  | Spouse’s Conversion Amount: | | | | | |  | | | | |
| Did you retire or change jobs in 2023? | | | | | | | | | | | |  | | | |  |
| Did you receive retirement or severance compensation? | | | | | | | | | | | |  | | | |  |
| Did you or your spouse have money in an IRA or other retirement account without taking your required minimum distribution? | | | | | | | | | | | |  | | | |  |
| **Energy Credits:** | | | | | | | | | | | | **Yes** | | | | **No** |
| Did you purchase and place in operation any of the following: | | | | | | | | | | | |  | | | |  |
| Property that uses solar energy to generate electricity for use in a dwelling unit; | | | | | | | | | | | |  | | | |  |
| Property that at least half of the energy used by such property for the purpose of heating the dwelling is derived from the sun; | | | | | | | | | | | |  | | | |  |
| Property that uses a wind turbine to generate electricity for use in a dwelling unit; | | | | | | | | | | | |  | | | |  |
| Property that uses the ground or ground water as a thermal energy source to heat the dwelling unit or as a thermal energy sink to cool such dwelling unit; | | | | | | | | | | | |  | | | |  |
| Property that meets applicable Energy Star requirements; and/or | | | | | | | | | | | |  | | | |  |
| An integrated system comprised of a fuel cell stack assembly and associated balance of plant components that converts a fuel into electricity using electrochemical means? | | | | | | | | | | | |  | | | |  |
| A new or used clean vehicle? | | | | | | | | | | | |  | | | |  |
| If yes, provide the following information: | | | | | | | | | | | | | | | | |
| Manufacturer: | | |  | | | | Model and Year: | | |  | | | | | | |
| Purchase Date: | | |  | | | | MSRP: | | |  | | | | | | |
| Seller Report (attach): | | |  | | | |  | | | | | | | | | |
| Do you have manufacturers’ tax credit certification statements? | | | | | | | | | | | |  | | | |  |
| If so, what were the amounts paid in 2023, INCLUDING labor costs for installation? | | | | | | | | | | | | $ | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gifts:** | | | | | | | | **Yes** | **No** |
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total aggregate value in excess of $17,000 to any individual during the year? | | | | | | | |  |  |
| Did you or your spouse assist in the purchase of any asset (auto, home, etc.) for any individual during the year? | | | | | | | |  |  |
| Did you or your spouse make any gifts to a trust for any amount during the year? | | | | | | | |  |  |
| Do you or your spouse have a life insurance trust? | | | | | | | |  |  |
| Did you or your spouse forgive any indebtedness to any individual, trust, or entity during the year? | | | | | | | |  |  |
| If yes, please explain: | | | | | | | | | |
| **Education:** | | | | | | | | **Yes** | **No** |
| Did you or your dependents incur any post-secondary education expense, such as tuition? | | | | | | | |  |  |
| If yes, indicate the dependent, the type of expenses and the amount paid: | | | | | | | | | |
| Dependent’s name: | | |  | | | | | | |
| Year of Post-Secondary Education: | | |  | | | | | | |
| Type of Educational Expenses: | | |  | | | | | | |
| Amounts Paid in 2023: | | | | | | | | $ | |
| Has the dependent student taken less than ½ of the normal fulltime workload in their course of study? | | | | | | | |  |  |
| Has the dependent student ever had a felony conviction for possessing or distributing a controlled substance? | | | | | | | |  |  |
| Did you or your spouse withdraw amounts from a Qualified Education Program (Section 529 plan) or Coverdell Education Savings Account that was not used for qualified higher education expenses or for tuition for grades K-12 of a public, private, or religious school? (Grades K-12 are limited to $10,000 annually) | | | | | | | |  |  |
| Did you or your spouse make any contributions to a Qualified Education Plan (Section 529 plan) or a Coverdell Educational Savings Account during 2023? | | | | | | | |  |  |
| If yes, please enter the following information: | | | | | | | | | |
| Name of Designated Beneficiary: | Social Security No. | | | State Sponsoring Plan | | Account No. | | Amount Contributed in 2023 | |
|  |  | | |  | |  | | $ | |
|  |  | | |  | |  | | $ | |
|  |  | | |  | |  | | $ | |
| Did you pay any student loan interest? | | | | | | | |  |  |
| Were any of your student loans forgiven? | | | | | | | |  |  |
| **Miscellaneous:** | | | | | | | | **Yes** | **No** |
| At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Note: Digital assets include non-fungible tokens (NFTs) and virtual currencies, including cryptocurrencies and stablecoins. | | | | | | | |  |  |
| Did you move to a different home because of a change in the location of your job? (Active-duty military only) | | | | | | | |  |  |
| Did you have any one household employee to whom you paid cash wages of $2,600 for the entire year, or with respect to whom you withheld any federal income tax? Did you pay cash wages to all household employees in excess of $1,000 in any 2023 calendar quarter? | | | | | | | |  |  |
| Did you file employment tax returns for these household employees? | | | | | | | |  |  |
| Did you receive unreported tip income of $20 or more in any month in 2023? | | | | | | | |  |  |
| Did you or your spouse receive distributions from long-term care insurance contracts? If yes, include Form 1099-LTC. | | | | | | | |  |  |
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? | | | | | | | |  |  |
| Did you receive a punitive damage award or an award from damages other than for physical illness or injury? | | | | | | | |  |  |
| Did you receive any payments from insurance companies, legal settlements, disability payments, or other taxable income? | | | | | | | |  |  |
| Did you or your spouse have any transactions pertaining to a Health Savings Account (HSA) or Medical Savings Account (MSA) during 2023? If you received a distribution from an HSA or MSA, please attach Form 1099-SA. | | | | | | | |  |  |
| Did you have wages or earned income in 2023? | | | | | | | |  |  |
| If yes, can you be claimed as a dependent on someone else’s return? | | | | | | | |  |  |
| With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2023? | | | | | | | |  |  |
| Did you engage in any bartering transactions? | | | | | | | |  |  |
| Did you create or transfer money or property to a foreign trust? | | | | | | | |  |  |
| Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? If yes, FinCen Form 114, *Report of Foreign Bank and Financial Accounts* must be filed. **Failure to file can result in penalties.** | | | | | | | |  |  |
| Do you now, or did you at any time during 2023, have an interest in any financial accounts maintained by a foreign financial institution, stocks and securities with a non-U.S. issuer, an interest in a foreign partnership, trust or estate, or a financial instrument or contract with a non-U.S. issuer or counterparty?  Financial accounts include deposit and custodial accounts held at foreign financial institutions, a foreign financial account holding foreign stock or securities, foreign partnership interests, foreign mutual funds, foreign issued life insurance or annuity contracts, and foreign hedge and private equity funds.  Financial accounts do NOT include financial accounts held at the foreign branch of a U.S. financial institution or at the U.S. branch of a foreign financial institution, indirect interest in foreign financial assets held through an entity, domestic mutual funds investing in foreign stocks and securities, directly owned foreign real estate, foreign currency, directly owned precious metals, and directly owned personal property such as art, antiques, jewelry, cars, and other collectibles. If so, check the applicable response. | | | | | | | |  |  |
| If you are filing as a single person or as a married person filing separately living in the United States, did the total value of such assets at any time during the year exceed $50,000? | | | | | | | |  |  |
| If you are filing as a single person or as a married person filing separately and your tax home in 2023 was in a foreign country, did the total value of such assets at any time during the year exceed $200,000? | | | | | | | |  |  |
| If you are filing as married filing jointly living in the United States, did the total value of such assets at any time during the year exceed $100,000? | | | | | | | |  |  |
| If you are filing as married filing jointly and your tax home in 2023 was in a foreign country, did the total value of such assets at any time during the year exceed $400,000? | | | | | | | |  |  |
| Have you been involved in a reportable transaction? These are transactions which produce questionable tax shelters, transactions which provide refunds of lost tax benefits, and/or require strict confidentiality of the transaction’s tax benefits that result in significant amounts of losses with book to tax differences or provide tax credits with holding periods of less than 45 days. Tax avoidance transactions are included in this category. | | | | | | | |  |  |
| **2023 Federal, State and Local Estimated Tax Payments:** | | | | | | | | | |
|  | | **Date Paid** | | | **Federal Amount** | | **State Amount** | **Local Amount** | |
| 2023 1st Qtr. ES – due 4-18-23 | |  | | |  | |  |  | |
| 2023 2nd Qtr. ES – due 6-15-23 | |  | | |  | |  |  | |
| 2023 3rd Qtr. ES – due 9-15-23 | |  | | |  | |  |  | |
| 2023 4th Qtr. ES – due 1-16-24 | |  | | |  | |  |  | |
| **Local Earned Income and Business Privilege Tax Returns:** | | | | | | | | **Yes** | **No** |
| Does your resident jurisdiction require the filing of a local earned income tax/school tax or business privilege tax returns? Note: It is the taxpayer’s responsibility to inform us if a local tax return is required within their resident jurisdiction. Please provide the local forms whenever possible. | | | | | | | |  |  |
| **2024 Tax Planning:** | | | | | | | | **Yes** | **No** |
| Refund Application: If you have an overpayment of 2023 taxes, do you want the excess: | | | | | | | | | |
| Refunded via a check in the mail? | | | | | | | |  |  |
| Refunded via Direct Deposit (attach voided check)? | | | | | | | |  |  |
| Applied to the 2024 estimated tax liability? | | | | | | | |  |  |
| Do you expect any of the following to occur in 2024: | | | | | | | | | |
| A change in your marital status; | | | | | | | |  |  |
| A change in the number of dependents; | | | | | | | |  |  |
| A substantial change in your income; | | | | | | | |  |  |
| A substantial change in your withholdings; and/or | | | | | | | |  |  |
| A substantial change in your deductions? | | | | | | | |  |  |
| **Authorization:** | | | | | | | | **Yes** | **No** |
| With your authorization, the IRS and certain states allow us to verify credits, payments, etc., for your tax account online. If you do **NOT** want us to have authorization to view this information, please indicate so by marking no. | | | | | | | |  |  |

**THIS QUESTIONNAIRE APPLIES ONLY IF YOU HAVE RECEIVED K-1s OR HAVE A RENTAL REAL ESTATE ACTIVITY. PLEASE ANSWER ALL QUESTIONS. FAILURE TO ANSWER WILL BE TREATED AS A “NO” RESPONSE AND BLANK AMOUNTS WILL BE TREATED AS ZERO AMOUNTS.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S corporation and partnership/LLC:** | | | | | **Yes** | **No** |
| Did you participate in the operation and management of any business for which you received a K-1? | | | | |  |  |
| If so, which ones? | Name of K-1 issuer | | | Hours of participation |  | |
|  |  | | |  |  | |
|  |  | | |  |  | |
|  |  | | |  |  | |
|  | Can you substantiate the hours claimed for each above-named activity? | | | |  |  |
| **S corporation and partnership/LLC:**  **Self-charged interest** | | | | | **Yes** | **No** |
| Did you receive interest on a loan you made to any business for which you received a K-1? | | | | |  |  |
| If so, which ones and how much? | | Name of K-1 issuer | Interest received | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **Rental real estate:**  **Self-charged rents** | | | | | **Yes** | **No** |
| Did you rent real estate for consideration to a partnership, LLC, C corporation, or S corporation in which you participated? | | | | |  |  |
|  | If so, how many hours, did you participate in the trade or business of such partnership, LLC, C corporation, or S corporation? | | | |  | |
|  | Can you substantiate such hours claimed? | | | |  |  |
| **Rental real estate:**  **Real estate professional** | | | | | **Yes** | **No** |
| Did you perform services in any one or more of the following: | Activity | | | | | |
|  | Development and/or redevelopment | | | |  |  |
|  | Construction and/or reconstruction | | | |  |  |
|  | Acquisition | | | |  |  |
|  | Conversion | | | |  |  |
|  | Rental or leasing | | | |  |  |
|  | Operation | | | |  |  |
|  | Management | | | |  |  |
|  | Brokerage | | | |  |  |
|  | Did the number of hours performing services in all such activities exceed 750? | | | |  |  |
|  | Can you substantiate such hours claimed? | | | |  |  |
|  | Did the number of hours performing services in a rental activity exceed 500? | | | |  |  |
|  | Can you substantiate such hours claimed? | | | |  |  |

**Dependency Determination Schedule**

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1. 2023 Draft Form 1040 Instructions [↑](#footnote-ref-2)
2. 2023 Draft Form 1040 Instructions [↑](#footnote-ref-3)
3. 2023 Draft Form 1040 Instructions [↑](#footnote-ref-4)