

### 2025 Tax Return Questionnaire

NAME(S): \_\_\_\_\_ DATE: \_\_\_\_\_

**REMINDER** we charge a 3% swipe fee for credit/debit card transactions, but not for check or cash.

Please check the appropriate box & include all necessary details and documentation.

	Yes	No
Has your banking information changed since last year?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, provide: \_\_\_\_\_

Has your name, address, telephone number, or email address changed since last year?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, provide: \_\_\_\_\_

#### Information & Documents Commonly Needed to Complete Your Tax Returns

- Forms 1095-A, B, and C as proof of health insurance coverage.
- Current driver's license (for you and your spouse if married).
- Copies of all social security cards (if new client).
- All W-2's and 1099's.
- Interest income.
- 1098-T's required for qualified higher education expenses.
- 1099-SA and 5498-SA if you participate in a Health Savings Account.
- Tax reporting statements from brokerage accounts.
- Tax reporting statements from retirement accounts.
- Information regarding any other income.
- Medical and dental expenses (if substantial).
- Real estate taxes.
- Car tag registration receipts (ad valorem taxes).
- Mortgage interest statements.
- Receipts for charitable donations, both cash and non-cash.
- Receipts for out of state purchases in which AL sales tax needs to be paid.
- Day care expenses, including addresses and tax identification numbers.
- Last year's tax return (if new client).
- Social security cards and date of birth for self/spouse/dependents (if new client).

#### Personal Information

	Yes	No
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account numbers change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2026.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires and other disaster situations.	<input type="checkbox"/>	<input type="checkbox"/>

NAME(S) \_\_\_\_\_ DATE: \_\_\_\_\_

<b>Dependent Information <i>**Also Complete Dependent Info On Last Page**</i></b>	<b>Yes</b>	<b>No</b>
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did the children who live with you spend more than half the year with you in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,700?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other person(s) who lived with you more than half the year in the United States but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS notice for use during the 2026 filing season.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an eligible child under age 18 and want to open a new tax-deferred investment account called a "Trump Account" that will be available in July 2026?	<input type="checkbox"/>	<input type="checkbox"/>
If you initiate a Trump Account for any eligible child born in 2025, a contribution pilot program provides a \$1,000 contribution. Do you wish to receive the contribution?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Purchases, Sales and Debt Information</b>	<b>Yes</b>	<b>No</b>
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have ownership interest in any type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<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, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new or previously owned clean vehicle this year that is eligible for the new clean vehicle credit? If yes, attach the vehicle statement from the dealer even if you received the credit when purchased at the dealer.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for the sale of personal property for a gain or loss?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new U.S. assembled vehicle in 2025 for personal use and financed with an auto loan? If yes, attach the vehicle statement from the dealer.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Income Information</b>	<b>Yes</b>	<b>No</b>
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

NAME(S) \_\_\_\_\_ DATE: \_\_\_\_\_

	Yes	No
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K for a distribution payment from an online crowdfunding solicitation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K that you believe is in error?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork) or use digital assets to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-DA for the sale of a digital asset?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tips in 2025 in a job where tips are customary? For example, food service, hospitality, salons, or transportation.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive overtime pay required under federal overtime rules for working more than 40 hours in a work week?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any income that was not reported on the documents you have provided in the interview?	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement Information**

	Yes	No
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you repay any of the distributions in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any qualified charitable distributions (QCD) from your retirement account this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Education Information**

	Yes	No
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>

NAME(S): \_\_\_\_\_ DATE: \_\_\_\_\_

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you make any contributions to an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, was this an Alabama 529 plan? Amount if AL 529 plan \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education? | <input type="checkbox"/> | <input type="checkbox"/> |

**Health Care Information**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please attach any Form(s) 1095-A you received.  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you share a policy with anyone who is not included in your family?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term care premiums for yourself or your family?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, please attach any Form(s) 5498-QA you received.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, please attach any Form(s) 1099-QA you received.   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a business owner, did you pay health insurance premiums for your employees this year?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Itemized Deduction Information**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or any condemnation awards during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did the loss occur in a Federally declared disaster area?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or other monetary charitable contributions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any noncash charitable contributions (clothes, furniture, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes to either of the above charitable contribution questions, please provide evidence such as a receipt from the donee organization, canceled check, or record of payment, to substantiate all contributions made. |                          |                          |
| Did you donate a vehicle or boat during the year? If yes, please attach Form(s) 1098-C or other written acknowledgment from the donee organization.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay real estate taxes for your primary home and/or second home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any state income tax, including withholdings and estimated payments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any city or local income taxes, including withholdings and estimated payments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any mortgage interest on an existing home loan? If yes, please attach any Form(s) 1098 you received.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur interest expenses associated with any investment accounts you held?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? If yes, please enter the amount of those purchases: \$ _____        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase car tags for any vehicles, motorcycles, or trailers this year? If yes, please provide tag receipt(s) or registration.  | <input type="checkbox"/> | <input type="checkbox"/> |

NAME(S): \_\_\_\_\_ DATE: \_\_\_\_\_

**Miscellaneous Information**

	Yes	No
Did you make federal estimated tax payments for 2025?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$19,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive goods or services in exchange for your goods or services (barter)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a foreign owner or do you control 25% of a foreign company's ownership interest for a foreign company registered with a secretary of state or similar office before January 1, 2026?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you file its initial Beneficial Ownership Information Report (BOIR)?	<input type="checkbox"/>	<input type="checkbox"/>
If you were required to file a Beneficial Ownership Information Report (BOIR) with the Financial Crimes Enforcement Network (FinCEN), has any of the previously reported information changed (for either the foreign reporting company or any of the beneficial owners)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate if you are interested in any of the following services:		
<input type="checkbox"/> Tax Planning <input type="checkbox"/> Financial Planning <input type="checkbox"/> Retirement Planning <input type="checkbox"/> Estate Planning		
Would you prefer to have a paper copy or PDF of your tax return? <input type="checkbox"/> Paper <input type="checkbox"/> PDF		

**\*\* Please complete if you have dependents other than your spouse. \*\***

**If you are claiming a dependent, the IRS requires these due diligence questions.**

	Yes	No
Did your dependent(s) live with you all year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide 1/2 or more of their support?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please provide documentation (such as medical records or school records) that your dependent(s) lived with you or that you provided 1/2 or more of his or her support.</i>		
In previous years, has the IRS ever disallowed or reduced credits?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever released a claim of your dependent(s) to another for tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dependent(s) a US citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Are they your natural children?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If your dependent(s) are not your natural children:</b>		
Did they live with you for more than 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
What is their relationship to you? _____		
What is their age? _____		

**If these answers are not the same for all dependents, please provide details for each.**