

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

## Questionnaire - 2025

INSTRUCTIONS: PLEASE READ CAREFULLY

**\*\*YOU ARE REQUIRED TO COMPLETE THIS 4-PAGE QUESTIONNAIRE IN FULL\*\***

Please check the appropriate box for each question listed and include the supporting documentation, if applicable. Most YES answers require supporting documents.

For any YES answers, be sure to provide the applicable documentation and/or written explanation.

	YES	NO
<b>Banking Information</b>		
1. Did you <u>change bank accounts</u> since your 2024 tax return was filed? IRS <u>requires</u> that we verify this information annually. <u>If yes, please include your new bank account information on Page 3 of this organizer or send us a voided check with your tax documents.</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drivers License or State ID:</b>		
1. Did you or your spouse obtain a new license or state ID after 1/1/2025? <u>If yes, please send us a copy of your new ID(s).</u>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Information</b>		
1. Did your marital status change during the year? If so, please indicate below: <input type="checkbox"/> Marriage <input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your address change from last year? If yes, please provide the following: Date moved: _____ New address: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you receive an Identity Protection PIN (IP PIN) from the IRS? <u>If yes, attach the IRS letter for filing returns in 2026.</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you reside in or operate a business in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information - N/A <input type="checkbox"/></b>		
1. Were there any changes in dependents from the prior year? <u>If yes, mark all that occurred relating to your dependents:</u> <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Death <input type="checkbox"/> Child who turned 24 <input type="checkbox"/> Child who turned 19 who is <u>not</u> a full-time student <input type="checkbox"/> Dependent child who married or divorced <input type="checkbox"/> Paid 50%+ support for a relative or friend that lived with you 6 months or more	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>
3. Do you have dependents who must file a tax return? <u>If yes, do you want us to prepare the income tax return(s)? Additional fees apply.</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay for child care while you worked, looked for work, or while a full-time student? <u>If so, please include the total fees and the provider's information.</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. 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"/>
6. Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS? <u>If yes, attach the IRS letter for filing returns in 2026.</u>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO

7. Did you include documentation to determine eligibility for the child tax credit?

**We are required to obtain documentation for each dependent child eligible for the child tax credit. Please provide one of the following statements that includes each child's name:**

- School record or statement
- Health care provider statement or Form 1095
- Child care provider record
- Place of worship statement

### Purchases, Sales and Debt Information

1. Did you start or acquire an interest in a new partnership, LLC, S Corporation, or Trust? (If we prepare your returns, no copies are necessary).
2. Did you start a new sole proprietorship business?
3. Did you purchase a new rental property?
4. Was an area of your home used regularly and exclusively for business? NOTE: Working from home does not automatically qualify you for the home office deduction.
5. Did you purchase or sell a principal residence during the year? If yes, please provide the HUD-1 Settlement Statement for both the sale and purchase of each home.
6. Did you foreclose or abandon a principal residence or real estate property during the year?
7. Did you acquire or dispose of any stock during the year?
8. Did you take out a home equity loan this year?
9. Did you refinance a principal residence or second home this year?
10. Did you sell an existing business, rental, or other property this year?
11. Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
12. 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.
13. Did you receive a Form 1099-K for the sale of personal property?
14. 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.

### Income Information

1. 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?
2. 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 or for distribution from an online crowdfunding solicitation?
3. Did you receive, sell, exchange, gift or otherwise dispose of virtual currency/digital assets, including from nonfungible tokens (NFTs), or use digital assets to pay for goods or services?
4. Did you receive income from any of the following sources? If yes, attach supporting documents.
- a. Unemployment benefits?
  - b. Disability income?
  - c. Medicaid waiver payments as difficulty of care?
  - d. Tip income not reported to your employer?
  - e. Awards, prizes, hobby income, gambling or lottery winnings?
  - f. Income as an independent contractor?
5. Did any of your life insurance policies mature or did you surrender any policies?
6. Do you expect a large fluctuation in income, deductions, or withholding next year? If yes, please provide details.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 7. Did you have income from more than one state that was different than last year?<br><u>If yes, please provide details.</u> You may be required to file tax returns and may owe taxes in these states. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did you receive tips in 2025 in a job where tips are customary? For example, food service, hospitality, salons, or transportation. <b><u>Include breakdown of qualified tips.</u></b>                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you receive overtime pay required under federal overtime rules for working more than 40 hours in a work week? <b><u>Include breakdown of qualified OT.</u></b>                                   | <input type="checkbox"/> | <input type="checkbox"/> |

### Retirement Information

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|--|--------------------------|--------------------------|
| 1. Did you receive any Social Security benefits during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If yes, please attach Form(s) 1099-R.                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Were any withdrawals due to a Federally declared disaster?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were any withdrawals considered qualified charitable distributions (QCD)?<br><u>If yes, please provide a receipt from the donee organization(s) to substantiate all contributions made.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were any withdrawals for qualified birth or adoption distributions, emergency personal expense distributions, domestic abuse distributions, or terminal illness?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Did you repay any distributions during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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"/> |
| 4. If you are eligible, did you, or do you plan to, contribute funds before April 15, 2026 to a SEP IRA, traditional IRA or a Roth IRA for calendar year 2025?                                 | <input type="checkbox"/> | <input type="checkbox"/> |

### Education Information

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|---|--------------------------|--------------------------|
| 1. 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"/> |
| 2. Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? <u>If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did anyone in your family receive a scholarship of any kind during the year?<br><u>If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? Please provide an allocation for the use of funds.</u>                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you make any withdrawals from an education savings or 529 Plan account?<br><u>If yes, were the amounts used exclusively for qualified expenses?</u><br><u>If yes, were any of these withdrawals rolled over into an ABLÉ (Achieving a Better Life Experience) account?</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you make any contributions to an education savings or 529 Plan account?<br><u>If yes, were contributions made to Illinois Bright Directions?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you pay any student loan interest this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Health Care Information

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|--|--------------------------|--------------------------|
| 1. Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for you, your spouse if filing jointly, and anyone you can claim as a dependent. <u>If yes, attach any Form(s) 1095-B and/or 1095-C you received.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you enroll for lower cost Marketplace Coverage through healthcare.gov?<br><u>If yes, attach any Form(s) 1095-A you received.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you make any contributions to a Health savings account (HSA) or Archer MSA?<br><u>If yes, attach any Form(s) 5498-SA you received.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? <u>If yes, attach any Form(s) 1099-SA you received.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>If yes, was the distribution used <u>entirely</u> for out-of-pocket medical expenses?</u>   | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 5. Did you pay long-term care premiums for yourself or your family?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you make any contributions to or receive a distribution from an ABLE (Achieving a Better Life Experience) account? | <input type="checkbox"/> | <input type="checkbox"/> |

### Itemized Deduction Information

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|---|--------------------------|--------------------------|
| 1. Did you have any of the following? <u>If so, please provide the supporting documentation.</u>  |                          |                          |
| a. Casualty or theft loss or any condemnation awards during the year <u>that was not covered by insurance? If yes, please provide details.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Out-of-pocket medical expenses (Co-pays, prescription drugs, etc.) <u>that exceeds 7.5% of your income? If yes, please provide total amounts paid.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cash charitable contributions? Please provide totals separate from non-cash.   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Noncash charitable contributions (clothes, furniture, etc.)? <u>For non-cash contributions, we need the VALUE of items donated (not the purchase price) and the method used to compute the value (i.e. thrift shop appraisal).</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Donated a vehicle or boat during the year? <u>If yes, attach Form 1098-C.</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Real estate taxes for your primary home and/or second home?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Mortgage interest on an existing home loan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Interest expenses associated with any investment accounts you held?  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Major purchases during the year (cars, boats, etc.)? <u>If yes, please provide bill of sale or total amount of sales tax paid.</u>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Illinois requires individual tax payers to remit Use Tax on purchases from companies outside of Illinois.</u> The state has provided the option to use safe harbor amounts based on your income in order to comply with these requirements. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Check this box to elect the applicable safe harbor which will prevent further inquiry or audit from the state of Illinois or include the total amount of out-of-state purchases here:</b> _____  | <input type="checkbox"/> |                          |

### Miscellaneous Information

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|---|--------------------------|--------------------------|
| 1. Did you make gifts of more than \$19,000 to any individual?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you engage in any bartering transactions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you retire or change jobs this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay any individual as a household employee during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you make energy efficient improvements to your main home this year that qualify for a residential energy tax credit? Please provide the Manufacturer's Certificate or other documentation that confirms eligibility. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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"/> |
| 8. Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you receive correspondence from the State or the IRS? If yes, attach copies of the notices.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 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"/> |
| 12. Did you make federal or state estimated tax payments in 2025?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>If yes, include payment receipts for all payments made.</u></b>   | <input type="checkbox"/> | <input type="checkbox"/> |