

Tax Return Questionnaire

Contact Information:
Taxpayer:
Occupation:
Address:
Social Security Number:
Phone:
Email:
Contact Information:
Spouse:
Occupation:
Address:
Social Security Number:
Phone:
Email:

Filing Status: Single Married Head of Household Qualifying Widow

Date of Birth (MM/DD/YYYY): Taxpayer: ___/___/____ Spouse: ___/___/____

For ALL new clients I need a copy of your driver's license and or a state issued ID and social security card, per IRS new security rules. Upon verification we will shred digital and hard copies immediately.

Digital Assets (including, but not limited to: fiat, convertible virtual currency, crypto, stablecoin, NFT, etc.):

At any time during **2023**, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? YES NO

Foreign Accounts and Trusts:

At any time during **2023**, did you have a financial interest in or signature authority over a financial account (such as bank account, securities account, or brokerage account) located in a foreign country? YES NO

Health Insurance Coverage (Federal):

Starting with the 2019 plan year, the Federal Shared Responsibility Payment no longer applies.

Health Insurance Coverage (State):

Some states, however, have their own individual health insurance mandate; requiring you to have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your “tax family.”

1. If you had health care coverage with a government Marketplace (Exchange) during **2023**, please provide **FORM 1095-A**, issued by the Marketplace. In some family situations, you may have more than one Form 1095-A.
2. If you are claiming someone on your tax return who was included in another taxpayer’s policy with a Marketplace, you will also need a copy of that taxpayer’s Form 1095-A.
3. If a dependent filed a return for **2023**, provide a copy of that return.
4. If you had compliant health insurance through an employer plan, private policy, or with a government plan: provide Form 1095-B, Form 1095-C, or other proof of insurance document.

Dependents: (Please provide a copy of social security card*NEW CLIENTS ONLY*)

Name: First, Initial, Last	Income Over \$2,200? (Y/N)	Date of Birth (MM/DD/YYYY)	Relationship to You	Months Lived in Home

Other Income

1. State income tax refund for **2022** _____
2. Alimony Received (date of divorce ___/___/___) _____
3. Unemployment compensation received (most states will have these available on your unemployment portal) _____
4. Gambling winnings attach W-2G and statement from casinos you played at showing your winnings and losses _____
5. Social Security attach form SSA-1099 _____

Self-employed 1099 income

Are you self-employed, gig worker and or have 1099 NEC income(formerly 1099misc)?

If yes: **PLEASE COMPLETE SELF-EMPLOYED WORKSHEET**

Health Savings Account

Are you a participant in an HSA? _____

If Yes, attach the following IRS forms: FORM 5498 (Contributions)

FORM 1099-SA (distributions)

For distributions: Did you use to go towards medical care, including dental or vision? If so, how much? _____

Estimated taxes paid

	FEDERAL		STATE	
	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
2022 overpayment of income tax allowed as credit in 2023		_____		
Q1-2022 estimated due 4/15/23	_____	_____	_____	_____
Q2-2022 estimated due 6/15/23	_____	_____	_____	_____
Q3-2022 estimated due 9/15/23	_____	_____	_____	_____
Q4-2022 estimated due 1/15/24	_____	_____	_____	_____

Please attach copies of payments if paid by check or screen shot of account in which taxes were paid or any other proof of payment

Alimony Paid:

Date of Divorce Decree:

Name:

Recipient SS number:

Amount Paid

Dependent & Child Care Expenses

PLEASE COMPLETE CHILD CARE EXPENSES WORKSHEET.

Education tax credits

Attach tuition statement Form 1098-T from educational institute

Qualified expenses- Tuition, fees, and related expenses(*computer, iPad, printer, books, supplies and any other expenses that you incurred for school*)

Student loan interest

- You CANNOT claim the deduction if another taxpayer claims you as a dependent or your filing status is married filing separately
- The loan must be for qualified higher education expenses for you, your spouse or a dependent at the time you took out the loan. Loans from related persons, family trusts, etc. DO NOT QUALIFY.
- Maximum deduction for **2023** is \$2,500 if your gross income is within threshold.

PLEASE ATTACH STUDENT LOAN INTEREST FORM 1098-E

Federal Energy Tax Credit

New or enhanced credits for 2023:

Energy efficient home improvement credit (annual \$1200 limit. No lifetime limit. Non-refundable. No carry forward.)

Residential clean energy credit

Clean vehicle credit

Previously-owned (used) clean vehicle credit

Miscellaneous deductions

Are you a teacher (k-12 with 900 minimum hours)

If yes:

Total of out-of-pocket classroom supplies: \$ _____

Other questions

A. Did you give a gift to any individual in excess of \$17,000 in **2023**? Yes ___ No ___

If you itemize and have unreimbursed job-related expenses related to your W-2 income AND live in **CA** or **NY**, you may still deduct from your state taxes.

PLEASE COMPLETE EMPLOYEE BUSINESS EXPENSE WORKSHEET

B. May the IRS discuss your tax return with your preparer? Yes ___ No ___

C. A PDF copy of your return and e-file release form will be placed in your Client Access Portal for your retrieval.

D. W-2 employees please attach a copy of your last pay stub(s) for **2023**

E. Did you sell your primary residence during **2023**? Yes ___ No ___

If yes, provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase. Form 1099-A for sale of property. List details and cost of any capital improvements you made during the time you owned the property.

New Clients

Please forward a copy of your 2021, 2022 Tax returns

Bank information

FOR DIRECT DEPOSIT OF FEDERAL AND STATE REFUNDS:

- Name of bank institution _____
- Checking or Savings? _____
- Routing number _____
- Account Number _____

IF POSSIBLE, ATTACH COPY OF VOIDED CHECK

I have submitted this information for the sole purpose of preparing my taxes. This information is true, correct, and complete to the best of my knowledge.

Please submit this signed document along with:

Engagement letter, Tax documents, and any other worksheets that are pertinent to your tax return through your client portal.

******New client: please submit to Info@lgtaxesonline.com******

******Return client: upload to your client portal ******

Taxpayer Signature

Date

Spouse Signature

Date