

Tax Partners Northwest Personal Tax Return Questionnaire

Client information

	Taxpayer	Spouse
First and last name		
Social security number (if not on file)		
Occupation		
Date of birth		
Driver's license number		
State/issue/exp date		
Primary phone		
Email		
Mailing Address		
Preferred method of contact		
IRS Identity Theft PIN?		

Dependents

	Dependent 1	Dependent 2
First and last name		
Social security number (if not on file)		
Date of birth		
Relationship		
Months lived in home		
US Citizen or resident?		
Amount paid for daycare (attach statement)		
Full time student?		
Amount paid for college		
Income earned		
Investment income		

Attach information for additional dependents

Please list the forms you are providing

How many?

W-2s	
1099 Interest	
1099 Dividends	
1099R Retirement	
1099B Stock sales	
W-2G Gambling income	
Gambling loss statement	
1099 MISC or 1099 NEC income	
1099G Unemployment/Paid Family Medical Leave	
SSA 1099 Social security	

1099S Sale of real estate	
Did you buy or sell a house? Provide closing papers	
1099C Cancellation of debt	
Money withdrawn from college savings plan	
Did you pay any expenses with a Health Savings Account? Attach forms	
K-1 forms	
Any other sources of income? Provide details	

General information - Please answer all questions

- At any time in 2024, did you receive, sell, exchange or otherwise dispose of any financial interest in any virtual currency? Yes No
- Did you or your spouse have a foreign bank account or trust, or signature authority over someone else's? Yes No
- Did you receive a gift or inheritance from someone in another country? Yes No
- Did you make any gifts larger than \$18,000 per individual or trust in 2024? Yes No
- Did you pay any foreign taxes that aren't already included on a tax form? Yes No
- Did you pay any household employee more than \$2700 in 2024? Yes No
- Did you or your spouse have income from a hobby, prizes, barter, jury duty or any other income? Yes No
- Did you receive money from any type of settlement? Yes No
- Did you have to repay any unemployment in 2024? Yes No
- Did you receive strike pay in 2024? Yes No

Payments

Did you make any payments to IRS toward your 2024 taxes? List dates and amounts.

Did you have any significant changes in 2024? Is there anything you want to plan for in 2025?
Anything else you want your preparer to know?

Check yes and provide info for the items that apply to you

Small business items

- Please attach your summary of business income and expenses
- 1099 NEC or 1099K income
- Did you have any income from out of state sources?
- Did you receive any grants?

Rental property

- Please attach your summary of rental income and expenses
- Any new assets purchased?
- Any assets taken out of service?
- What dates was it available to be rented?

Retirement

- Did you or will you make a contribution to a retirement plan outside of work?
- Did you contribute to a Roth IRA outside of work?
- Did you roll over any retirement money into a Traditional IRA?
- Did you convert any Traditional IRA funds to Roth?
- Did you make any Qualified Charitable Donations from your RMD?
- Did you take an early distribution from a retirement account? If you did, what did you use the money for?

Health Care Coverage Forms

- 1095A if you purchased your insurance through the state marketplace
- 1095B and 1095C showing health insurance coverage
- 1099 LTC Long Term Care insurance payments

Adjustments to income

- Are you or your spouse a teacher in grades K-12 and spent money out of pocket on classroom supplies or PPE in 2024?
- Are you or your spouse self-employed and paid for health insurance out of pocket?
- 1098E Student loan interest
- Did you pay or receive alimony from a divorce that was final before 2019?
- Did you contribute to a health savings account outside of a payroll deduction?

How
much?

Deductions

Medical and Dental Expenses not reimbursed

<input type="checkbox"/>	Prescription medicine and drugs	
<input type="checkbox"/>	Doctors, dentists and nurses	
<input type="checkbox"/>	Hospitals and skilled nursing facilities	
<input type="checkbox"/>	Insurance premiums paid with after-tax money	
<input type="checkbox"/>	Long term care premiums - taxpayer	
<input type="checkbox"/>	Long term care premiums - spouse	
<input type="checkbox"/>	Hearing aids, glasses, contacts	
<input type="checkbox"/>	Other medical equipment and supplies	
<input type="checkbox"/>	Medical miles driven	

Taxes Paid

<input type="checkbox"/>	State, city and local income taxes paid	
<input type="checkbox"/>	State and local sales taxes paid, if you kept track of the actual amount	
<input type="checkbox"/>	Sales tax paid on purchase of vehicles and construction materials	
<input type="checkbox"/>	Real estate taxes paid	
<input type="checkbox"/>	Personal property taxes paid (RTA excise tax on vehicles)	

Other Deductions

<input type="checkbox"/>	Mortgage interest paid (attach 1098 form - if you refinanced during the year, there may be more than one)	
<input type="checkbox"/>	If you refinanced in 2024, attach closing statement	
<input type="checkbox"/>	Donations to charitable organizations by cash, check, credit card	
<input type="checkbox"/>	Non-cash donations to charitable organizations (clothing, household items, vehicles, etc.) Political organizations do not qualify as charity.	
<input type="checkbox"/>	Miles driven for charitable purposes	

Credits

<input type="checkbox"/>	Did you purchase a new electric vehicle? Please provide sale paperwork.	
<input type="checkbox"/>	Did you install energy efficient improvements to your main home? (doors, windows, furnace, boiler)	
<input type="checkbox"/>	Did you install solar equipment?	

Please provide a copy of 2022 and 2032 tax returns if we did not prepare them.

Please sign and date below:

Taxpayer
Date:

Spouse