2023 New Client Questionnaire

	Last Name:	
	Taxpayer 1: Main contact person First Name:	Taxpayer 2: Main contact person First Name:
	Home Address:	, WI
•	Would you like an Organizer next year for the ta	
•	Did you pay any estimated taxes?	Yes (need dates and amounts)
•	For 2023, has your filing and/or marital status ch (If so, what changed? Please include divorce date, if a	
•	Name: SSN:	I'm claiming dependents (List below) N/A - - DOB: / / - - DOB: / / - - DOB: / / eded) - - - -
•	Do you own your primary home or rent? Ow Rent amount per month \$ X No. o Was heat included in your rent? Yes	NN (need Form 1098 Mortgage Interest) Rent of months *If your income is less than \$24,680, be sure to get a rent certificate filled out by your landlord(s).
•	Did you have Social Security Income? Yes (n	eed SSA Form)
•	Did you have Unemployment Income?	Yes (need 1099-G)
•	Did you have student loan interest? Yes (ne	ed 1098E) No
•	Did you participate in any Crypto Currency activity	ity? Yes (need excel file of sale info) No
•	Did you pay child care or private school tuition? (For daycare, we need facility name, Federal ID#, add For private school, we need the tuition statement inc (Please flip over & complete oth)	luding what grade the child is enrolled in)

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•	Did you contribute to an IRA or an Edvest/Tomorrow's Scholar account?		Yes	
	(Please provide a statement showing contribution amounts or write at the bottom og	f this	; page)	

 Did you make an HSA contribution or distribution in 2023? Yes No Is this full amount reported on your W-2? Yes No (If any contributions were made outside of payroll, we need the total. If you took money out of your HSA account, please provide form 1099-SA)
 Did anyone attend college last year? Yes No (If yes, we need 1098T and any Edvest or 529 Plan forms and please fill in information below) Has this student been consistently enrolled since they first enrolled? Yes or No When did the student first enroll? Season: Year:
Who provided your health insurance? Plan through employer Marketplace/ Obamacare (<i>need form 1095-A</i>) Neither
 Did you have supplemental health insurance or long-term care insurance? Supplemental Long-term care Neither (Please include amounts paid for each type of insurance, split by each taxpayer)
 Did you have any income from ownership of a business, rental property, or farm? Yes, I have a schedule C, E, or F Yes, I'm a shareholder/partner (Please include income & expenses for schedules C, E, or F and last year's depreciation schedule. For shareholders/partners, we need K-1(s))
 Did you receive any correspondence from any state or federal governing bodies last year? Yes (provide a copy of correspondence)
Direct Deposit Information:
Bank Name Routing No
Account # Checking or Savings
All of the information provided by me in this questionnaire (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.

Signature

Χ_

Date

No

Extra notes you'd like for us to know/ watch for:

(For example: purchase or sale of home, passing of spouse, changes in dependent(s) etc.)