2023 Repeat Client Questionnaire

	Last Name:				
	Taxpayer 1: Main contact person First Name:	Taxpayer 2: Main contact person First Name:			
	Phone:	Phone:			
	Email:	Email:			
	Home Address:				
	, WI				
•	Would you like an Organizer next year for the ta	x return? Secure Portal Mail No			
•	Did you pay any estimated taxes that D&M told (If yes, we need dates and amounts. Please attach po				
•	For 2023, has your filing and/or marital status ch (If so, what changed? Please include divorce date, if o				
•	• Dependent status: I'm a dependent I'm claiming dependents IN/A (If this is a new dependent being claimed, we need the name, SSN, and date of birth. If the dependent status has changed for this tax year, please describe in the notes section on the back page)				
•	Do you own your primary home or rent? Rent amount per month \$ X No. o Was heat included in your rent? Yes	of months *If your income is less than \$24,680,			
•	Did you have Social Security Income? 🗌 Yes (n	eed SSA Form)			
•	Did you have Unemployment Income?	(es (need 1099-G)			
•	Did you have student loan interest?	ed 1098E) 🗌 No			
•	Did you participate in any Crypto Currency activi	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 other side)

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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 of this page)		

🗌 No

• Did you make an HSA contribution or distribution Is this full amount reported on your W-2? (If any contributions were made outside of payroll, we account, please provide form 1099-SA)		Yes Yes took money o	☐ No ☐ No out of your HSA		
 Did anyone attend college last year? Yes (If yes, we need 1098T and any Edvest or 529 Plan for Has this student been consistently enrolled sin When did the student first enroll? Season: 	nce they first enrol	led? 🗌 `	Yes or 🗌 No		
 Who provided your health insurance? Plan through employer Marketplace 	e/ Obamacare (need	l form 1095-A)	🗌 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 receive any correspondence from any standard provide a copy of correspondence) 	ate or federal gove	rning bodies	last year?		
Direct Deposit Information: Use the same bank info as last year that D&M has? Bank Name			Check Requested		
Account #	Checking	or	Savings		
All of the information provided by myself in this ques required documents) is correct, accurate and comple					
XSignature	Date				
Extra notes you'd like for us to know/ watch for: (For example: purchase or sale of home, passing of spouse, ch	hanges in dependent(s	s) etc.)			