

## 2024 New Client Questionnaire

Last Name: \_\_\_\_\_

**Taxpayer 1:**  Main contact person

First Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Taxpayer 2:**  Main contact person

First Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_, WI \_\_\_\_\_

- Would you like a Tax Organizer next year for the tax return?  Secure Portal  Mail  No
  
- Did you pay any estimated taxes?  Yes *(need dates and amounts)*  No
  
- For 2024, has your filing and/or marital status changed?  Yes  No  
*(If so, what changed? Please include divorce date, if applicable)* \_\_\_\_\_
  
- Dependent status:  I'm a dependent  I'm claiming dependents *(List below)*  N/A  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Please use the space provided on the backside, if needed)*
  
- Do you own your primary home or rent?  Own *(need Form 1098 Mortgage Interest)*  Rent  
 Rent amount per month \$ \_\_\_\_\_ X No. of months \_\_\_\_\_  
 Was heat included in your rent?  Yes  No **\*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 *(need SSA Form)*  No
  
- Did you have Unemployment Income?  Yes *(need 1099-G)*  No
  
- Did you have student loan interest?  Yes *(need 1098E)*  No
  
- Did you participate in any Crypto Currency activity?  Yes *(need excel file of sale info)*  No
  
- Did you pay child care or private school tuition?  Yes  No  
*(For daycare, we need facility name, Federal ID#, address, and amount paid for each child.  
 For private school, we need the tuition statement including what grade the child is enrolled in)*

**(Please flip over & complete other side)**

- Did you contribute to an IRA or an Edvest/Tomorrow's Scholar account?  Yes  No  
*(Please provide a statement showing contribution amounts or write at the bottom of this page)*
- Did you make an HSA contribution or distribution in 2024?  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 *(need 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 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  No  
*(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)*  No

**Direct Deposit Information:**  Paper Check Requested  
Bank Name \_\_\_\_\_ Routing No. \_\_\_\_\_  
Account # \_\_\_\_\_  Checking or  Savings

**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.)*

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**\*\*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.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(Please flip over & complete other side)**