

2024 Repeat Client Questionnaire

Last Name: _____

Taxpayer 1: <input type="checkbox"/> Main contact person First Name: _____ Phone: _____ Email: _____	Taxpayer 2: <input type="checkbox"/> Main contact person First Name: _____ Phone: _____ Email: _____
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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 that D&M told you to pay, or on your own? Yes No
(If yes, we need dates and amounts. Please attach paid vouchers or write out on paper)

- 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 dependent(s) N/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? Own *(need Form 1098 Mortgage Interest)* Rent
 Rent amount per month \$ _____ X No. of months _____ ***If your income is less than \$24,680, be sure to get a rent certificate filled out by your landlord(s).**
 Was heat included in your rent? Yes No

- 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 receive any correspondence from any state or federal governing bodies last year?
 Yes *(provide a copy of correspondence)* No

Direct Deposit Information:

Use the same bank info as last year that D&M has? Yes No 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.)

All of the information provided by myself 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)