## TAX QUESTIONNAIRE

## NOTE: Include this completed and SIGNED form with all of your Tax Documents

Full Name Taxpayer:	Date of Birth DOB:	Occupation:											
Spouse:	DOB:	Occupation:											
Taxpayer Phone # :	Taxpayer email:												
Spouse Phone # :													
Dependent(s) - List any NEW Dependents Full Name	- (attach additional sheets if ne Social Security #	eded)  Date of Birth	Relationship (Son/Daughter)										
"X" YES or NO below for each question and	d provide additional informatio	n where requested (attach	additional sheets as needed)										
YES NO → In 2025 Did You (and / or your Spouse if married)?:													
1) [ ] Change your address during the	he year? <i>If yes</i> , enter Date Moved	da	nd list new address below:										
2) [ ] Maintain any money in any Fo	oreign Bank Account or Own any	property located <u>Outside of</u>	the United States?										
3) [ ] Own any Digital Currency suc	ch as Bitcoin/Dogecoin/Other?	(whether you sold it or not)											
4) [ ] Have Health coverage? (including for your spouse, and all dependents if applicable)													
5) [ ] [ ] Renew your Driver's License?	Renew your Driver's License? If yes, send a copy of the Front & Back of each renewed license												
6) [ ] [ ] Pay for Childcare?	If yes, complete the inf	ormation requested in the se	ection on Back										
	Pay any student loan interest? If yes, include a copy of Form 1098-E for each student. Pay Tuition for anyone attending college? If yes, include a copy of Form 1098-T and list below any amounts \$												
·	aid for Books: \$ake any monetary \$ donations which you have a receipt for? If yes, complete the appropriate section on Back												
9) [ ] [ ] Make any monetary \$ donati	ons which you have a receipt for	r ij yes, <u>complete the appro</u>	priate section on Back										
<b>10)</b> [ ] Make any <b>non-monetary don</b>	nations (clothes, furniture, other	property) to a charity <u>which</u>	you have a receipt for?										
	value donated was <u>under \$500</u> en vas <b>over \$500</b> complete the appr												
11) [ ] Have any job-related expense	es -not reimbursed by your emplo	oyer <b>?</b> ( <i>K-12 Teachers include</i> <i>If yes</i> , <u>list in the <i>"Addl In</i></u>											
	ms purchased? (Large Appliance	· · · · · · · · · · · · · · · · · · ·											
13) [ ] Pay Rent or Property Tax? If	yes, list amount paid for Rent \$_	Pro	operty Tax \$										
14) [ ] Receive Unemployment payr	ments? If yes, include a copy of	f Form 1099-G.											
<b>15)</b> [ ] Contribute any money to a <b>5</b> 2	29 College Savings plan?	fyes, include a copy of the e	nd of year statement										
16) [ ] Deposit money into an IRA (a	ther than your employer plan)? I	f yes, include a copy of the e	end of year statement										
<b>17)</b> [ ] [ ] Withdraw money from 401K	or any other retirement plan)? I	fyes, include a copy of Form	<u>1099R</u>										
18) [ ] Pay out of pocket for Health i	ins./Long Term Care/medical/de	ntal expenses? - <i>If yes,</i> <u>list ir</u>	n "Addl Info" section on back										
	eive money for <u>non-personal trai</u> nclude 1099K Form and/or attach												
20) [ ] [ ] Make any Energy-Efficient in	nprovements to your main home attach the provements to your main home attach the provention of the pro	? (Solar / New Furnace /Cen	itral AC/HW Heater –										

	Yes	1	lo	$\rightarrow$	In 202	25 Did	You	and /	or y	our Spou	se if m	<u>arried)?:</u>							
21)	[ ]	[	]	Gif	t anyo	ne mo	ore th	an 19,	.000	in mone	or pro	operty? -	<i>lf yes,</i> <u>explain i</u>	n <i>"Addl Info"</i> sec	tion Be	<u>elow</u>			
22)	[ ]	[	]	Ma	ke an	y <b>Esti</b> r	nated	d Tax p	aym	ents? - <i>l</i> j	<b>yes</b> , <u>a</u>	ttach copie	es of proof of e	stimated paymen	ts mad	e and dat	es paid.		
23)	[ ]	[	]	Red	ceive a	New	York	State	Infla	tion Red	uction	Check?	<b>If yes</b> , <u>enter t</u>	he check amount	<u>here:</u> \$	· · · · · · · · · · · · · · · · · · ·		_	
24)	[ ]	[	]	Red	eive a	any <b>O</b> v	ertin/	ne pay	or <b>T</b>	ips?	If yes,	, include a	copy of your e	nd-of-year paystu	b. (fin	al paystub	)		
25)	[ ]	[	]	Red	eive a	any Pr	opert	y Tax	Reba	te? <i>If ye</i>	s, ente	er amt of "	NY STAR" \$	" NJ Anch	or" \$_		Other \$		
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	С	Childs Name Name of Pro		rovider			Address of Provider		ID number of Provider			Amou Paid							
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		Name of Charity				Item(s) dona			ed	Date Donated		Original cost		Market Value \$ when donated					
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Send this SIGNED form with your Tax Documents