

Tax Questionnaire for Year 2023

This questionnaire should be used as a guide to organizing your materials prior to your tax interview. Rental activity and/or business income and expense should be prepared on separate schedules.

	Taxpayer	Spouse	Dependents		
<u>Name</u>	_____	_____	_____	_____	_____
<u>Date of Birth</u>	_____	_____	_____	_____	_____
<u>Social Security #</u>	_____	_____	_____	_____	_____
<u>Address</u>	_____				
<u>Phone</u>	Home _____	Work (Taxpayer) _____	Work (Spouse) _____		
	Email _____	Cell (Taxpayer) _____	Cell (Spouse) _____		

Wages and Salaries (Attach ALL copies of **W-2 forms**)

Pensions and Annuities (Attach ALL copies of **Form 1099-R**)

Interest Income – Taxable & Nontaxable (Attach ALL copies of **Form 1099-INT**)

<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dividends Received – Taxable & Nontaxable (Attach ALL copies of **Form 1099-DIV**)

<u>Company</u>	<u>Amount</u>	<u>Company</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income from Businesses, Farms & Rental Properties (Attach schedule of income/expense)

Capital Gains & Losses (Attach ALL **1099-B forms** and **1099-S forms**) – Please provide a detailed schedule showing purchase date, sale date, selling price, and cost. Generally, your broker will be able to provide this information for you.

Income from Partnerships, S-Corporations, Trusts & Estates (Attach copy of **K-1 form**)

<u>Amount of:</u>	<u>Taxpayer</u>	<u>Spouse</u>
<u>Unemployment Compensation Received</u> (Attach 1099 forms)	_____	_____
<u>Social Security & Railroad Retirement Received</u> (Attach 1099 forms)	_____	_____
<u>2023 Roth IRA Conversions</u> (Attach 1099R forms)	_____	_____

All Other Income (Fees, Prizes, State Tax Refund, ADC Payments, Gambling Winnings, child support, etc.)

<u>Nature</u>	<u>Amount</u>	<u>Nature</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educator Classroom Supplies Purchased in 2023 _____

Alimony – Amount _____ Name and Social Security Number _____

Child Care Provider Information

Name & Address _____ Social Security Number _____ Amount Paid _____

Medical and Dental (Unreimbursed):

	Amount		Amount
Medicine & Drugs (Enter Total Only)	_____	Medical Travel ___ mi. @ 22¢	_____
Health Insurance Premiums	_____	Doctors	_____
Medicare Premium, if any	_____	Hospitals	_____
Long-Term Care Premiums T-_____ S-_____	_____	Glasses, Hearing Aides, etc.	_____

Taxes:

Real Estate Taxes Paid in 2023 on your home, vacation home, and other non-business property _____
 Other (Sales Tax, License Plate Fees, etc.) _____

Interest Expense:

	Amount		Amount
Home Mortgage Interest - Residence	_____	Investment Interest	_____
Home Mortgage Interest - Second Home	_____	Student Loan Interest	_____
Private Mortgage Insurance	_____		

Contributions:

	Amount		Amount
Charitable Work Travel _____ mi. at 14¢	_____	Automobile, Boat or Airplane (Form 1098-C)	_____
Churches	_____	Non-Cash Items (Attach List)	_____
All Others	_____		

Business Travel & Entertainment – I (We) maintain adequate records for auto, travel and entertainment.
 If yes, please sign here _____

College Tuition, Fees, Books, & Supplies - Attach Form 1098-T, enrollment date, college, amounts and dates paid.

Health Savings Account – 2023 Contributions (Attach **Form 5498SA**) _____
 2023 Distributions (Attach **Form 1099SA**) _____

Forms 1095-A, 1095-B, and 1095-C – Please attach applicable Health Insurance Form(s) to verify coverage

2023 Individual Retirement Account (IRA) Deduction

	Taxpayer	Spouse
Amount	_____	_____
Date Deposited	_____	_____
Are you covered under your employer’s retirement plan?	_____	_____
“Regular” IRA or “Roth” IRA	_____	_____

Estimated Income Tax Data

	Date Due	Federal		Michigan		Michigan Business Tax	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
2022 Overpayments Credited to 2023			\$		\$		\$
1st Installment	4/18/23						
2nd Installment	6/15/23						
3rd Installment	9/15/23						
4th Installment	1/16/24						
Totals			\$		\$		\$

State:

School District Name: _____ Are you a disabled veteran? No Yes % Disability _____
 Taxable Value of Personal Residence _____
 Real Estate Taxes Levied in 2023 on your home _____ Total Heating Costs _____ Type of Fuel _____
 Rent Paid on your home in 2023 _____ Landlord’s Name & Address _____
 Total purchases of mail order items that you have not paid sales tax on _____
 Contributions to MET or MESP Accounts _____