

Tax Questionnaire for Year 2024

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.

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Dependents</u>			
<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**)

Amount of:

Unemployment Compensation Received (Attach **1099 forms**)

Social Security & Railroad Retirement Received (Attach **1099 forms**)

2024 Roth IRA Conversions (Attach **1099R forms**)

<u>Taxpayer</u>	<u>Spouse</u>
_____	_____
_____	_____
_____	_____

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 2024 _____

Alimony – Amount _____ Name and Social Security Number _____

Child Care Provider Information

Name & Address _____ Social Security Number _____ Amount Paid _____

Medical and Dental (Unreimbursed):	<u>Amount</u>		<u>Amount</u>
Medicine & Drugs (Enter Total Only)	<u> </u>	Medical Travel ____ mi.@ 21¢	<u> </u>
Health Insurance Premiums	<u> </u>	Doctors	<u> </u>
Medicare Premium, if any	<u> </u>	Hospitals	<u> </u>
Long-Term Care Premiums T-____ S-____	<u> </u>	Glasses, Hearing Aides, etc.	<u> </u>

Taxes:
 Real Estate Taxes Paid in 2024 on your home, vacation home, and other non-business property _____
 Other (Sales Tax, License Plate Fees, etc.) _____

Interest Expense:	<u>Amount</u>		<u>Amount</u>
Home Mortgage Interest - Residence	<u> </u>	Investment Interest	<u> </u>
Home Mortgage Interest - Second Home	<u> </u>	Student Loan Interest	<u> </u>
Private Mortgage Insurance	<u> </u>		

Contributions:	<u>Amount</u>		<u>Amount</u>
Charitable Work Travel _____mi. at 14¢	<u> </u>	Automobile, Boat or Airplane (Form 1098-C)	<u> </u>
Churches	<u> </u>	Non-Cash Items (Attach List)	<u> </u>
All Others	<u> </u>		

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 – 2024 Contributions (Attach **Form 5498SA**) _____
 2024 Distributions (Attach **Form 1099SA**) _____

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

2024 Individual Retirement Account (IRA) Deduction	<u>Taxpayer</u>	<u>Spouse</u>
Amount	<u> </u>	<u> </u>
Date Deposited	<u> </u>	<u> </u>
Are you covered under your employer’s retirement plan?	<u> </u>	<u> </u>
“Regular” IRA or “Roth” IRA	<u> </u>	<u> </u>

Estimated Income Tax Data							
	Date Due	Federal		Michigan		Michigan Business Tax	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
2023 Overpayments Credited to 2024			\$		\$		\$
1st Installment	4/15/24						
2nd Installment	6/17/24						
3rd Installment	9/16/24						
4th Installment	1/15/25						
<u>Totals</u>			\$		\$		\$

State:
 School District Name: _____ Are you a disabled veteran? __No __ Yes % Disability _____
 Taxable Value of Personal Residence _____
 Real Estate Taxes Levied in 2024 on your home _____ Total Heating Costs _____ Type of Fuel _____
 Rent Paid on your home in 2024 _____ Landlord’s Name & Address _____
 Total purchases of mail order items that you have not paid sales tax on _____
 Contributions to MET or MESP Accounts _____