

Tax Year 2024 Questionnaire

Please check the appropriate box and include all necessary details.
(Do not send us your tax documents via email or text message.)

Name: _____

Current Year Updates:

Yes No

- ☐ ☐ Did your marital status change during the year?
If yes, please explain: _____
- ☐ ☐ Did you move? *If yes*, please provide:
New address: _____
Date of move: _____
- ☐ ☐ Were there any changes in dependents from the prior year?
(For example: new baby or child on their own now)
If yes, provide full name, birthday & Social Security Number or explain other changes below:

- ☐ ☐ Did you change jobs from last year? *If yes*:
Current Employer: _____ Date started: _____
Previous Employer: _____ Date left: _____
- ☐ ☐ Did you open or close any investment accounts in 2024?
If yes, please provide institution name and last four digits of account(s):
Opened: _____
Closed: _____
- ☐ ☐ Did you have any sales or exchanges using **virtual currencies**?
- ☐ ☐ Did you receive a 6-digit Identity Protection Pin (IP PIN) from the IRS?
If yes, please include the IRS letter(s) or go to IRS website to retrieve (irs.gov).
If you had an IP PIN last year, a new PIN is issued by the IRS each calendar year.
- ☐ ☐ Did you or your spouse renew your Driver's License?
If yes, please provide:
Taxpayer: issue date _____ expiration date _____
Spouse: issue date _____ expiration date _____

Tax Year 2024 Questionnaire

Please check the appropriate box and include all necessary details.
(Do not send us your tax documents via email or text message.)

Name: _____

Your Financial Team

We like to keep track of the advisors with whom we share client relationships. Please provide the names of your professionals:

Attorney: _____ Firm: _____

Financial Advisor: _____ Firm: _____

Estimated Tax Payments

Yes No

- ☐ ☐ Did you pay any Federal, State, School District, or City quarterly estimated taxes?
If yes, please provide dates and amounts of each estimated tax payment:

	Date Paid	Federal	State	School District	City
1st Quarter		\$	\$	\$	\$
2nd Quarter		\$	\$	\$	\$
3rd Quarter		\$	\$	\$	\$
4th Quarter		\$	\$	\$	\$

Please include any **additional taxing districts** below and indicate which authority, date and amount paid for each quarter:

	Date Paid	Taxing District	Taxing District	Taxing District	Taxing District
	mm/dd/yyyy	Name: _____	Name: _____	Name: _____	Name: _____
1st Quarter		\$	\$	\$	\$
2nd Quarter		\$	\$	\$	\$
3rd Quarter		\$	\$	\$	\$
4th Quarter		\$	\$	\$	\$

****Please provide us with totals and keep all receipts at home for your records.****

Tax Year 2024 Questionnaire

Please check the appropriate box and include all necessary details.
(Do not send us your tax documents via email or text message.)

Name: _____

Children & Education

Yes No

- ☐ ☐ Did your dependent file a 2024 tax return?
If yes, please provide a copy of their tax return.
- ☐ ☐ Do you have any children under age 18, or under age 24 and a full-time student, with investment income in excess of \$2,500?
If yes, please provide all children's Forms 1099-B.
- ☐ ☐ Did you pay for childcare expenses?
If yes, please include each Provider's name, EIN/SSN and amount paid per child:

PROVIDER'S NAME	EIN/SSN	AMOUNT PAID	CHILD NAME

Children & Education continued

Yes No

- ☐ ☐ Did you make any Section 529 Tuition Plan Contributions?
If yes, please provide amount per child: _____
- ☐ ☐ Did you or your dependent(s) attend college.
If yes, please provide Form 1098-T. (Login to school account to obtain this form).
*If you or your dependent(s) received scholarships, please provide details
(ex: tuition and fees statement) with your documents.

Retirement

Yes No

- ☐ ☐ Did you receive a distribution/rollover from a retirement plan (401(k), IRA, etc.)?
If yes, please include all **Forms 1099-R**.
- ☐ ☐ Did you make a Qualified Charitable Distribution (QCD) from your IRA?
If yes, please include documentation, and enter amount distributed to charity:
\$ _____
- ☐ ☐ Did you convert IRA dollars to ROTH? *If yes*, include **Form 1099-R**, and **conversion amount**: \$ _____ Estimated date of conversion: _____
- ☐ ☐ Did you make any contributions to your IRA or Roth retirement account?
If yes, please indicate how much and which accounts for each of you:
Taxpayer _____ ☐ Roth ☐ IRA
Spouse _____ ☐ Roth ☐ IRA

Please provide us with totals and keep all receipts at home for your records.

Tax Year 2024 Questionnaire

Please check the appropriate box and include all necessary details.
(Do not send us your tax documents via email or text message.)

Name: _____

Medical & Health Care Information

Yes No

- ☐ ☐ Did you purchase insurance through Healthcare.gov?
*If yes, please indicate who is covered and include **all** Forms 1095-A.*
- ☐ ☐ Is your health insurance through your public pension?
If yes, include your benefit payment statement for the healthcare deduction.
- ☐ ☐ Did you have a Health Savings Account (HSA)?
*If yes, please enclose **Form 1099-SA for distributions and/or 5498-SA for contributions (optional)**. If you do not receive the relevant forms in the mail, they can be found on your HSA provider's website.*

Purchases, Sales & Debt Information

Yes No

- ☐ ☐ Did you take a home equity loan or refinance any real estate?
- ☐ ☐ Did you sell an existing business, rental, or other property this year?
*If yes, please include an **ALTA or HUD statement**.*

Purchases, Sales & Debt Information continued

Yes No

- ☐ ☐ Did you have any debt cancelled or forgiven this year?
*If yes, please include **all** Forms 1099-C.*
- ☐ ☐ Did you purchase an electric vehicle in 2024? *Hybrid vehicles can be disregarded*
*If yes, please be sure to include your **Seller's Report**.
(Applies if income < \$150,000 Single or \$300,000 Married)*

Deductions

Yes No

- ☐ ☐ Did you make any Noncash Charitable Donations?
*If yes, please provide **total** value of amount donated: \$ _____
(If donation amount exceeds \$500, please include a list of each charitable organization along the value of the donation.)*
- ☐ ☐ Did you make any Cash Donations?
If yes, please provide total amount donated: \$ _____
- ☐ ☐ Did you make a donation to a state credit eligible scholarship-granting organization (SGO)? *If yes, you must provide a copy of the **SGO letter**.*

****Please provide us with totals and keep all receipts at home for your records.****

Tax Year 2024 Questionnaire

Please check the appropriate box and include all necessary details.
(Do not send us your tax documents via email or text message.)

Name: _____

Deductions (*continued*)

- ☐ ☐ Do you have any out-of-pocket medical expenses?
Prescriptions: \$ _____
Medical Expenses: \$ _____
Mileage: _____
Long Term Care: \$ _____
- ☐ ☐ Do you have any gambling winnings to report?
If yes, please provide any losses from gambling in 2024: \$ _____

Miscellaneous Information

Yes No

- ☐ ☐ Did you make gifts of more than \$18,000 in cash or property to any individual?
If yes, please describe the gift(s), amount, Social Security Number & address for each recipient.
- ☐ ☐ K-12 Teachers, please provide total you spent on school supplies
(Please keep receipts at home). \$ _____
- ☐ ☐ Do you have ownership of any financial accounts based in a foreign country with a balance of \$10K or more at any point during the year? (bank accts, retirement, etc)
(Do not include investments in your brokerage account)
- ☐ ☐ Did you collect unemployment in 2024?
If yes, please include **Form 1099-G**.
- ☐ ☐ Did you receive any correspondence from any taxing agency?
If yes, **ONLY** provide if you have **NOT** already given it to us.
- ☐ ☐ Do you expect any significant changes in income and/or deductions next year?
If yes, please elaborate:
-

Direct Deposit Information – Please verify/update your bank information on the “Direct Deposit” page in the organizer to receive refunds via direct deposit. If you are adding or changing an account, please provide a copy of a voided check or a printout of the bank routing & account number.

****Please provide us with totals and keep all receipts at home for your records.****

Tax Year 2024 Questionnaire

Please check the appropriate box and include all necessary details.
(Do not send us your tax documents via email or text message.)

Name: _____

How would you like your tax return copy for your records?

Choose one option below:

☐ Paper process, where I receive a folder with a paper copy of my returns and I sign my authorization forms manually. Please indicate your preferred method of contact for when your return is complete and ready for pick up:

- ☐ text
- ☐ call
- ☐ mail (with a confirmation call first)

Additional postage fee added.

☐ Digital process, via Safesend, where I receive an e-mail link with a digital copy of my return and I sign my authorization forms digitally. I will NOT receive a paper tax return copy or any other paper documents. Everything will be provided within SafeSend & remain accessible digitally for up to 7 years.

If you would like to learn more, please visit our website: <https://nichols-cpas.com/features/safesend-returns-resource-center/>

*Note that your returns will be e-filed upon receipt of payment for services
and all signed documents, regardless of delivery method chosen.*

****Please provide us with totals and keep all receipts at home for your records.****