

2024 Tax Questionnaire**Personal Information****Yes No Provide proof of identity to be eligible to e-file your tax return (driver license or state-issued photo ID)**

- Did your address, name, or marital status change during the year? *If yes, explain:* _____
- If your filing status is married filing separate, did you and your spouse live apart for the last six months of 2024?
- Can you or your spouse be claimed as a dependent by someone else?
- Were you, your spouse, or any dependents a victim of identity theft? *If yes, explain* _____
- Were you, your spouse, or any dependents issued an Identity Protection PIN? *If yes, provide Notice CP01A from the IRS.*

Dependent Information*(also complete Additional Dependent Information on pg 4 for any dependents)*

- Did you have any changes in dependents during the year? *If yes, explain:* _____
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2500 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)**Income, Purchases, Sales, and Debt Information**

- Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
- Did you receive any disability income during the year? *If yes, how much \$* _____ *. Attach Form 1099-R.*
- Did you receive any of the following: Unemployment, Combat Pay, Jury Duty, Alimony, or Maintenance payments? *If so, \$* _____
- Did you earn income from a state other than the state in which you live? *If yes, which state?* _____ *Income \$* _____
- Did you cash in any U.S. Savings Bonds during the year?
- Did you receive any type of prize, award, or gambling winnings during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets (furniture, equipment, etc.), or convert any assets to business use?
If yes, please list on an attached sheet the date placed in service, cost of asset, and business use percentage.
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you purchase, sell, or refinance a principal or second home or take a home equity loan during the year?
If yes, please provide your final (not estimated) closing documentation (HUD-1, closing disclosure, etc.)
- Did you abandon or have any real property foreclosed on during the year?
- Did you receive any principal or interest, during this year, from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts cancelled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If yes, provide the report the dealer or seller is required to provide to you.
- Did you receive income or incur expenses associated with any of the following activities? *If yes, provide documentation.*
- a fantasy sports league? *If yes, provide documentation.*
- car sharing (i.e. Lyft or Uber)? *If yes, attach 1099-MISC and 1099-K.*
- free lancing (i.e. Upwork or TaskRabbit)? *If yes, attach 1099-MISC and 1099-K.*
- fashion sharing (i.e. Poshmark or thredUP)? *If yes, provide documentation.*
- crowdfunding (i.e. Kickstarter or Indiegogo)? *If yes, attach 1099-K.*
- a short-term rental (i.e. Airbnb, VRBO, HomeAway)? *If yes, attach any 1099s and any other documentation.*
- as an independent contractor (i.e. Shipt, Instacart, DoorDash)? *If yes, provide documentation.*
- Did you receive any other income you have not provided information for with this organizer? *If so, please list:* _____

Foreign Tax Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to a foreign country?
- Did you receive a Schedule K-3 from a partnership or S corporation?
- Did you have ownership in a foreign corporation at any time during the year?
- Did you own property in a foreign country?

Name: _____

Last 4 of SSN: _____

Health Care Information

- Did any member of your household have healthcare coverage through the Marketplace? If yes, provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?

Health Care Coverage

Name List each family member on this return	Had health care coverage:			If you didn't have coverage part or all of the year: Answer YES if it applies to any member of the household. Yes No
	For the entire year	For part of the year (less than 12 months)	No health care coverage at all	
				<input type="checkbox"/> <input type="checkbox"/> Was your previous insurance policy cancelled in 2024? <input type="checkbox"/> <input type="checkbox"/> Was coverage offered by your employer or your spouse's employer? <input type="checkbox"/> <input type="checkbox"/> Are you a member of a federally-recognized Indian tribe? <input type="checkbox"/> <input type="checkbox"/> Are you eligible for services through an Indian health care provider? <input type="checkbox"/> <input type="checkbox"/> Are you a member of a health care sharing ministry? <input type="checkbox"/> <input type="checkbox"/> Did you live in the United States for the entire year? <input type="checkbox"/> <input type="checkbox"/> Are you enrolled in TRICARE? <input type="checkbox"/> <input type="checkbox"/> Did you apply for CHIP coverage? <input type="checkbox"/> <input type="checkbox"/> Do any of the following apply to you? Do NOT indicate which one. <ul style="list-style-type: none"> • Became homeless • Evicted in the past six months, or facing eviction or foreclosure • Received a shut-off notice from a utility company • Recently experienced domestic violence • Recently experienced the death of a close family member • Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property • Filed for bankruptcy in the last six months • Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt • Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Yes No

Did anyone other than you or your spouse pay for health care coverage for anyone listed above?

Did you pay for health care coverage for anyone not listed above?

If you **had coverage** for any part of the year, where was the policy obtained?

Employer Medicaid Medicare

Marketplace (Exchange) Other: _____

Retirement Information

- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, or 401(k), or other retirement plan during the year?
- Did you make any withdrawals or receive distributions from a pension or profit sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?
If yes, provide the amount of interest that was refunded: _____
- Did you receive forgiveness on a qualifying student loan?

Itemized Deduction Information

- Yes No**
- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
 - Did you pay any long-term healthcare premiums for you, your spouse, or a dependent during the year?
 - Did you receive any state or local income tax refunds from **prior** years (not including last tax year)?
 - Did you make any major purchases (vehicle, boat, etc.) during the year?
 - Did you pay any real estate property taxes or personal property taxes during the year?
 - Did you pay mortgage interest during the year?
 - Did you make cash donations to charity during the year? *If yes, provide receipts.*
 - Did you make noncash donations to charity (clothes, furniture, etc.) during the year? *If yes, provide receipts.*
 - Did you donate a boat or vehicle during the year? *If yes, attach Form 1098-C.*
 - Did you have gambling winnings or losses during the year?
 - Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
 - Did you use your vehicle on the job other than for commuting to work? **Year-end odometer:** _____
 - Did you work out of town at any time during the year?

Name: _____

Last 4 of SSN: _____

Refund, Withholding, and Estimated Tax Information

- If you have an overpayment of 2024 taxes, do you want the refund applied to your 2024 estimated taxes?
- Did you make any estimated payments toward your 2024 taxes? *If yes, provide dates and amounts paid.*
- Did you apply an overpayment of your 2023 taxes to your 2024 estimated taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn? *If yes, provide a voided check.*
- Did your bank account information change since you filed your last tax return with our office? *If yes, provide a voided check.*
- Do you anticipate your income or withholdings to be different for 2025?

Miscellaneous Information

- Do you have any use tax liability to report to California or any other state?
- Did you receive, sell, send, exchange, or otherwise dispose of any digital asset or financial interest in any digital asset?
- Did you incur a gain or loss due to damaged or stolen property while living in a federally declared disaster area?
If yes, provide documentation including any insurance reimbursements, and the declaration number assigned by FEMA.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$18,000? If yes, are you splitting this gift with your spouse? _____
- Did you incur moving expenses with the military during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Did you receive a cash payment or digital asset of more than \$10,000 in one transaction, or two or more related transactions during the year?
 If yes, was Form 8300 – Report of Cash Payment over \$10,000 Received in Trade or Business filed?
- Do you own interest or shares in, or did you dispose of, a Qualified Opportunity Fund during the year?
- Did you receive any notices from the IRS or state taxing agency (CA Franchise Tax Board)? If yes, please attach.
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Information to submit with your tax documents:

- Copy of driver’s license and social security card (for identity verification) *if not already on file with our office*
Taxpayer ID/DL issue date: ____/____/____ exp. date: ____ Spouse ID/DL issue date: ____/____/____
- Copy of your 2023 income tax return *if not prepared by Wilborn’s Professional Tax Service*
- Original W-2s and other statements of income from employers
- Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C) and any exemption certificates received from HHS giving you an exemption from having health insurance
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements, etc.)
- Records of itemized deductions if you are itemizing
- voided check (for direct deposit/direct debit information)

Concerns to discuss with preparer:

Name: _____

Last 4 of SSN: _____

Only complete this page if you are filing as Head of Household, claiming dependents, or any of these credits: EIC, CTC, ODC, AOTC.

Head of Household (HOH) and Credits

Earned Income Credit (EIC), Additional/Child Tax Credit (A/CTC), Other Dependent Credit (ODC), American Opportunity Tax Credit (AOTC)

Yes No

- Can you provide documentation to substantiate eligibility for the filing status and/or amount of credits claimed on this return?
- Were any of these credits disallowed or reduced in a previous year?
 - If yes, did you complete the required recertification forms?*
- Were you, or your spouse if filing jointly, a nonresident alien for any part of the year?
- Could you, or your spouse if filing jointly, be a qualifying child of another person for the year?
- Was the taxpayer's main home in the U.S. for more than half the year?
- If filing jointly was the main home of the spouse in the U.S. for more than half the year?
- Are you, or your spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year?

Additional Dependent Information (for all returns with dependents)

<i>Dependent Name(s):</i>	Dependent 1	Dependent 2	Dependent 3			
What is the dependent's relationship to you?						
How many months did the dependent live with you?						
What amount, if any, did you pay in childcare expense for this dependent?						
Is either of the following true? <ul style="list-style-type: none"> • The dependent is unmarried, OR • the dependent is married, but can be claimed as the taxpayer's dependent 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Could another person qualify to claim this dependent? a. If YES, what is dependent's relationship to the other person? b. If the tiebreaker rules apply, would the dependent be treated as your qualifying child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If dependent is not the taxpayer's son or daughter, why is the parent not claiming the child? _____						
Have you released the claim of the dependent to another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the dependent live with you in the U.S. for more than half of the year? (If yes, skip a. and provide proof of residency documentation . If no, answer a.) a. Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or similar statement, in place? (If yes, provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proof of residency of dependent(s):

To substantiate eligibility for dependents claimed on this return, documentation for the dependent's residency at the main home of the taxpayer shall include:

- name of dependent being claimed,
- a date within the tax year (2024),
- address the same as taxpayer's main home

and be from one of the following sources:

- school records or statement
- landlord or property management statement
- healthcare provider statement
- medical records
- childcare provider records
- placement agency
- social services records or statement
- place of worship statement
- Indian tribal official statement
- Employer statement

Preparer Notes:
