Date of Completion:____________________

Client Brief Questionnaire

Please complete this Questionnaire when you drop off your documents ☐ Returning Client ☐ Contact info same as last year ☐ New Client (prior year return required)

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	**Occupation**	Your Phone
Taxpayer					
Spouse					

Street Address	City	State	ZIP	Spouse Phone

Email Address
Spouse Email

Did you move since last tax return was filed? ☐ Yes ☐ No **If yes**, please complete Move Worksheet.

	Taxpayer		Spouse	
Blind	☐ Yes	☐ No	☐ Yes	☐ No
Disabled	☐ Yes	☐ No	☐ Yes	☐ No

Marital Status
- ☐ Married
- ☐ Single
- ☐ Head of Household
- ☐ Widow(er), Date of Spouse's Death ____________

Will file jointly ☐ Yes ☐ No
What ever works best ☐

2. Dependents (Children & Others you want to claim)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You in 2025	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

If not 12 months - explain on back (college counts as home)

1. Are dependents US **residents or citizens**? ☐ Yes ☐ No

If dependent **does not** live with you >1/2 the year, we must have a signed form 8332

If you have dependents, we need copies of SS cards

*****If you have dependents, we need something with dependents name and address*****

1a. If the child was born in 2025, do they want to register for a Trump account? ☐ Yes ☐ No

1b. If the child was born after 2014, do they want to register for a Trump account? ☐ Yes ☐ No (may qualify for $250 Dell deposit)

2. If single, did you provide a home for or help support anyone not listed in section 2 above? (looking for HOH) ☐ Yes ☐ No

3. Did you have any children under the age of 19 or 19 to 23 year old students with **unearned** income of more than $1,350? (Investments etc.) ☐ Yes ☐ No
($1,350 requires tax return, $2,700 triggers kiddie tax)

3. Child Care Expenses

Amount paid $____________
Paid to whom ____________
Address ____________
EIN/SS# ____________
Dependent ____________
Amount $____________
Dependent ____________
Amount $____________

(Need **End of Year** form from day care provider)

4. Higher Education

Did you pay expenses for **yourself**, your **spouse**, or your **dependent** to attend classes beyond high school? If **yes**, need form 1098T ☐ Yes ☐ No

Student ____________
- Program leads to a degree? ☐ Yes ☐ No
- At least 1/2 time student? ☐ Yes ☐ No
- Any conviction of possessing or distributing a controlled substance? ☐ Yes ☐ No
- Other required fees, not room & brd $________
- Scholarship/grant amount $________
- 529 Plan distribution amount $________
- Number of years previously taken AOC ________

Student ____________
- Program leads to a degree? ☐ Yes ☐ No
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- Number of years previously taken AOC ________

5. Income Sources

4. **W2** Income? ☐Yes ☐No

5. **Interest or dividends** income? ☐Yes ☐No

6. Did you have a **brokerage account**? If yes, we need all pages of the consolidated 1099. ☐Yes ☐No

7. Have you bought or sold any **virtual currency**? ☐Yes ☐No
(i.e. Bitcoin, Ether, Roblix, etc)
If yes, we need 8949 or CSV from account.

8. Have you received any income tied to digital assets? ☐Yes ☐No
(i.e. staking, forking, datamining etc.)

9. Are you **self-employed** or do you receive hobby income? *ask for self employed wksht* ☐Yes ☐No

10. Did you receive any **Farm** income? *ask for Farm wksht* ☐Yes ☐No

11. Did you receive **rent from real estate** or other property? *ask for rental wksht* ☐Yes ☐No

12. Did you receive **royalty** income from **oil, gas, gravel, timber, music, YouTube, copyrights or patents**? ☐Yes ☐No

13. **Alimony** received ☐Yes ☐No
Date of divorce ____________
From whom? ____________
SS# ____________
Amount received $____________

14. Did you pay any Alimony? ☐Yes ☐No
Amount paid $____________
Recipients name ____________
Recipients SS# ____________
Date of divorce ____________

15. Did you have any **debts cancelled** or forgiven? ☐Yes ☐No

16. **Gambling** winnings $____________
*Do not account for losses when determining this number

17. **Gambling** losses $____________

18. Any **K-1's** (**S Corp, partnsp, estate or trust**?) ☐Yes ☐No

19. **Unemployment**? (If yes - need 1099-G) ☐Yes ☐No

20. Outside of family, any **bartering** or **trading**? ☐Yes ☐No

21. **Social Security** Income? ☐Yes ☐No

22. **Retirement** income? ☐Yes ☐No
If yes...
a. Retirement income tied to **uniformed millitary service**? ☐Yes ☐No
b. Is retired personnel pay tied to a plan i.e. the **federal civil service, federal employees** retirement system, **OPERS or OH Police** & **Fire** retirement system. ☐Yes ☐No
Years served in military ____________
Years served as civil servant ____________

23. ANY OTHER INCOME I MAY HAVE MISSED? ____________

24. Did you have a **foreign bank account, trust, or business**? ☐Yes ☐No

25. Did you own $50,000 or more in **financial assets outside the US**? ☐Yes ☐No

26. Did you have any **foreign income**? ☐Yes ☐No

27. Did you give a **gift** of more than **$19,000** to one or more people? ☐Yes ☐No

6. Adjustments to Income & ACA Health Insurance

28. Did you purchase **health insurance** outside of your place of employment? ☐Yes ☐No
a. If yes, monthly premiums $____________
b. How paid? ____________

29 Do you get a stipend from your retirement plan? ☐Yes ☐No
list premiums with medical in itemized deductions section
(Does not include Medicare/Medicare Advantage premiums taken out of social security checks)

30. Did you purchase health insurance through a public exchange (**market place/Obama Care)**? ☐Yes ☐No
If yes, we **must have** form **1095 A**

31. Did you have an **HSA**? (Not FSA) ☐Yes ☐No
We need forms **1099 SA** & **5498**
Did you make any **contributions NOT through payroll?** ☐Yes ☐No
Amount **not out of payroll** $____________
*If you used HSA - **1099 SA** is **Required***
Were all distributions **qualified medical exp?** ☐Yes ☐No

32. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ☐Yes ☐No
If yes - need interest amount and/or 1098-E

33. Did you have any **Educator expenses**? ☐Yes ☐No
Taxpayer $____________
Spouse $____________
(Fed limit is $300, OH is more.)

34. Did you receive tip income? ☐Yes ☐No
a. Properly reported on W-2 (Box 7) ☐Yes ☐No
b. Amount **not** reported on W-2:
Taxpayer $____________
Spouse $____________
c. Amount of **non qualifying** tips: (mandatory "service charges" are not considered qualified tips, i.e. large group required tips).
Taxpayer $____________
Spouse $____________

35. Did you receive overtime pay as defined by Fair Labor Standards Act?
(Over 40 hours in a week) ☐Yes ☐No
Total amount of OT $ received:
Taxpayer $____________
Spouse $____________

38. Did you pay interest on a new 2025 car purchased in 2025 and US assembled? ☐Yes ☐No
VIN ____________
*Please attach statement showing interest and VIN (i.e. title or reg.)

34. Did you receive **any** correspondence from IRS or State Dept of Tax? ☐Yes ☐No

7. Property Sold

Property	Date Acquired	Cost & Imp.	Date Sold	Sales Price
Personal Residence*				
Vacation Home*				
Land*				
Other				

*Ask for HUD docs for RE purchase and sales

8. IRA Contributions*

	Traditional	Roth
Taxpayer		
Spouse		

* We would like to have form 5498 to confirm if available.

Itemized Deductions

9. Medical/Dental Expenses

Significant Out of Pocket (Skip below if no) ☐ Yes ☐ No

Out of pocket medical premiums-Suplemntl $
Prescription drugs $
Insulin $
Glasses, contacts $
Hearing aids, batteries $
Braces $
Medical equipment, supplies $
Nursing care $
Medical therapy $
Hospital $
Doctor/Dental/Orthodontist $
Mileage

10. Charitable Contributions

Cash

Church $
United Way $
Scouts $
Telethons $
University, Public TV/Radio $
Heart, Lung, Cancer, etc. $
Wildlife Fund $
Salvation Army, Goodwill $
Other
$

Non-Cash
$

11. Taxes Paid

Real **Property Tax** $
Personal property tax (**not in Ohio**) $
Local taxes paid to city with last
years tax return $
Sales tax paid on large purchases
(like a car) $

12. Mortgage Interest Expense

Acquisition mortgage interest paid $
Refinanced mortgage interest paid $
Amount of interest **not** used for acquisition
or home improvements. ($)
Home Equity interest paid $
Amount of interest **not** used for home
improvements. ($)
Is combined mortgage debt greater than
$750,000 (MFJ or single) ☐ Yes ☐ No
Interest paid to individual for your home $
Paid to:
Name
Address
Social Security No.

Tax Credits/Adjustments

13. Energy Efficiency Upgrades

Residential **energy efficiency upgrades**? ☐ Yes ☐ No
If yes, please request "Home Energy Credit Questionnaire"

Purchase a **Plug-In Hybrid or Electric Vehicle in 2025?** ☐ Yes ☐ No
If yes, please request "Vehicle Energy Credit Questionnaire"
You must also have form 15400 from dealership

14. Adoption Credit

Did you incur any expenses related to adopting
an eligible child? ☐ Yes ☐ No

*follow up will be required by HTS is qualifying for this credit.

14. Estimated Tax Payments (not withholding)

Federal

Date Paid	Amount Paid
	$
	$
	$
	$
	$

State

Date Paid	Amount Paid
	$
	$
	$
	$
	$

City

Date Paid	Amount Paid
	$
	$
	$
	$
	$

FORM CONTINUES ON BACK

15. Misc

Driver's License (Info Required)

	Taxpayer	**Spouse**
State		
License #		
Issue Date		
Expiration Date		

Audit Protection Plan

Do you want to **opt-in** to our Notice Response/Audit Protection Plan?
(If unsure, please leave blank.) ☐ Yes ☐ No

***If you do not want the protection, please understand that we will be charging for every interaction on your behalf with any taxing agency.**

Notes

Bank Info

Direct Deposit ☐ Yes ☐ No
Debit Account? ☐ Yes ☐ No
Bank ____________
Routing # ____________
Account # ____________
Checking ☐ Savings ☐
Apply to next years tax return? ☐ Yes ☐ No
Paper check? ☐ Yes ☐ No
IRS is significantly increasing the time they take to mail a paper check.

Ohio

Did you **contribute to a 529 Plan**? ☐ Yes ☐ No
If yes, we need the **end of year account statement**.

Did you contribute to a **special scholarship fund** that qualifies for an Ohio Tax Credit? ☐ Yes ☐ No

If yes - we need the letter from the charity with the amount contributed

Did you have any **homeschooling expenses** for 2025? ☐ Yes ☐ No

If yes = how much spent & for what (curriculum/paper/computers):