

Client Name _____

Please complete this questionnaire and return with your **2025** tax documents. Check the appropriate box for each question. If you are unsure how to respond to a question, circle / highlight the question and will address during the preparation of your returns. Include all necessary details and supporting documents needed for proper reporting.

In this Questionnaire, the word "you(r)" pertains to either you or your spouse.

Personal Information / Filing Status

	YES	NO
1. Did any births____, adoptions____, marriages____, divorces____, separations____, deaths____, or changes in household members____ occur in your family during the year? If yes, explain: a. If you have a dependent you did not claim on your prior year US tax return, please provide their name, date of birth, social security number & relationship: _____ _____ b. If you are no longer claiming a dependent this year, please provide their name(s) and explain: _____ c. If divorce or separation occurred, provide a copy of the divorce decree or separation agreement and property settlement. d. If death of a taxpayer or spouse occurred during 2025 or 2026, please provide date of death: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you incur any expenses associated with the adoption of a child? If yes, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Did your address, phone, or email information change from last year? If yes, please complete the Client Information Form.	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you retire or change jobs during 2025?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you plan to retire in 2026?	<input type="checkbox"/>	<input type="checkbox"/>
6. Were you permanently and totally disabled in 2025?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were you a member of the U.S. Armed Forces during 2025?	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information

	YES	NO
8. Did you provide, not previously discussed , a home for someone NOT claimed as a dependent? If yes, please provide their name, date of birth, social security number, & relationship: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any children under age 19 or a full-time student under age 24 who has UNEARNED INCOME (interest, dividends, capital gains, IRA RMD, Social Security Benefits, or unemployment) totaling more than \$1,350?	<input type="checkbox"/>	<input type="checkbox"/>
10. While working or looking for work, did you have day care expenses for a dependent who is under age 13 years old or disabled? If yes, provide supporting documentation to include provider's name, address, social security number or employer identification number, and amount paid to each provider, per dependent. Attached: Summarize Day Care Expenses	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales & Debt Information

	YES	NO
11. Did you start a new business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you acquire a new or additional interest in an LLC____, partnership____, or S corporation____?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you sell an existing business this year?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you exchange____, sell____ or purchase____ any real estate, including rental property during the year? (Provide Closing Statement document.) a. If yes, was it your principal residence? b. If sold, did you own and use it as a principal residence at least 2 years out of the last 5 years from date sold? c. Did you sell a previous residence within the past two years and claim a residence gain exclusion?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. Did you refinance a principal residence or second home this year? (Provide Closing Statement document.) If yes and you received a distribution (took cash out), please explain what the funds were used for. _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have a home equity loan? (Provide Closing Statement if acquired during 2025.) If yes, explain what the funds were used for: _____	<input type="checkbox"/>	<input type="checkbox"/>
17. Was any debt on your principal residence forgiven during 2025? If yes, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Did you have credit card____ or student loan debt canceled____, a home loan modification____ or mortgage forbearance____, property repossessed____, foreclosed____, or filed for bankruptcy____ this year? If yes, check those that apply.	<input type="checkbox"/>	<input type="checkbox"/>
19. Did you sell any investments during the year? If yes, provide Form 1099-B.	<input type="checkbox"/>	<input type="checkbox"/>
20. During the tax year, did you: (a) receive a digital (crypto) asset as payment, reward, or award? If yes, provide a summary. (b) sell, exchange, gift, or otherwise dispose of a digital asset? If yes, provide Form 1099-DA.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
21. Did you own any securities or hold any debts that became worthless during the year? If yes, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
22. Did you purchase an Electric Vehicle on or before September 30, 2025? If yes, provide the Purchase Order.	<input type="checkbox"/>	<input type="checkbox"/>
23. Did you make solar or energy improvements to your principal residence during 2025? NOT ALL ENERGY IMPROVEMENTS QUALIFY! See 2025 Tax Update for items that may qualify for credits. If yes, you <i>must</i> attach the supporting certification certificate provided by the installer.	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

	YES	NO
24. Did you have any foreign income or pay any foreign taxes during the year? If yes, provide supporting documentation.	<input type="checkbox"/>	<input type="checkbox"/>
25. Did you receive any income from property sold prior to this year (installment sale)? If yes, Gross amount received \$_____ Principal received \$_____ Interest received \$_____	<input type="checkbox"/>	<input type="checkbox"/>
26. Did you receive any lump-sum payments from a pension, profit sharing or 401(k) Plan? If yes, was the withdrawal a rollover to another qualified retirement plan (account) within 60 days of distribution?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
27. Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account? If yes, was the withdrawal a rollover to another qualified retirement plan (account) within 60 days of distribution?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	YES	NO
28. Did you convert a Traditional IRA to a Roth IRA in 2025? <i>If yes, amount for Taxpayer \$ _____ Spouse \$ _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Did you receive any disability or non-taxable military income (housing allowance/BAH) during the year? <i>If yes, provide details and amounts: _____.</i>	<input type="checkbox"/>	<input type="checkbox"/>
30. Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
31. Did you receive income from any legal proceedings during the year? <i>If yes, provide legal documents.</i>	<input type="checkbox"/>	<input type="checkbox"/>
32. Did you receive executor fees or jury duty fees? <i>If yes, amount for Taxpayer \$ _____ Spouse \$ _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
33. Did you receive _____ or pay alimony _____ (not child support), for a divorce or separation agreement in place before January 1, 2019? <i>If yes, amount received \$ _____ OR amount paid \$ _____</i> <i>Ex-Spouse Name _____ Soc Sec Number _____</i>	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction and Other Deduction Information

	YES	NO
34. Did you pay real estate tax on your home, second home or land (non-rental property)? <i>If yes, provide supporting documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
35. Did you incur a casualty loss during the year attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you have written receipts from charitable organizations to substantiate ALL CASH contributions, each contribution of \$250 or more, AND proof (canceled checks / credit card receipts) of ALL charitable contributions of lesser amounts? Attached: Summarize Cash Donations	<input type="checkbox"/>	<input type="checkbox"/>
37. Did you make any non-cash charitable contributions (clothes, furniture, vehicles, etc.)? <i>If yes, were the items in good used condition? Attached: Summarize NON-Cash Donations</i> (Note: May need to provide original cost basis if ALL non-cash contributions total over \$500.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
38. Did you have any college educational expenses for you or your dependent(s)? <i>If yes, who were the expenses for? _____</i> (Provide Form 1098-T and Bursar report.)	<input type="checkbox"/>	<input type="checkbox"/>
39. Did you or your dependent receive educational benefits or employer provided educational assistance? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. Did you make any withdrawals from an education savings IRA or 529 Plan account? <i>If yes, provide Form 1099-Q.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Did you make any contributions to an education savings or 529 Plan account? <i>If yes, provide supporting documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
42. Did you cash any Series EE, or I U.S. Savings bonds issued after 1989? <i>If yes, were the proceeds used for higher education expenses?</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
43. Did you pay any student loan interest this year? <i>If yes, please provide form 1098-E.</i>	<input type="checkbox"/>	<input type="checkbox"/>
44. Did you take out a vehicle loan on or after January 1, 2025, for a new car, minivan, SUV, pickup truck, or motorcycle assembled in the United States? <i>If yes, provide the VIN and total interest paid during 2025.</i>	<input type="checkbox"/>	<input type="checkbox"/>
45. Military Only: Did you have any related moving expenses during the year? <i>If yes, provide details and amounts.</i>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are you a teacher (kindergarten through 12th grade)? <i>If yes, how much were your unreimbursed classroom expenses? \$ _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
47. Does your occupation require you to pay union dues? <i>If yes, provide support for the total amount paid during the tax year. \$ _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
48. Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle, or plane purchased for personal use? <i>If yes, provide a copy of your sales invoice.</i>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
49. Did you have OR were you eligible to have a Flex Spending Account (FSA) through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
50. Did you have a Health Savings Account (HSA) through your employer OR eligible to have an HSA? <i>If yes, did you contribute or plan to contribute (by 4/15/2026) to your HSA for 2025?</i> <i>If yes, provide details of all contributions: amounts you contributed directly, contributions made through payroll, contributions made by your employer and any contributions to be made by 04/15/2026 by you for tax year 2025.</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
51. Did you receive any tip income during the year? <i>If yes, what is your occupation? _____</i> <i>What tip income, if any, was NOT reported to you on your W2? \$ _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
52. Did you receive any overtime pay in 2025? <i>If yes, please refer to the 2025 Tax Update, which allows certain types of overtime pay to be excluded. Note: Not all overtime pay qualifies for exclusion.</i>	<input type="checkbox"/>	<input type="checkbox"/>
53. If you work for yourself (sole proprietor), did you pay for health insurance premiums (including Medicare, Dental and Vision) for yourself and your family? <i>If yes, amount \$ _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
54. Did you pay long-term care premiums for yourself or spouse? <i>If yes, please provide amount: (taxpayer) \$ _____ (spouse) \$ _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
55. If currently employed, are you covered by a pension or retirement plan through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
56. Did you contribute or plan to contribute (by 4/15/2026) to a Roth or Traditional IRA for 2025? (NOT an employer sponsored 401k/ROTH 401k, 403b or TSP equivalents) <i>If yes, please provide contributions made or to be made by 4/15/2026:</i> (T) Traditional IRA \$ _____ ROTH IRA \$ _____ Date Contributed _____ (S) Traditional IRA \$ _____ ROTH IRA \$ _____ Date Contributed _____	<input type="checkbox"/>	<input type="checkbox"/>
57. Did you ever make a non-deductible Traditional IRA (NOT ROTH IRA) contribution?	<input type="checkbox"/>	<input type="checkbox"/>
58. Should you qualify to contribute additional cash to an IRA, would you want to?	<input type="checkbox"/>	<input type="checkbox"/>

Sole Proprietor Income/Deduction Information (Answer if you are Self Employed, otherwise proceed to question 64)	YES	NO
59. What is your self-employment business profession or activity? _____		
60. Did your business make any payments in 2025 that would require you to file Form(s) 1099-NEC? <i>If yes, did you file all required Form(s) 1099-NEC?</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
61. Did you have expenses for business use of your home? If yes, provide business square footage of home, along with a detail list of home expenses (i.e., utilities, property insurance, repairs, real estate taxes, etc.). NOTE: To qualify for an office-in-home deduction, the area must be your principal place of business, or you must be able to show that income is produced there. If business use of home related to daycare, provide total hours of business operation for the year.	<input type="checkbox"/>	<input type="checkbox"/>
62. Were any assets sold, disposed of, or converted to personal use during the year? <i>If yes, list assets sold, including date sold and sales price.</i>	<input type="checkbox"/>	<input type="checkbox"/>
63. Did you sell____, purchase____ or dispose____ of any assets for your business (capitalization policy)? <i>If yes, please provide a list that includes the purchase date, description of asset, amount and date placed in service.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rental Income/Deduction Information (Answer if you had Rental Income, otherwise proceed to **question 67**)**YES NO**

64. Was the property personally used? a. Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value? _____ b. If not occupied, was it available for rent during this time? _____ c. Number of days the property rented during the year. _____ d. Provide rental income and a summary of detailed expenses for 2025.	<input type="checkbox"/>	<input type="checkbox"/>
65. Did you actively participate in the operation of the rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
66. Did you sell ____, purchase ____ or dispose ____ of any assets or capital improvements for your rental property (capitalization policy)? If yes, please provide a list that includes the purchase date, description of asset, amount and date placed in service, per rental property.	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information**YES NO**

67. Did you gift any individual more than \$19,000 in total during the year? If yes, provide details. Gift Amount \$ _____ Description of Gift _____ Recipient Name _____ SSN _____ Address _____ Relationship _____	<input type="checkbox"/>	<input type="checkbox"/>
68. Did you have a Household Employee who you paid \$2,800 or more during the year?	<input type="checkbox"/>	<input type="checkbox"/>
69. Did you have a financial interest in, or signature authority over, any foreign financial accounts (such as bank or securities accounts) at any time during 2025? Note: A foreign financial account is one physically located outside the U.S., even if the account is with a branch of a U.S. bank or financial institution.	<input type="checkbox"/>	<input type="checkbox"/>
70. Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust? If yes, provide supporting documentation of distribution(s).	<input type="checkbox"/>	<input type="checkbox"/>
71. Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$100,000 at any time during the year (\$100,000 and \$200,000, respectively, if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
72. Did you receive correspondence from the State or the Internal Revenue Service for any prior years not previously communicated to us? If yes, provide notices.	<input type="checkbox"/>	<input type="checkbox"/>
73. Check the box if any of the following apply to you or your spouse during the year: a. Granted stock options by your employer and/or exercised employer stock options. b. Traveled more than 100 miles to perform duties as a National Guard member or reservist. c. Performed services in the performing arts for at least two employers. d. Lived and worked in a foreign country. e. Issued Identity Protection PIN by the IRS: TP _____ SP _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
74. Do you want to designate \$3 to the Presidential Election Campaign Fund? Note: Checking yes will NOT change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
75. If you should receive a notice in the future from IRS or the State regarding your 2025 tax returns, do you allow your tax preparer to discuss with the IRS and the State for resolution?	<input type="checkbox"/>	<input type="checkbox"/>
76. Did you make any out of state purchases for which you did not pay sales tax? If yes, provide total amount of ALL purchases \$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
77. Additional Information / Comments: _____ _____ _____		

78. Effective September 30, 2025 Federal tax refunds MUST be Direct Deposited to your bank account.
Please provide your bank information below.

Effective September 30, 2025 a Federal balance due MUST be Auto-Withdrawn from your bank account.
Please provide your bank information below.

Effective September 30, 2025, Federal estimated tax payments will no longer be accepted by check but instead must be automatically withdrawn from your bank account.

Bank Name: _____
 _____ Checking Account ☐ OR Savings Account ☐

Routing (ABA)#: _____ Account #: _____

Estimated Tax Payments for Tax Year 2025

	Federal		State _____	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior Year Refund Applied				
1 st Qtr. 04/15/25				
2 nd Qtr. 06/15/25				
3 rd Qtr. 09/30/25				
4 th Qtr. 01/15/26				
Total				

Election for Trump Account -

If you have a **qualifying child** eligible for a Trump Account, would you like our firm to prepare IRS Form 4547 and include it with your 2025 tax return (including the \$1,000 federal pilot program, if applicable)?

YES, I authorize C & C Tax Service to prepare and file IRS Form 4547 with my 2025 tax return.

NO, I do not want IRS Form 4547 filed for my qualifying child.

To the best of my knowledge, the foregoing questionnaire is accurate and complete.

 Please PRINT Name

 Signature

 Date