**REMOVE** 

## **QUESTIONNAIRE**

NAME(S):				DATE: _		
TP PH #:	1	TP EMAIL: _				
SP PH #:		SP EMAIL: _				
*COPY* Tax return copy preference:			PAPER	ELECTRO	ONIC	вотн
*ADDRESS* • Has your address changed fro	om last year's	return?			YES	NO
If " <u>YES</u> ," please update:						
*CRYPTO*  • Did you receive crypto curren	ıcy as payme	ent in <u>2023</u> (	e.g. reward; award	i; etc)?	YES	NO
<ul> <li>Did you sell/exchange/dispose of crypto currency in <u>2023</u>?</li> </ul>					YES	NO
*BANKING*						
• Direct Deposit any refund(s)?	YES	NO	<ul> <li>ACH any tax(e</li> </ul>	s) owed?	YES	NO
Has your banking information changed from last year? (if 'YES' update info below)					YES	NO
Name of Financial Institution:						
Routing #:		Acct #: _			CHK	SAV
If filing a joint tax return, are b	oth you & yo	ur spouse n	amed on the acco	unt?	YES	NO
*HEALTH INSURANCE*						
Did you obtain insurance thro	ugh the Mark	etplace (if	'YES' provide Form	1095-A)	YES	NO
*FILING STATUS*						
<ul> <li>Is there a change to your filing</li> </ul>	g status for <u>20</u>	) <u>23</u> ?			YES	NO
If " <u>YES</u> ," please select the applicable change: Marriage Divor				Divorce	Surviving	g Spouse
*DEPENDENTS*						
• Is there a change to the depe	endent(s) you	are claimir	ng on your tax retui	n for <u>2023</u> ?	YES	NO
If "YES," please complete the						
First & Last Name	В	irthdate	SSN	Relationship		JS DD
						MOVE
						DD EMOVE
						DD
						MOVE
						DD EMOVE
						DD