

QUESTIONNAIRE

2025

DATE: _____

Internal Use Only

☐ Appt ☐ DO ☐ Mail ☐ Email ☐ Fax | ☐ C ☐ W ☐ V

NAME(S): _____

Taxpayer PH#: _____ Email: _____

Spouse PH#: _____ Email: _____

HOW WOULD YOU LIKE TO RECEIVE YOUR COPY OF THE TAX RETURN?

☐ Paper Copy in Blue Folder ☐ Electronic Copy via Email ☐ Both Paper & Electronic

WOULD YOU (AND YOUR SPOUSE, IF APPLICABLE) PREFER TO SIGN ANY FORMS ELECTRONICALLY?

☐ NO ☐ YES (if joint return, we need two different email address for taxpayer & spouse)

HAS YOUR ADDRESS CHANGED FROM LAST YEAR'S RETURN?

☐ NO ☐ YES (update new address)

STREET: _____

CITY: _____ ST: _____ ZIP: _____

CRYPTO/VIRTUAL CURRENCY

Did you and/or your spouse (if applicable) receive crypto currency as payment in 2025? ☐ NO ☐ YES

Did you and/or your spouse (if applicable) sell/exchange/dispose of crypto currency in 2025? ☐ NO ☐ YES

BANKING (*Effective 09/30/25, all refunds & payments must be made electronically*)

Has your banking information changed from last year? ☐ NO ☐ YES (update banking info)

Name of Bank/Credit Union: _____ ☐ CHK ☐ SAV

Routing #: _____ Account #: _____ ☐ Joint w/ Spouse

Date of withdrawal for tax(es) due: _____ (Can be any date through 04/15/26 if filed on or before then)

****For returns filed after 04/15/26, withdrawal date cannot be post dated; it must be the date the return is filed****

MARKETPLACE HEALTH INSURANCE (1095 A)

Did you/your insurance agent purchase health insurance through the Marketplace in 2025? ☐ NO ☐ YES

FILING STATUS

Is there a change to your filing status for tax year 2025? ☐ NO ☐ YES (select new filing status)

- ☐ Single (S) ☐ Head of Household (HOH)
☐ Married Filing Jointly (MFJ) ☐ Qualifying Surviving Spouse (QSS)
☐ Married Filing Separately (MFS) ☐ Unsure

DEPENDENTS

Is there a change to the dependent(s) you are claiming on your 2025 tax return? ☐ NO ☐ YES ☐ N/A

First & Last Name	Birthdate	SSN	Relationship	Status
_____	_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	_____	<input type="checkbox"/> Remove