Tax Filing Questionnaire

	Who is filing?
	e
	 Date of Birth SSN
	o E-Mail
	Spouse?
	• Name
	• Date of Birth
	o SSN
	 Phone Number
	What tax years do you need filed?
	o 2024
	o 2023
	 2022 Prior
	Has your marital status changed?
	o Date
_	• Change
	Did you have any children
	• Name
	 Date of Birth Son Daughter Other
	O Date of Birth Son Daughter Other O SSN
	 Date of Birth Son Daughter Other SSN Name
	 Date of Birth Son DaughterOther SSN Name Date of Birth
	 Date of Birth Son DaughterOther SSN Name Date of Birth SSN
	 Date of Birth Son DaughterOther SSN Name Date of Birth SSN Name
	 Date of Birth Son DaughterOther SSN Name Date of Birth SSN Name Date of Birth Date of Birth
	o Date of Birth Son DaughterOther o SSN o Name o Date of Birth o SSN o Name o Name o Name o SSN o SSN o SSN
	 Date of Birth SonDaughterOther SSN Name Date of Birth SSN Name Date of Birth SSN Has your address changed?
	 Date of Birth SonDaughterOther SSN Name Date of Birth SSN Name Date of Birth SSN Has your address changed? Date
	o Date of Birth Son DaughterOther o SSN o Name o Date of Birth o SSN o Name o Name o SSN o Date of Birth o Date of Birth o SSN Has your address changed? Oate
	o Date of Birth Son DaughterOther o SSN o Name o Date of Birth o SSN o Name o Name o SSN o Date of Birth o Date of Birth o SSN Has your address changed?
	 Date of Birth SonDaughterOther SSN Name Date of Birth SSN Name Date of Birth SSN SSN Has your address changed? Date Address Closing statement Did you purchase a new vehicle/boat/trailer/camper/RV?
	 Date of Birth Son DaughterOther SSN Date of Birth SSN Name Date of Birth Date of Birth SSN Has your address changed? Date Address Closing statement Did you purchase a new vehicle/boat/trailer/camper/RV? Date
	 Date of Birth SonDaughterOther SSN Name Date of Birth SSN Name Date of Birth SSN SSN Has your address changed? Date Address Closing statement Did you purchase a new vehicle/boat/trailer/camper/RV? Date Bill of sale
	 Date of Birth Son DaughterOther SSN Name Date of Birth SSN Date of Birth Date of Birth SSN Bate Closing statement Did you purchase a new vehicle/boat/trailer/camper/RV? Date Bill of sale Do you have medical insurance?
	 Date of Birth SonDaughterOther SSN Name Date of Birth SSN Date of Birth Date of Birth SSN Has your address changed? Date Address Closing statement Did you purchase a new vehicle/boat/trailer/camper/RV? Date Bill of sale Furnished by employer
	 Date of Birth Son DaughterOther SSN Name Date of Birth SSN Date of Birth Date of Birth SSN Has your address changed? SSN Address Closing statement Did you purchase a new vehicle/boat/trailer/camper/RV? Date Bill of sale Furnished by employer Purchased through market place
	 Date of Birth SonDaughterOther SSN Name Date of Birth SSN Date of Birth Date of Birth SSN Has your address changed? Date Address Closing statement Did you purchase a new vehicle/boat/trailer/camper/RV? Date Bill of sale Furnished by employer

Did	you	work	for	someone/	а	company?

- W-2_____
- o 1099_____
- $\hfill\square$ Did your spouse work for someone/ a company?
 - W-2____
 - o 1099_____
 - Did you receive un-employment?
 - o 1099G____

- Did your spouse receive un-employment?
 - o 1099G____
- Did you receive Social Security benefits?
 - o 1099SA_____
- Did your spouse receive Social Security benefits?
 - o 1099SA_____
- □ Did you receive any retirement income?
 - o 1099R_____
- Did your spouse receive any retirement income?
 - o 1099R_____
 - Did you start a business?
 - Financial information _____
 - Do you want us to compile your receipts into financial data?
- \Box Do you have a small business?
 - Financial information _____
 - Do you want us to compile your receipts into financial data?
- □ Do you own a farm?
 - Financial information _____
 - Do you want us to compile your receipts into financial date? ______
- Do you have any a rental income?
 - Financial information _____
 - Do you want us to compile your receipts into financial date?
- \Box Do you have a mortgage?
 - o 1098 _____
 - Property tax statement ______
- \Box Do you have any medical expenses?
 - Doctors _____
 - Hospital ______
 - Medication _____
 - o Premium _____
 - Mileage ______
- \Box Do you have any charitable donations?
 - Contribution statement _____
 - Clothing or goods _____

- Did you contribute to a retirement account?
 - o 401k _____
 - IRA _____
 - Roth IRA ______
 - Did you repay any student loans?
 - o 1098E _____
 - December/January statement _____
- \Box Are you or a dependent currently in college?
 - o 1098T _____
 - o Books_____
 - Computer ______
 - Other expenses ______
- \Box Did you use a college fund to pay for school?
 - Cloverdale 1099Q _____
 - 529 plan 1099Q _____
 - EE Savings bonds 1099int _____
- $\hfill\square$ Did you pay for childcare?
 - 0 Name_____
 - SSN _____
 - Amount ______
 - Dependent Name _____
- □ Do you have a separate Entity Tax ID
 - Yes _____
 - o No
- $\hfill\square$ Do you need us to complete the Beneficial Owner Information registration
 - Yes _____
 - No _____
 - Need more information
- $\hfill\square$ Do you want to receive your refund direct deposit?
 - Bank Account Number_____
 - Routing Number_____
 - Type <u>Checking</u> / <u>Saving</u>
- □ How did you hear about Ray County Accounting & Tax?
 - Facebook_____
 - 0 Website_____
 - o Referral_____
 - Other_____

\Box What questions do you have?

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James A Jul

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