

CLIENT TAX INFORMATION

Tax Year: 2023

Date _____ Returning Client New Client—How did you hear about us? _____

PLEASE COMPLETE ALL PAGES! THIS IS IMPORTANT INFORMATION THAT WE NEED IN ORDER TO COMPLETE YOUR TAX RETURNS. THE QUESTIONS HEREIN PERTAIN SOLELY TO THE CURRENT TAX YEAR AND MAY BE DIFFERENT FROM PRIOR TAX YEARS. **FAILURE TO COMPLETE THIS QUESTIONNAIRE MAY RESULT IN TAXPAYER PENALTIES AND/OR MISSED CREDITS AND/OR ADDITIONAL TAX.** THANK YOU.

PERSONAL INFORMATION

If taxpayer or spouse died in 2023 or 2024: Taxpayer DOD: _____ Spouse DOD: _____

Client Name: _____
DOB: _____ SSN (if not on file): _____
Occupation: _____
(Please check the best contact phone & e-mail address to use)
 Home: _____
 Work: _____
 Cell: _____
 E-mail (MUST CONSENT): _____
 Yes No Allocate \$3 to Pres. Election Campaign Fund

Spouse Name: _____
DOB: _____ SSN (if not on file): _____
Occupation: _____
(Please check the best contact phone & e-mail address to use)
 Home: _____
 Work: _____
 Cell: _____
 E-mail (MUST CONSENT): _____
 Yes No Allocate \$3 to Pres. Election Campaign Fund

Address (if changed) or New Clients

From: _____ To: _____

Check only one: Own Home Pay Rent Live w/Family

Change in Marital Status? Yes No

New Marital Status, if applicable: _____

Current School District: _____

If moved, prior School District & County: _____

If you moved during the year, please indicate the dates you lived at each address (use additional pages if necessary):

Old Address: _____

From: _____ To: _____

I can be claimed as a dependent of another person (not my spouse)

Yes No Unsure

CHILDREN/DEPENDENTS

Not Applicable (skip to next page)

Yes No I have an adult relative (ie. elderly parent) who may be claimed as my dependent. List this person below.

Yes No I have Dependent Care Benefits included in my or my spouse’s W2. (If yes, include Provider’s Name, EIN, Address, amt pd per child)

To qualify as your dependent, you must provide over half the support for a person who (a) is closely related to you OR lives in your household all year, and (b) is under age 19 OR is a full-time student under age 24 OR has less than \$4,700 of gross income. Citizenship and marital status are also factors.

Yes No My dependent received health insurance from the marketplace. If YES, a tax return must be filed for that dependent.

Returning Clients: you may omit birthdates and SSN if we have them on file. Use additional pages if necessary. Please indicate any children that have recently been adopted (possible credit available).

NAME (include last if different from yours)	SSN (if not on file)	DOB	Dependent this year?	Full-time college student?	\$1,250+ int/div/gains	Any Amt Wages or SE Income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFUND AND BANKING INFORMATION (if applicable)

- I do NOT want direct deposit. I wish to receive a Paper Check.
- Do not apply my refund (or a portion) to next year’s return, even if I pay estimated tax. (If you do not sign the *Consent to Use of Tax Information Form*, only YOU can decide how your refund should be applied.)

Fill out this section only if you want Direct Deposit or Direct Debit:

Returning Clients, same as before? (SKIP THIS SECTION)

FOR FEDERAL RETURNS ONLY, you may request Direct Deposit into multiple accounts. Most states, including Pennsylvania, allow only ONE account for Direct Deposit. *You may also provide a VOIDED check.*

- Yes, I want Direct Deposit of my Refund.
- Yes, I want Direct Debit of federal or state balance due. (Payment taken on/after 4/15/24).
- Yes, I want automatic Direct Debit of Estimated Taxes. (Payments scheduled in advance).

Bank Account Information

Bank Routing Number:

Account Number:

Type of Account Checking Savings Bank Name: _____

If you wish to deposit your FEDERAL refund into more than one account, please check here:

ESTIMATED TAXES PAID

Fill out this section ONLY if you paid ESTIMATED TAXES last year.

If you have enclosed paperwork where you have already provided this information, check here and skip:

Quarter	Date Paid	Federal	PA	Other State _____	Local
4th Qtr 2022 (due 1/17/23)					
Qtr 1 2023 (due 4/18/23)					
Qtr 2 2023 (due 6/15/23)					
Qtr 3 2023 (due 9/15/23)					
Qtr 4 2023 (due 1/16/24)					

CLIENT COMMUNICATIONS

- Yes No Were you notified of a tax issue or audited by either the IRS or your State or local tax collector recently?
- Yes No I or my spouse has contacted the IRS regarding identity theft and received an IP PIN, or I am participating in the IRS IP PIN program.
If yes, Please provide a copy of the letter you received.

IRS COPIES FOR SUE: You may choose to have copies of IRS notices, letters and other written communications regarding your 2023 tax return sent directly to Susan Walla on an ongoing basis. A copy of Form 8821 will be provided to you for your signature if you choose this option. This form only covers copies of IRS notices; we will not receive notices from PA or any other state. *There is no charge to receive IRS copies.* Would you like this office to receive copies of letters the IRS may send to you? Yes No

GENERAL TAX ISSUES

- Yes No I was divorced before 12/31/18 and modified my alimony agreement after 1/1/19.
Alimony Received, if applicable (divorces prior to 12/31/18 ONLY), *not* including child support: _____
Alimony Paid, if applicable (divorces prior to 12/31/18 ONLY), *not* including child support: _____
For Alimony Paid, Recipient's name & SSN (if not on file): _____ Date of agreement: _____
- Yes No Did you or will you contribute to an IRA, ROTH or SEP for this tax year (2023)? Max IRA contribution \$6,500, or \$7,500 if over 50.
(Please choose NO if you only contributed to your employer's 401(k), 403(b) or similar plan.)
If yes, how much to YOUR: Traditional IRA _____ Roth IRA _____ SEP _____
Your SPOUSE's: Traditional IRA _____ Roth IRA _____ SEP _____
- Yes No Did you incur any losses from a Federally Declared Disaster?
If yes, which disaster (storm) _____ and area (county/state) _____ and date _____
- Yes No Did you purchase, sell, or refinance your home or secondary home?
 Yes No If yes, did you pay points?
If you refinanced your home, for how many years? _____
- Yes No N/A Is any portion of your home equity loan used for a purpose other than buying, building or improving your home?
If yes, how much of the principal? _____

INCOME

- Yes No Did you receive any income from an installment sale?
- Yes No Did you have any debts cancelled or forgiven? (*Please provide 1099-C*)
- Yes No Did you have any savings bonds that matured in 2023 or did you redeem any savings bonds?
- Yes No Did you cash savings bonds to pay for college?
- Yes No Are you or your spouse required to take an RMD (Required Minimum Distribution) from your IRA?
- Yes No N/A If Yes, did you (and/or your spouse) take your RMD by 12/31/23?
- Yes No Did you or your spouse contribute any portion of your RMD to charity?
- Yes No Did you receive a 1099-K for credit card, Venmo or similar third-party payment services? (*Please provide 1099-K*)
- Yes No Do you have any foreign income or pay any foreign taxes, other than in brokerage accounts?
- Yes No Do you own any foreign financial assets that are not maintained by a US payer or broker? (Form 8938)
- Yes No Do you have signing rights to a foreign bank account? (You may need to file FinCEN Form 114 online)
- Yes No Do you expect your 2024 taxable income or withholding to change significantly from 2023*?
- Yes No I (we) have digital assets. As a reminder, taxpayers must report all worldwide income. If YES, complete Digital Asset section below.

DIGITAL ASSETS (CRYPTO/NFTS) (Please complete if you answered “Yes” to owning Digital Assets)

- Yes No Unsure Did you Sell/Trade or Exchange any digital assets?
- Yes No Unsure Did you receive any digital assets as payment for goods or services?
- Yes No Unsure Did you receive any digital asset through mining or staking?
- Yes No Unsure Did you receive any digital asset through a hard fork?
- Yes No Unsure Did you receive any goods, services or property in exchange for digital assets? (i.e. did you buy something w/your asset?)
- Yes No Unsure Did you exchange or trade any virtual currency for any another virtual currency?
- Yes No Unsure Did you dispose of your asset in any other way?

If you answered “Yes” to any of the above questions, please provide documentation from a Conversion Platform such as Cointracker or Koinly.

HEALTH CARE

- Yes No I or my spouse purchased health insurance through a public exchange. *(Provide all copies of your 1095-A)*
- Yes No I (we) contributed to a Health Savings Account (HSA) (Note: A HSA is DIFFERENT from a cafeteria plan, MSA or Flexible Plan, please check NO if you have one of these). *Provide Form 5498-SA or your Dec statement to determine your total contribution amount.*
- Yes No N/A For HSA ONLY: All my distributions were for MEDICAL purposes ONLY. *(Provide 1099-SA)*

ACTIVE DUTY MILITARY PERSONNEL ONLY

- Yes No Have you recently moved because of a military order?
- Yes No Did you receive active duty military pay (may be exempt from state & local tax). If yes, where were you stationed?
(Provide copies of military orders and Leave & Earnings Statements month by month.)

CREDITS Additional information and/or receipts may be required in order to claim credits.

MISCELLANEOUS CREDITS

- Yes No I or my spouse applied for the First Time Homebuyers Credit for new homes purchased in 2008 (the \$7,500 loan repayments are being made in tax years 2010 and beyond).
- Yes No Did you pay college tuition for you or your dependents? If yes, how much tuition was paid (not just billed) during 2023?
(Please provide receipts, 1098-T, 1099-Q, etc.)

CREDITS (Con't) Additional information and/or receipts may be required in order to claim credits. (Rebates & Incentives may reduce costs)

ENERGY CREDITS FOR YOUR MAIN HOME — Taxpayers must live in home; Not for Rental Properties (See *IRS.gov* to determine qualified products)

Yes No Did you make any **Energy Efficient Home Improvements** to your home listed below? (Owners only) Items must meet particular IRS standards and may or may not qualify. (Roofs and garage doors DO NOT QUALIFY.) If YES, circle all that apply:

Exterior Doors

Exterior Windows or Skylights

Insulation

Central A/C

Water Heaters

Furnaces

Boilers

Heat Pumps

Biomass Stove or Boiler

Other (Describe: _____)

Yes No Did you have a **Home Energy Audit**?

Yes No Did you make any **Residential Clean Energy Improvements** to your home? (Taxpayers claiming this credit may either be an owner of the home or pay rent.) Items listed below must meet particular IRS standards and may or may not be qualified. If YES, circle all that apply:

Solar Electric Panels

Solar Water Heaters

Fuel Cells

Battery Storage Technology

Geothermal Heat Pumps

Wind Turbines

Other (Describe: _____)

ELECTRIC AND FUEL CELL VEHICLES - Cars PLACED IN SERVICE in 2023 (Taken delivery of vehicle, NOT PURCHASE DATE) *Please provide receipts*

All sellers are required to report taxpayer name and SSN to the IRS in order to claim the credit. New & Used EV or FCV vehicles must be purchased through a dealership and meet particular requirements. New: Max MSRP (sticker price) for Van/SUV/Pickup \$80,000; Max all other \$55,000.

*Used: Max sales price \$25,000 and year 2021 or earlier (for 2023 purchase), not claimed as a dependent. Income limits apply! See *IRS.gov**

Yes No I (we) placed into service an Electric Vehicle (EV) or Fuel Cell Vehicle (FCV) in 2023. (Indicate if more than 1 vehicle applies.)

If YES: Circle when placed in service (taken delivery): 1/1/2023—4/17/2023 or 4/18/23—12/31/2023 (Date: _____)

Purchased NEW from Dealer or USED from Dealer? (Circle one. If not purchased from a dealer, you may not claim credit.)

Yes No Added EV Charger to my home. (This credit is dependent on your LOCATION and may not be deductible).

Additional Notes/Information/Questions: _____

BUSINESS OWNERS / EMPLOYEE BUSINESS EXPENSES

- Yes No Did you start a new business?
- Yes No If you are self employed, did you work in Philadelphia or any other municipality that has business taxes?
- Yes No Did you purchase, dispose of or convert any business property to personal use?

PA ONLY (FOR EMPLOYEE BUSINESS DEDUCTIONS):

- Yes No I have Union Dues Yes No My spouse has Union Dues
- Yes No I have unreimbursed business expenses Yes No My spouse has unreimbursed business expenses

OTHER TOPICS

- Yes No Did you make gifts of \$17,000 or more to any individual in 2023?

- Yes No I (we) contributed to a 529 plan in 2023 (use additional pages if necessary)
Child's Name: _____ SSN (If not on file) _____ How much for 2023? _____
Child's Name: _____ SSN (If not on file) _____ How much for 2023? _____
Child's Name: _____ SSN (If not on file) _____ How much for 2023? _____

- Yes No Did you purchase taxable items or services outside of your home state or online on which no sales tax was collected? (It is possible that you owe Use Tax).

ATTENTION: If you lived or worked in the following states, the following information is **REQUIRED** for e-file: Alabama, New Mexico, NEW YORK, Ohio and Vermont. This information is **VOLUNTARY** for Pennsylvania and New Jersey returns. Many other states are also asking for, but not requiring this information for e-filing of your tax returns. The intent is to verify e-filed tax returns with a valid driver's license from both you and your spouse in order to prevent fraud and identity theft. Please provide ALL INFO in the section below if you would like to or are required to add this extra layer of security to your returns.

Your Name Driver's License Number State Issued
Issue Date: _____ Expiration Date: _____
New York Resident? Must Provide PIN # _____

Your Spouse's Name Driver's License Number State Issued
Issue Date: _____ Expiration Date: _____
New York Resident? Must Provide PIN # _____

Yes No I would like an electronic copy of my completed 2023 tax return (and scanned copies of tax documents). International clients only will receive an electronic copy (PDF) in lieu of a paper copy.

If yes, please specify: CD-ROM (\$20) or FLASH (\$30) PDF (no scanned supporting documents; **must consent**) (\$15)

All taxpayers receive a a paper copy of their returns at no extra charge. (Please retain a copy of your tax return for at least 4 years after the filing date.) AFTER your tax return has been filed and marked as final, A MINIMUM FEE of \$40 for additional copies of your tax returns per year requested, regardless of the form of the copy desired (paper, electronic, CD or Flash) will be charged.

Yes No One additional PAPER copy of your completed 2023 tax return may be requested BEFORE filing has been completed for \$10

PLEASE PLAN ACCORDINGLY!

The following information will help us plan our work flow:

Yes No In case we need to reach you, will you be traveling between January 31 and April 15, 2024?

If yes, when? _____

Completed return delivery preference (check one): No Preference Mail Pickup Other/Note: _____

If you would like to name a third party (an adult child, for example) to discuss your taxes with in in case of an emergency only, please provide their name, relationship and phone number here:

Items you'd like to discuss during your appointment or questions you may have* (use additional space as necessary):

PLEASE PROVIDE ALL FORMS 1098, 1099, W-2, K-1, 1095, BROKERAGE STATEMENTS, CLOSING STATEMENTS, TAX NOTICES, ETC. AS THEY PERTAIN TO YOUR TAX SITUATION. SOME DOCUMENTS MAY BE DELIVERED TO YOU VIA E-MAIL OR AVAILABLE ELECTRONICALLY, PLEASE CHECK ALL YOUR SOURCES FOR 2023 TAX FORMS AND DOCUMENTS. THANK YOU.

*Cannot discuss any issue unrelated to 2023 tax preparation, including tax projections for taxes due for 2024, unless you sign and accept the CONSENT TO USE OF 2023 TAX RETURN INFORMATION document (per IRS Regulations as of 1/1/09). Unfortunately, we can not accept or send ANY EMAIL if you do not sign and accept the CONSENT TO DISCLOSE OF 2023 TAX INFORMATION document because it is in direct conflict to IRS and FINRA regulations. WE DO NOT SELL OR PROVIDE YOUR PRIVATE INFORMATION TO ANY THIRD PARTY UNLESS REQUIRED BY LAW.

I (we) have completed this questionnaire to the best of my (our) knowledge. I understand that failure to provide complete information to my tax preparer may result in penalties and/or additional taxes that I may owe and that I may also be disregarding certain tax credits, deductions, or other tax advantages that I may otherwise be entitled to. Items left unanswered or blank are considered as "No". I take full responsibility for penalties and/or additional taxes that I may incur as a result of incomplete or inaccurate information. By signing this, I authorize Susan Walla to file federal, state and local extensions as needed.

TAXPAYER: _____ DATE: _____

SPOUSE: _____ DATE: _____