

2025 Tax Return Questionnaire – NEW CLIENT

Steinmetz Tax Service, LLC requires a yearly questionnaire to be filled out by the client prior to sitting down with their preparer.
We accept cash, check, and credit card (3.5% convenience fee). **PAYMENTS MUST BE PAID IN FULL AT THE TIME OF SERVICE.**

Your Name: _____ Spouse's Name: _____

Home Mailing Address: _____

Your Contact #: _____ Cell Phone ___ Land Line ___

Spouse's Contact #: _____ Cell Phone ___ Land Line ___

Email Address: _____

****PLEASE MAKE SURE YOUR EMAIL IS WRITTEN CORRECTLY****

Your Occupation: _____ Spouse's Occupation: _____

What school district(s) did you live in? _____

To file a state return, you will need to provide your most current Driver's License information.

Name: _____

Spouse's Name: _____

Driver's License #: _____

Driver's License #: _____

Issue Date: _____

Issue Date: _____

Expiration Date: _____

Expiration Date: _____

Date of Birth: _____

Date of Birth: _____

SSN: _____

SSN: _____

Has your filing status changed (Death of Spouse, Divorce, etc.)? Yes ___ No ___

If applicable, provide date ___/___/___

Are you unmarried AND qualify to file as Head of Household? Yes ___ No ___

You must provide proof of residency for each dependent who lived with you during the year. Acceptable documentation must include dependents' name and address. Forms can be a letter from a school, medical provider, or similar institution, and separate documentation is required for each dependent.

DEPENDENTS

If you are claiming a dependent for the Child Tax Credit (CTC) please enter information below. If you are unmarried or the child is from a previous relationship, you must also provide proof of your right to claim the dependent, such as a court document or IRS Form 8332, as applicable.

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

SSN: _____

SSN: _____

Lived with you for more than ½ the year

Lived with you for more than ½ the year

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

SSN: _____

SSN: _____

Lived with you for more than ½ the year

Lived with you for more than ½ the year

Please indicate if you would like us to submit **IRS Form 4547** to apply for a Trump Account for your eligible child(ren). Yes ___ No ___

Privacy Statement: By completing this form, you agree to share your personal information with Steinmetz Tax Service, LLC. This information will only be used for preparing your tax returns and related services, in compliance with IRS regulations. If you have any concerns about how your data is handled, contact us at 419-701-7003 or scott@steinmetztax.com.

Do you have a dependent who files a separate tax return? Yes ___ No ___ If so, please verify information with your tax preparer regarding their tax return.

Were you, your spouse, or a claimed dependent a college student at any time during the year?
Yes ___ (Must have 1098-T to claim education credits) No ___

Could you qualify for any additional credits (e.g. Energy Credits, Electric Vehicle Credits, Education Credits, etc.)? Yes ___ If so, all documentation must be provided during your appointment. No ___

Did you pay student loan interest? Yes ___ No ___

Did you pay qualifying childcare expenses? (Example: Daycare, Preschool, or Private Tuition?) Yes ___ No ___

Did you receive or will receive a pension from work where you did not pay Social Security taxes (govt. or public service jobs)? Does the Social Security Fairness Act apply to you? Yes ___ No ___

Do you currently have an outstanding tax balance with the FEDERAL, STATE, SCHOOL DISTRICT, OR any MUNICIPALITY? Yes ___ No ___

Do you have any upcoming major financial changes that could impact your taxes for the upcoming year?
Yes ___ No ___

Did you have any money in accounts outside the United States that you have control over, which is not with an investment broker or bank in the United States? Any family members or friends that live outside the United States, with whom you jointly own an account or over which you have signing authority? Yes ___ No ___

Did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency? Yes ___ No ___

Did you receive tips and/or work overtime? Yes ___ No ___ If yes, we need your last paystub with year to date in order to claim the new tax exemptions.

Do you have your Profit and Loss report for any Schedule C, E, or F forms to give to your tax preparer? This also applies to any Partnership, S-Corp, C-Corp, and Trust returns. Yes ___ No ___

Did you live in a city that has a city income tax or have a business or rental property located in a city that has a city income tax? Yes ___ No ___ City: _____

Did you pay quarterly estimates? If so, how much for the **YEAR**? Total amount for:

Federal: \$ _____ State: \$ _____ School District: \$ _____
City/RITA: _____ Amount: \$ _____

WE DO NOT HAVE ACCESS TO THIS INFORMATION, YOU MUST PROVIDE IT.

If you are self-employed and paid for health insurance, how much did you pay? _____

Do you have Marketplace insurance? _____ (MUST provide a copy of the 1095-A to file taxes)

Have you contributed to a Roth IRA, Traditional IRA, or HSA outside of your employer? If so, CIRCLE which one(s) and how much? _____

Do you have an IP (Identity Protection) PIN? Yes ___ No ___ If yes, please provide it to file: _____

If you itemize deductions on Schedule A, we need proof of any contributions exceeding \$5,000, as well as all other deductions. We are required to keep this in our file.

IN THE EVENT YOU NEED TO FILE AN EXTENSION, PLEASE THOROUGHLY READ AND FILL OUT THE EXTENSION FORM. (See staff for the form.)

AS OF 9/30/2025 THE IRS REQUIRES BANK INFO TO ISSUE REFUNDS; this needs to be filled out every year. Please do not write "same as last year".

Bank Name _____ Checking ___ Savings ___

Routing Number _____

Account Number _____

Additional People Authorized to Pick Up My Return or Share Information

If you would like someone else to pick up your tax return or provide us with information on your behalf, please provide their name and contact number below.

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relation to Client: _____

Relation to Client: _____

Please read each statement and acknowledge it by initialing or checking the box. Then sign below.

_____ I understand that I am solely responsible for the timely payment of all tax liabilities owed to the IRS, State, School District, City, and/or other taxing authorities. Steinmetz Tax Service, LLC is not authorized to make payments on my behalf.

_____ I understand that all tax liabilities, including extension payments (if applicable), are due by April 15, 2026, even if an extension to file is granted. I am solely responsible for any interest or penalties resulting from late or unpaid taxes, and Steinmetz Tax Service, LLC, is not liable for these amounts.

_____ I understand that I must provide all information and documents necessary for preparing my tax return, and that this information must be accurate and complete. I acknowledge that this questionnaire must be completed annually, even if my information has not changed, and that providing current and accurate driver's license information is required for filing and identity verification purposes. Failure to provide complete or accurate information may result in additional fees or termination of services.

_____ I understand that by signing Form 8879, I acknowledge that I have thoroughly reviewed my tax return and approve all information contained within it. I understand that this signature is legally binding that I assume full responsibility for any errors, omissions, or discrepancies, regardless of whether they were identified by me prior to signing. I agree that Steinmetz Tax Service, LLC, is not liable for issues arising from information I provided or failed to review. If I identify any discrepancies, errors, or omissions after signing, I will notify Steinmetz Tax Service, LLC, within two (2) calendar days of signing Form 8879.

_____ I understand that fees are incurred for time spent on my tax matter, including consultations, review of documents, and tax advice. I agree to pay for services rendered regardless of whether I choose to have my return completed or filed by this firm.

_____ I certify that the dependent information provided is true, correct, and complete, and that you will provide required documentation, if applicable.

Client Signature _____ Date _____

The use of an **ID.me and OHIO account is highly recommended** to securely access my IRS account and manage payments, refund, notices, and related information. Additional ID.me information is provided on the back of this page.

Why Creating an ID.me Account Matters

ID.me is the IRS-approved system for securely accessing your tax information online. An account makes it easier to view balances, manage payments, and access notices quickly and safely.

Helpful Resources:

Step-by-step ID.me and Ohio ID **instructions are available** in our office to guide you through setup if you do not already have an account.

ID.me:

Scan the QR code below to get started:



Ohio ID:

Scan the QR code below to get started:



(these codes take you to our FAQs page on steinmetztaxservice.com)

Creating an ID.me and an Ohio ID account can save time, reduce complications, and give you greater control over your tax information.