

# **2025 Tax Return Questionnaire – EXISTING 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: \_\_\_\_\_

Your Contact #: \_\_\_\_\_ Cell Phone \_\_\_ Land Line \_\_\_

Spouse's Contact #: \_\_\_\_\_ Cell Phone \_\_\_ Land Line \_\_\_

Email Address: \_\_\_\_\_

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

**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 the date \_\_\_\_\_

Were you claimed as a dependent on someone else's return? Yes \_\_\_ No \_\_\_

What school district(s) did you live in? \_\_\_\_\_

Has your occupation changed? Yes \_\_\_ No \_\_\_ If so, new occupation: \_\_\_\_\_

Has your address changed? Yes \_\_\_ No \_\_\_ If yes, Date of Move: \_\_\_/\_\_\_/\_\_\_

New address: \_\_\_\_\_

***If you lived in a city or a school district with an income tax at either location in 2025, please provide your pay stub at the time of change.***

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 the 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Lived with you for more than ½ the year

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Lived with you for more than ½ the year

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Lived with you for more than ½ the year

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Lived with you for more than ½ the year

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.

Please indicate if you would like information on **IRS Form 4547** Trump Accounts for your eligible child(ren).  
Yes \_\_\_ No \_\_\_

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 \_\_\_

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 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? \_\_\_\_\_

Did you have Marketplace insurance? \_\_\_\_\_ (MUST provide a copy of the 1095-A to file taxes)

Are you 73 or older and have RMDs? Yes \_\_\_ No \_\_\_ If yes, please provide Form 5498 showing your Fair Market Value for the end of the tax year.

Did you contribute to a Roth IRA, Traditional IRA, or HSA outside of your employer? If so, CIRCLE which one(s) and how much? Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Do you have an IP (Identity Protection) PIN? Yes \_\_\_ No \_\_\_ IP PIN number \_\_\_\_\_

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 account is recommended** to securely access my IRS account and manage payments, 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](http://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.