

2024 Tax Return Questionnaire – EXISTING CLIENT

Please fill out this form EVERY year while you are waiting for your appointment. This is required every year.

We accept cash, check, and credit card (5% fee). PAYMENTS MUST BE PAID IN FULL AT THE TIME OF SERVICE.

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 concerns about how your data is handled, contact us at 419-701-7003 or scott@steinmetztax.com.

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****

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

If applicable, provide the date _____

Has your address changed? Yes ____ No ____ If yes, Date of Move: _____

New address: _____

If you lived or worked in a city or a school district with an income tax at either location in 2024, please provide your pay stub at the time of change.

Have your dependents changed? Yes ____ No ____

Has your occupation changed? Yes ____ No ____ If so, new occupation: _____

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

In order 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: _____

DEPENDENTS

If you are able to claim the child as a dependent in 2024, please indicate "CLAIMED" or "NOT CLAIMED" by their name below as due diligence. If you claim the Earned Income Credit (EIC), each year *include proof that the child lives with you or that you are the custodial parent*. This can be a letter from their school that verifies the address the school has for each child or a letter from your doctor that verifies the mailing address for each child. You need a separate letter for each child if more than one.

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

SSN: _____

SSN: _____

Room to add more dependents on the back of page.

Name: _____
Date of Birth: _____
SSN: _____

Name: _____
Date of Birth: _____
SSN: _____

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 (examples: 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 ___

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: \$_____

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 in order to file: _____

Give your tax preparer all of the forms you received that report your income. The IRS now requires your tax preparer to enter all your income from the forms you received.

If you itemize deductions on Schedule A, we need a copy of your statement for proof of any contributions exceeding \$5,000. We are required to keep this in our file.

When you receive your copy of your tax return, look it over to ensure it is correct before you sign form 8879 that allows us to e-file your return. Accuracy is your responsibility. We only have 3 days to e-file your return once you sign and date the e-signature page Form 8879. If you drop off the form, please date it the day dropped off. If you mail it, please do not date it due to the inconsistency of mail delivery!

IN THE EVENT YOU NEED TO FILE AN EXTENSION, PLEASE THOROUGHLY READ AND FILL OUT THE EXTENSION FORM. (See staff for the form.) Please let your preparer know if you normally owe taxes, so we can give you an estimate to pay in to avoid interest and penalties.

Please indicate how you wish to receive payment if receiving a refund:

Paper Check ___ Direct Deposit ___ (If choosing this, please provide the following information)

Bank Name _____ Checking ___ Savings ___

Routing Number _____

Account Number _____

Please check how you would like to receive the filed return: Printed ___ or Emailed (PDF) ____ . The first copy of your filed return is FREE. If you choose to have more than one copy, each additional copy is \$15.00.

Please read the following statements, initial each statement, and sign.

_____ I understand that it is my responsibility to pay all tax liabilities to the Federal, State, School District, and localities, including estimates (if applicable), by April 15, 2025, even if an extension has been filed. I understand I may be subject to interest and/or penalties if I fail to do so. Steinmetz Tax Service, LLC is not liable for my failure to pay tax liabilities or any penalties and interest I may accrue.

_____ I understand that it is my responsibility to provide the tax preparer with all tax documents and related information to the best of my knowledge to be honest and true. Failure to provide or disclose any important information or documents may result in additional fees and/or dismissal as a client of Steinmetz Tax Service, LLC.

Client Signature

Date