

Client Questionnaire - 2025

Name: _____ **Date:** _____

First and Last Name

Phone Number: _____ **Email Address:** _____

	Yes	No	Unsure
Change in address? (if yes, please write new address on back)			
Change in bank (for direct deposit/auto withdrawal)? (if yes, use back)			
Did you make any estimated tax payments? (if yes, please provide dates & amts)			
Any contributions to an IRA (Traditional or Roth)?			
Dependents:			
Any changes in dependents? (birth, death, marriage, etc.)			
Did any of your dependents claim themselves on their return(s)?			
Did you pay for any child/dependent care expenses?			
Did you pay for any college tuition or student loan interest?			
Did you make any contributions to MI Education Plans?			
Health Insurance:			
Were you in the healthcare marketplace? (if yes, please provide 1095-A)			
Do you have a Health Savings Account? (please provide 5498-SA & 1099-SA)			
↳ Distributions? Were they used for qualified medical expenses?			
Did you pay any out-of-pocket medical insurance premiums?			
Home:			
Do you own, rent, live with parents, etc.? (please circle one)	OWN	RENT	OTHER
Any other income contributors in the home?			
Did you make any energy efficient upgrades to your home?			
Income:			
Any unemployment income? (please provide 1099-G)			
Do you have funds in a foreign bank account? (if yes, more than \$10k?)			
Any digital currency transactions (such as Bitcoin)?			
Any gambling income? Losses? (please provide W-2G)			
Any self-employment income? (please provide income & expenses)			
2025 Updates:			
Any TIP Income? (please provide amounts if not on W-2)			
Any OVERTIME Income? (may need final paystub w/ details for 2025)			
Did you purchase a new vehicle in 2025 (with interest paid)?			

NEW CLIENTS: Please provide

- Birthdates for all taxpayers & dependents
 - Previous year tax return
 - Copies of Drivers License for Taxpayer and Spouse (if applicable)
- (use back if needed)