Retired Controller, LLC 2024 CLIENT TAX QUESTIONNAIRE

(Please Print)

		TAXPA	YER I	NFORM	ATION								
Taxpayer Last Name:	First: Mic	ddle: Su	ıffix:	☐ Mr.	□ Miss	Mari	tal Status:						
				☐ Mrs.	☐ Ms.	Single□ Married□ Div □ Sep□ Widov					□wob		
Social Security Number:	Date of Birth	n: Age:		Occupat	ion:	F	Home Phone:			Cell Phone:			
Email Address:					ed Metho Phone □		ontact: Phone □	Email		Text□			
Street Address:				потпе	rnone 🗆	Cell	Apt. #:	Email		iexiu			
Sileer Address.							Αρι. π.						
City:		State:				Zi	p Code:						
_													
Did your marital status change during the year? \square Y \square N Did your address change during the year? \square Y \square N													
			·										
		SPOU	JSE IN	IFORMA	TION								
Spouse Last Name:	First: Midd	lle: Suffi	ix:	☐ Mr.	□ Miss								
				☐ Mrs.	□ Ms.								
Social Security Number:	Date of Birth	n: Age:		Occupat	ion:			Cell Ph	none:	e:			
	D	EPENDENTS	(CHI	LDREN A	ND OTH	IERS)							
							Months			Dic	d You		
Name of the Pinch	Dalaka a kia	Dada af D	·LI	Soc	ial Securi	ły	Lived	Full-	Time	Provide			
Name (Last, First)	Relationship	Date of Bi		ı	Number		With	Student		More Than Half of the			
		,	• • •				You				Support?		
								ΠΥ	□N	□ Y			
								ΠΥ	□N	□ Y			
								□ Y	□N	□ Y			
								ΠΥ	□N	□ Y			
								□ Y	N	□ Y	□ N		
											□N		
Do you provide a honWere there any births,		· · · · · · · · · · · · · · · · · · ·				te fam	ily in 2024a	20252	(If				
yes, list details in "Othe				0113 111 900	riminedia	iic idiii	ily ii i 20240i	20259	\ <i>''</i>				
Could you be claimed	d as a dependen	t on another p	erson's	s tax returr	n for 2024?	!				□ Y	□N		
If requested by the IRS Child Tax Credit, Earner							tiate your e	ligibility	for the	□ Y	□N		
Crilla Tax Creali, Laine		rean ana/or ne	2 44 01	поозенов		11024							
		INCO	ME II	NFORMA	TION								
Did you receive any in and/or 1099-NEC)	ncome from emp	loyment as an	emplo	yee or ind	ependent	t contro	actor? (For	m W-2		□ Y	□N		
Did you receive any U	nemployment Co	ompensation ir	า 2023 ร	Form 10	99-G)					□ Y	□N		
Did you receive any Sc	ocial Security ber	nefits during 20	23 ? Fo	rm SSA-10	99					□ Y	□N		
Il any Stocks/Investment	nts in 2023? (Form	1099-В)								□ Y	□N		
Did you receive Interestinvestments? (Form 109)			int or d	lividends fi	rom mutud	al fund:	s/			□ Y	□N		
Did you have any gar	mbling winnings o	r losses, includi	ng lott	ery, bingo	and raffle	s? (For	m W2-G)			□ Y	□N		
Did you receive, sell, exchange or dispose any virtual currency?								□ Y	□N				

	RETIREMENT INFORMATION						
•	Did you or your spouse receive payments/distributions from a retirement plan such as a pension, 401K, IRA) in 2024 or plan to in 2024? <i>(Form 1099-R)</i>	ΠΥ	□N				
•	Did you receive a distribution from a retirement plan in order to pay medical bills, for higher education expenses or to purchase a home in 2024? (If yes, list reason:	□ Y	□N				
•	Did you make any contributions to a retirement plan such as a pension, 401K, IRA, SEP, SIMPLE in 2024?	□ Y	□N				
•	Did you convert an IRA to a Roth IRA or perform a Backdoor Roth IRA in 2024?	□ Y	□N				
	HEALTH INFORMATION						
•	Did you purchase health insurance from the Healthcare.gov Marketplace in 2024? (Form 1095-A)	□ Y	□N				
•	Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account in 2024? <i>(Form 1099-SA and Form 5498-SA)</i>	□ Y	□ N				
•	Did you/ spouse/dependent incur a substantial amount of unreimbursed medical expenses in 2024?	ΠΥ	□N				
	HOUSING INFORMATION						
•	Do you own a home? (I Form 1098 – Mortgage Interest and 2024 Property Tax Statement)						
•	Did you rent during 2024? If yes and total household income is less than \$67,300, answer the following:						
	a. Name and address of Landlord:						
	b. Monthly rent paid in 2024:						
	c. Number of months rented:						
	d. Is Heat included in your rent payment?	□ Y	□N				
•	Did you sell and/or purchase a home in 2024 or 2025? (Closing Disclosure & 1099-S)	□ Y	□N				
•	Did you receive rent from real estate or other property?						
•	Was your principal home or rental property foreclosed on in 2024 or 2025? (Forms 1099A or 1099C)	□ Y	□N				
•	Did you make any energy efficient improvements to your home in 2024?						
	CHILD AND DEPENDENT CARE						
•	Did you receive dependent care benefits from your employer in 2024?	□ Y	□N				
•	Did you pay any child/dependent care expenses in 2024 for a child under 13 years old or costs to care for a handicapped individual? If yes, complete the following:	ΠΥ	□N				
	Name of Child Care Provider: Provider EIN/Social Secu	rity Nu	mber:				
	Provider Address Amount Paid to Pr \$	ovider					
	EDUCATION						
•	Did you, your spouse or a dependent incur any tuition, fees or book expenses that were required to attend college, university or vocational school in 2024? (Form 1098-T and support for expenses)	ΠΥ	□N				
•	Did you, your spouse or a dependent receive scholarships or grants for higher education in 2024?	□ Y	□N				
•	Did you, your spouse or dependent receive a distribution from a 529 Plan or Education Savings Plan in 2024? (Form 1099-Q.)	ΠΥ	□N				
•	Did you make any contributions to a 529 Plan or Education Savings Plan in 2024? (upload support)	□ Y	□N				
•	Did you pay any Student Loan Interest in 2024? (Form 1098-E)						
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	Did you pay any Student Loan Interest in 2024? (Form 1098-E) ITEMIZED DEDUCTIONS	□ Y					
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		M	ISCELLA	NEOUS QU	ESTION	S					
•	Did you purchase a new or used plug-in Electric Vehicle in 2024? If so, please list the make, model, vehicle's Vehicle Identification Number (VIN), purchase date and cost of vehicle on line below:								\$		
•	Michigan Residents Only: Did you make any contributions to a Michigan First-Time Home Buyers Saving Program in 2024? If yes, please list the bank name, account number and beginning & ending bank balance:								\$		
•	 Did you work from home in 2024? If your employer is located in a city or state outside of your home location, you may qualify for a refund of city or state taxes paid. Please list dates you worked from home in "Other Information" Section below. 								ΠΥ	□N	
			DIICINIE	SS INFORMA	ATION						
N	ote: Complete this section if you					a small l	busine	SS.			
•											
•										ΠΥ	□N
•	21.								ΠΥ	□N	
•	Do you have records to supp	oort your business	expenses	s? If yes, please	e attach	receipts	S,			□Y	□N
•	Did you use your vehicle for	your business?								□Y	□N
•	Do you have written eviden	ce to support you	r vehicle	expenses? Ple	ase list th	ne follov	ving:			□ Y	□N
	Business Miles Driven in 20	24	Comn	nuting Miles Dr	iven in 20	024		Othe	r Miles Driv	en in 202	24
			FILIN	IG QUESTIO	NIC						
•	Did you receive or request a	six-digit Identity P				22				ПΥ	ПΝ
•	The IRS is able to deposit refulike a direct deposit?						ceive o	a refund, v	vould you	□ Y	□N
•	If yes, please provide the following	-									
	Name of Bank	Bank Routing N	umber	Bank Acco	ount Num	ber	Type of Account ☐ Checking ☐ Savings				
							☐ Checking ☐ Savin☐ Checking ☐ Savin☐				
Se	elect type of Tax Return Copy fo	or your personal fi	es:								
30	icer type of tax kelotif copy to				□ Flect	ronic Ca	anv	□ Par	er Cony w		
How did you hear about Retired Controller LLC?			ies.		□ Elect	ronic Co	ору		er Copy w	IIII FOIGE) 1
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	Google/Website Search		□ Famil	er (List Source)	lame):				er Copy w	IIII FOIGE	et
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	Google/Website Search	Controller LLC?	□ Famil	er (List Source)	lame):				per Copy w		21