

Retired Controller, LLC
2024 CLIENT TAX QUESTIONNAIRE

(Please Print)

TAXPAYER INFORMATION														
Taxpayer Last Name:		First:	Middle:	Suffix:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital Status:							
					<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Single	<input type="checkbox"/> Married	<input type="checkbox"/> Div	<input type="checkbox"/> Sep	<input type="checkbox"/> Widow			
Social Security Number:		Date of Birth:	Age:	Occupation:		Home Phone:		Cell Phone:						
Email Address:					Preferred Method of Contact:									
					Home Phone		<input type="checkbox"/>	Cell Phone		<input type="checkbox"/>	Email	<input type="checkbox"/>	Text	<input type="checkbox"/>
Street Address:							Apt. #:							
City:			State:			Zip Code:								
Did your marital status change during the year?				<input type="checkbox"/> Y	<input type="checkbox"/> N	Did your address change during the year?				<input type="checkbox"/> Y	<input type="checkbox"/> N			

SPOUSE INFORMATION										
Spouse Last Name:		First:	Middle:	Suffix:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss				
					<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.				
Social Security Number:		Date of Birth:	Age:	Occupation:		Cell Phone:				

DEPENDENTS (CHILDREN AND OTHERS)										
Name (Last, First)	Relationship	Date of Birth mm/dd/yyyy	Social Security Number	Months Lived With You	Full-Time Student		Did You Provide More Than Half of the Support?			
					<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
					<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
					<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
					<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
					<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

• Do you provide a home for or help support anyone else, not listed above?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Were there any births, deaths, marriages, divorces or adoptions in your immediate family in 2024 or 2025? (If yes, list details in "Other Information" Section on page 3)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Could you be claimed as a dependent on another person's tax return for 2024?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• If requested by the IRS, do you have documentation (i.e. receipts, records) to substantiate your eligibility for the Child Tax Credit, Earned Income Tax Credit and/or Head of Household Filing Status?	<input type="checkbox"/> Y	<input type="checkbox"/> N

INCOME INFORMATION		
• Did you receive any income from employment as an employee or independent contractor? (Form W-2 and/or 1099-NEC)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive any Unemployment Compensation in 2023? (Form 1099-G)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive any Social Security benefits during 2023? Form SSA-1099	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive any Stocks/Investments in 2023? (Form 1099-B)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive Interest Income from a savings account or dividends from mutual funds/investments? (Form 1099-INT and/or 1099-DIV)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you have any gambling winnings or losses, including lottery, bingo and raffles? (Form W2-G)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive, sell, exchange or dispose any virtual currency?	<input type="checkbox"/> Y	<input type="checkbox"/> 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? (Form 1099-R)	<input type="checkbox"/> Y	<input type="checkbox"/> 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: _____)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you make any contributions to a retirement plan such as a pension, 401K, IRA, SEP, SIMPLE in 2024?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you convert an IRA to a Roth IRA or perform a Backdoor Roth IRA in 2024?	<input type="checkbox"/> Y	<input type="checkbox"/> N

HEALTH INFORMATION

• Did you purchase health insurance from the Healthcare.gov Marketplace in 2024? (Form 1095-A)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account in 2024? (Form 1099-SA and Form 5498-SA)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you/ spouse/dependent incur a substantial amount of unreimbursed medical expenses in 2024?	<input type="checkbox"/> Y	<input type="checkbox"/> N

HOUSING INFORMATION

• Do you own a home? (Form 1098 – Mortgage Interest and 2024 Property Tax Statement)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you rent during 2024? If yes and total household income is less than \$67,300, answer the following:	<input type="checkbox"/> Y	<input type="checkbox"/> N
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?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you sell and/or purchase a home in 2024 or 2025? (Closing Disclosure & 1099-S)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive rent from real estate or other property?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Was your principal home or rental property foreclosed on in 2024 or 2025? (Forms 1099A or 1099C)	<input type="checkbox"/> Y	<input type="checkbox"/> 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?	<input type="checkbox"/> Y	<input type="checkbox"/> 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:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Name of Child Care Provider:	Provider EIN/Social Security Number:	
Provider Address	Amount Paid to Provider	
	\$ _____	

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)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you, your spouse or a dependent receive scholarships or grants for higher education in 2024?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you, your spouse or dependent receive a distribution from a 529 Plan or Education Savings Plan in 2024? (Form 1099-Q.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you make any contributions to a 529 Plan or Education Savings Plan in 2024? (upload support)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you pay any Student Loan Interest in 2024? (Form 1098-E)	<input type="checkbox"/> Y	<input type="checkbox"/> N

ITEMIZED DEDUCTIONS

Note: The IRS allows taxpayers to reduce their income by taking the higher of the Standard Deduction or Itemized Deductions. For 2024, the standard deduction is \$13,850 for Single Filers, \$20,800 for HOH and \$27,700 for Married Filers.

• Did you make charitable contributions in 2024? (If yes, attach receipts or acknowledgements from charity, cancelled check or other proof)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you use your vehicle to provide volunteer services to a charity?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you pay state taxes on new vehicle purchased or monthly lease in 2024?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• List your vehicle registration fees. \$ _____		
• Did you owe State or Local taxes when you filed your 2023 Income Tax Return? If yes, please list amount paid in 2024: \$ _____	<input type="checkbox"/> Y	<input type="checkbox"/> N

