**TAX QUESTIONNAIRE FOR U.S. RESIDENTS**

**Kauffman Nelson LLP, CPA’s**

Indicate with year this is for if not 2023 - \_\_\_\_\_\_\_\_\_\_\_\_

*Please feel free to attach additional sheets for any items. This can be filled out in MS word or by hand.*

|  |  |  |
| --- | --- | --- |
|  | **PRIMARY TAXPAYER** | **SPOUSE** |
| Name |  |  |
| Social Security Number |  |  |
| Occupation |  |  |
| Date of Birth |  |  |

Did your marital status change this year? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No - If yes, provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the IRS sent you info relating to an Identity Protection PIN “IP PIN” please send us the information. It is an alternative number to a SSN that the IRS has issued in certain cases. If you are not familiar with this, you do likely not have one and no action is required.

**CONTACT INFORMATION**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPENDENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | SSN (if not on prior year return) | Date of Birth | Number of months living in your home |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please let us know if any of the following: Dependent did not live with you, is married, has income, is not a US citizen or green card holder, or lives with another parent.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME DURING 2023**

**WAGE/SALARY INCOME (Please provide copies of all W-2’s)**

1. Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Primary Taxpayer Spouse

Total Wages (Box 1 from W-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Income Tax Withheld (Box 2 from W-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Income Tax Withheld (Box 17 from W-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Primary Taxpayer Spouse

Total Wages (Box 1 from W-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Income Tax Withheld (Box 2 from W-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Income Tax Withheld (Box 17 from W-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTEREST INCOME:**

 Name of Bank/Payor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest Income Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Bank/Payor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest Income Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Bank/Payor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest Income Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIVIDEND INCOME** (include 1099’s if tax was withheld):

|  |  |  |  |
| --- | --- | --- | --- |
| Description/Payor | Ordinary Dividend (Box 1A of 1099) | Qualified Portion(Box 1B of 1099) | Capital Gain Distribution (Box 2A of 1099) |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |

If there were foreign taxes withheld from any please provide further information.

**CAPITAL GAINS – NOTE:** Please provide us with the realized gain/loss report from your broker for in order to comply with new IRS filing requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Date acquired | Date Sold | Sales price | Original cost plus purchase expenses |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |

If there were foreign taxes paid on or U.S. taxes withheld from these transactions let us know.

**OTHER INCOME:** (for instance, state tax refunds, director’s fees, retirement, social security, alimony received, partnership income, gambling winnings, etc.):

|  |  |  |  |
| --- | --- | --- | --- |
| Description/Payor | Amount of income | Tax withheld from this income | Explanation |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |

If taxes were withheld from this income, please attach the 1099 or similar statement.

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER QUESTIONS** | **YES** | **NO** | **EXPLANATION/ADDITIONAL INFO.** |
| 1. Did you move in 2023?
 |  |  |  |
| 1. Did you sell any property in 2023?
 |  |  |  |
| 1. Did you purchase a home in 2023?
 |  |  |  |
| 1. Did you or your spouse have self-employment income or work as an independent contractor in 2023? If so, please attach statement showing 2023 income and expenses or ask for our Self-Employment Questionnaire.
 |  |  |  |
| 1. Do you have any rental properties? If so, please attach statement showing 2023 income and expenses or ask for our Rental Property Questionnaire.
 |  |  |  |
| 1. IMPORTANT: Did you have any foreign (non-US) bank accounts, foreign corporations, foreign trusts, foreign mutual funds not part of your U.S. brokerage account, or any foreign financial assets, etc? If yes, please explain. Let us know if you have questions.
 |  |  |  |
| 1. Did you pay any alimony?
 |  |  |  |
| 1. Did you have any mortgage debt forgiven?
 |  |  |  |

**DEDUCTIONS DURING 2023**

|  |  |
| --- | --- |
| 1. Mortgage Interest:
 | CHECK APPLICABLE BOXES |
| Name of Bank | Interest Paid | Principal Residence | Home Equity Loan | Secondary Residence |
|  | $ |  |  |  |
|  | $ |  |  |  |

1. Did you refinance your mortgage this year? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No
2. Real Estate/Property Taxes on your principal residence (if in CA please provide copy of bill): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Real Estate/Property Taxes on other property (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Car Registration Taxes paid as part of your annual registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Did you pay state taxes or receive any state tax refunds other than shown on your prior year return? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No If so, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Contributions to Charities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medical Expenses (including insurance premiums): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please note a benefit is only obtained if your expenses exceed a percentage of your gross income)
2. Did you contribute to an IRA/Roth IRA or similar plan (do not include 401(K))? \_\_\_\_\_\_ Yes \_\_\_\_\_No

Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe any residential energy improvements to your home (qualifying improvements can be found at: <http://www.irs.gov/pub/irs-pdf/f5695.pdf>): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Provide details of any higher education expenses or student loan interest paid (include who for): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you pay childcare/daycare costs so your spouse could work or go to school? \_\_\_\_\_\_Yes \_\_\_\_\_No
4. Other deductions (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFORDABLE HEALTH CARE ACT (MANDATORY HEALTH COVERAGE) – applies to 2014 and later years**

Did you and your dependents have U.S. healthcare coverage for the 2023 calendar year? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

Did you enroll in a qualified health plan offered through a “Marketplace” (i.e. State Health Care Exchange)? \_\_\_\_\_ Yes \_\_\_\_\_\_\_ No (This generally applies to those who are not working for a US employer)

If you received forms 1095-A, 1095-B, or 1095-C relating to Health Care Coverage please provide to us with this questionnaire.

If you received an exemption from health care coverage, or have heard you may qualify for one, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you make payments of estimated taxes to federal/state (i.e. quarterly payments)? If so, provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like any refund directly deposited to a bank account, please provide the following:

Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle one: Checking Savings

Please provide any additional information which may be relevant to your taxes or any questions you have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE QUESTIONS OR NEED FURTHER INFORMATION?**

E-mail us at [kncpas@gmail.com](file:///D%3A%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C8WC3R4RO%5Ckncpas%40gmail.com). If you e-mail this form to us along with your prior year return we can reply with a fee quote for your approval and the return(s) can usually be prepared quickly. We ask for half the fee to begin the work and then the balance is due upon completion.   Our main U.S. phone numbers are (562) 342-3017 and (949) 481-4094. Secure e-faxes can be sent to (562) 653-4183. Scheduled calls are also available on Skype at dondnelson or charlesexpatcpa.

NOTE: Some states are requesting the following:

*If you file state taxes – some states are requesting we input Driver’s License information for both Taxpayer and Spouse. If you want to send a photocopy of your US drivers’ license we can input information which may help expedite your refund. (or provide Driver’s License number, ID/DL state, ID issue date & ID exp. date).*

*Also, some states are asking if you made out of state purchases for which you did not pay sales tax (i.e. Amazon, Ebay). CA and NC are examples of states which ask us to ask our clients if there is any such “use tax” due for residents of those states and have places to add to the tax return. Please let us know if you made significant out of state purchases and feel this rule may affect you.*

*ALSO: If you held or traded bitcoin or other virtual currency or cryptocurrency please let us know.*