

BETTER BOOKKEEPING & TAX SERVICES, LLC CLIENT TAX QUESTIONNAIRE

2024

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

• 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? (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? (If yes, attach Form W-2 and/or 1099-NEC)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive any Unemployment Compensation in 2024? (If yes, attach 1099-G)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive any Social Security benefits during 2024? (If yes, attach Form SSA-1099)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you sell any Stocks/Investments in 2024? (If yes, attach 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? (If yes, attach 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? (If yes, attach 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

