BETTER BOOKKEEPING & TAX SERVICES, LLC CLIENT TAX QUESTIONNAIRE

2024

TAXPAYER INFORMATION													
Taxpayer Last Name:	First: Mic	ddle: Suffix:		☐ Mr. ☐ Miss Marit		Marita	tal Status:						
				☐ Mrs.	□ Ms.	Single□ Married□ Div □ Sep			,□ Widow□				
Social Security Number:	Date of Birth	: Age:		Occupat	ion:	Но	ome Phor	me Phone: C		ell Phone:			
Email Address:					ed Metho			Con oril		Text□			
										IEXIL			
Street Address:							Apt. #:						
City: State: Zip Code:													
Signal State.													
Did your marital status ch	ange during the	year?) Y 🗆	N Did	your add	ress cho	ange duri	ng the	year?	ΠΥ	□N		
		SPO	USE IN	FORMA	TION								
Spouse Last Name:	First: Midd	le: Suf	fix:	□ Mr.	□ Miss								
opocco zaci manno:	Middle. Just. Middle. Julia.			☐ Mrs.	☐ Ms.								
Social Security Number:	Date of Birth	: Age:	Age: Occupation: Cell Phone:			none:							
	D	EPENDENT:	S (CHII	LDREN A	ND OTH	IERS)							
									Did	Did You			
					Social Security		Months Lived Full-Time		Provide				
Name (Last, First)	Relationship		Date of Birth mm/dd/yyyy		Number		With Student		More Than Half of the				
		illili/du/	уууу	'Y		You				Support?			
								□ Y	□N	□ Y	□N		
								□ Y	□N	□ Y	□N		
								□ Y	□N	□ Y	□N		
								□ Y	□N	□ Y	□N		
								ΠΥ	□N	ΠΥ	□N		
Do you provide a home for or help support anyone else, not listed above?									□ Y	□N			
Were there any births, ves list details in "Other				ons in you	r immedia	te family	/ in 2024?	(If		□ Y	□N		
 yes, list details in "Other Information" Section on page 3) Could you be claimed as a dependent on another person's tax return for 2024? 									ΠΥ	□N			
 If requested by the IRS, do you have documentation (i.e. receipts, records) to substantiate your eligibility for the 							for the	□ Y	□N				
Child Tax Credit, Earned Income Tax Credit and/or Head of Household Filing Status?													
		INICO	SAAE IN	IE O DAA A	TION								
Did you receive any in	ocome from empl			NFORMA		ıt contra	ctor? (If v	es atta	ch	ΠΥ	□N		
 Did you receive any income from employment as an employee or independent contractor? (If yes, attach Form W-2 and/or 1099-NEC) 							C11						
Did you receive any Unemployment Compensation in 2024? (If yes, attach 1099-G)								□ Y	□N				
Did you receive any Social Security benefits during 2024? (If yes, attach Form SSA-1099)								□ Y	□N				
Did you sell any Stocks/Investments in 2024? (If yes, attach 1099-B)								□ Y	□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)								ΠΥ	□N				
Did you have any gambling winnings or losses, including lottery, bingo and raffles? (If yes, attach W2-G)								ΠΥ	□N				
Did you receive, sell, exchange or dispose any virtual currency?								□ Y	□N				

		LIE A I I		TION							
HEALTH INFORMATION											
•	Did you purchase health insurance from the Healthcare.gov Markeplace in 2024? (If yes, attach Form 1095-A) Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account in							□ N □ N			
	2024? (If yes, attach Form 1099-SA and Form 5498-SA)										
•	Did you/ spouse/dependent incur a substantial amount of unreimbursed medical expenses in 2024?										
		CHILD AN	ND DEPENDE	NT CARE							
•	Did you receive dependent care benefits from your employer in 2024?							□ 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:							□N			
	папасарров папасан	Name of Child Care Pro			Provider EIN/Socia	I Security N	lumk	oer:			
		Provider Address			Amount Paid	d to Provide	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? (If yes, attach 1098-T and support for expenses)] N			
•								□N			
•	 Did you, your spouse or dependent receive a distribution from a 529 Plan or Education Savings Plan in 2024? (If yes, attach Form 1099-Q.) 							□ N			
•							/ [□N			
•	Did you pay any Student Loan Interest in 2024? (If yes, attach Form 1098-E)							□ N			
		FILIN	NG QUESTIO	NS							
•	Did you receive or request of	a six-digit Identity Protection	PIN number fro	om the IRS?			′ [□ N			
•	• The IRS is able to deposit refunds directly into up to (3) taxpayer's accounts. If you receive a refund, would you like a direct deposit?] N			
•	If yes, please provide the fo	ollowing information:									
	Name of Bank	Name of Bank Bank Routing Number Bank Account Number Type of Acco									
] Savings						
		□ Check				☐ Savings					
		☐ Checking ☐ Saving									
Sele	ect type of Tax Return Copy f	for your personal files:		☐ Electronic Co	opy Paper Co	ppy with Fol	der				
		QUESTIONS, COMME	ENTS AND O	THER INFORM	ATION						