

2022 Taxpayer Questionnaire (Mandatory)

Please check the appropriate box and include all necessary details.

We are searching for deductions and planning your future. Please be complete!

Did any of these things happen during 2022?

Personal Information

	<u>Yes</u>	<u>No</u>
Did your marital status change? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your mailing address or residence change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone provide over 1/2 of you or your families support?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any dependent disabled or blind?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority? (Send new routing and A/C #)	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information

Were there any changes in dependents you claimed from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Name all dependents: _____		
Do you have any children under age 19 or college students under age 24 with unearned income (not wages) in excess of \$1,150	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over 1/2 the support to others than your children? If yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care (babysitting, daycare) while you worked or looked for work? Send provider name, address, social security number/EIN, and amount paid)	<input type="checkbox"/>	<input type="checkbox"/>

Buy or Sell Information and Debt Information

Did you buy, sell, or exchange any real estate? (Send all closing statements)	<input type="checkbox"/>	<input type="checkbox"/>
Did you abandon or have foreclosed any real estate? (Send Form 1099-A and/or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or write off any stock? (Send original cost, sale price and dates)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever exercised or sold stock options or employee stock purchase plans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in puts, calls or "short the box" stock transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy or sell an interest in any other investments (ex. K-1's)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy a hybrid (gas/electric), alternative motor, or electric motor energy efficient vehicle that still qualifies? If yes, list make, model and year.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or line of credit this year or refinance any real estate? (Send closing statements)	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country, or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have \$10,000 in a foreign bank account for even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have at least \$50,000 in foreign assets for even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you earn any income in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income during the year from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or rollover any retirement account money?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability or unemployment income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any tip income that was not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash in any U.S. Savings bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive employer-provided educational assistance or other educational benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take money out from a 529 plan? If yes, whose name was on the account and how much? (Send Form 1099-Q)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a damage award for personal injury, sickness or discrimination?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
Did you receive executor fees or jury duty fees? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or pay alimony (not child support)? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you qualify for any Social Security benefits such as retirement, death, disability or Medicare? (Send Form 1099-SSA or other statement)	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Information		
Did medical expenses exceed 7.5% of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care (nursing home) premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide the deductible \$ _____ contributions \$ _____		
qualified withdrawals \$ _____ and if Single <input type="checkbox"/> or Family <input type="checkbox"/> coverage.		
Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle or plane purchased for personal use? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for any property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay mortgage interest for your residence or a second residence? (Send Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to pay margin interest on a non-retirement investment portfolio?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest? (Send Form 1098-E)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to pay private mortgage insurance (PMI)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a 501(c)(3) charitable organization? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a donee acknowledgment to substantiate all cash or check charitable contributions of \$250 or more <u>and proof of all</u> charitable contributions (cash & noncash)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat? (Send Form 1098-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work from home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur unreimbursed casualty losses from farm, business or disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a teacher or school administrator who bought school supplies in your job?	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Information (Must answer all questions in this section)		
Did you receive a Form 1095-A, 1095-B, or 1095-C?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, include these forms with your tax information	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy insurance through the marketplace (exchange)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an advanced payment (subsidy) from the marketplace paid to your health insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
College and Credit Information		
Did you pay any college expenses? If yes, provide annual summary of charges and payments received from school, and a list of checks written (Send Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>
Have you started any adoption process?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your home this year?	<input type="checkbox"/>	<input type="checkbox"/>
What kind?		
Have you ever claimed in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Planning Questions		
Are you covered by a pension plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any retirement contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any retirement distributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make or would you consider a ROTH conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your retirement planning?	<input type="checkbox"/>	<input type="checkbox"/>
What year do you plan to retire? _____		
Do you need help with life, disability long-term care or health insurance planning?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your education planning?	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning on paying for your kid's college? If yes, how much \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
Do you need help with your estate planning?	<input type="checkbox"/>	<input type="checkbox"/>
Are your assets titled properly for estate purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have correct beneficiary designations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a will? If yes, does it need updated? Yes No	<input type="checkbox"/>	<input type="checkbox"/>
Do you have power of attorneys for healthcare and financial decisions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your investment planning?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your recordkeeping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a house mortgage(s)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the amount? _____ What is the rate? _____%	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

For each K-1 you received, how many hours per year (including your spouse) do you work in the business? _____		
For each rental property you own, how many hours per year (including your spouse) do you work in the business or rental? _____		
Did you receive correspondence from federal, state, or local tax authorities? (Send the letters)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have employer provided stock options that you can exercise or sell?	<input type="checkbox"/>	<input type="checkbox"/>
Were you ever in the military?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any gifts in 2022 of more than \$16,000 to any one individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to allocate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have your refund direct deposited into your bank account? (Send voided check for account information)	<input type="checkbox"/>	<input type="checkbox"/>
Can you afford to pay all your taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you file bankruptcy or have debts forgiven or cancelled this year? (Send Form 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Did you have any gambling income and do you have proof of losses? If yes, send proof of losses for review.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive, sell, exchange, or otherwise dispose of any virtual currencies during 2022?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a victim of identity theft, whereby the IRS issued you an IP PIN? If yes, please provide _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect significant changes in income, expenses, or dependents for 2023? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>

Business Owners and Farmers Only

Did you start up or shut down a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you were self-employed, did you pay health insurance premiums? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a group health insurance plan (owned by the business)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than one employee (including the owner and spouse as one)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you reimburse yourself or other employees for health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own or invest in a business that would require research and development costs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new employee pension plan this year or change your opt in feature?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain records to support all business expense reimbursements issued to all owners and employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy fuel to operate business equipment for off-road vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need coaching for your small business?	<input type="checkbox"/>	<input type="checkbox"/>



Leading Small Business and Individuals to Success

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	<u>Yes</u>	<u>No</u>
Business Owners, Farmers, and Rental Property Owners Only		
Have all required 1099s been filed and issued? If no, would you like our assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain mileage logs for all vehicles driven for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep records to support business purpose for all travel and meals expenditures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any asset purchases or repair and maintenance costs \geq \$2,500? If yes, attached all invoices.	<input type="checkbox"/>	<input type="checkbox"/>
State Information		
Did you live and work in more than one state in 2022?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to or distribute from a 529 Plan? If yes, what state plan? _____ Amount contributed \$ _____ Amount distributed \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLÉ plan? If yes, what state plan _____ Amount contributed \$ _____ Amount distributed \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Local Information		
Did you live or work in a city limit during 2022? If yes, list all: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you live in a township that has been annexed into a city during 2022?	<input type="checkbox"/>	<input type="checkbox"/>
Did you live in a school district that charges a separate tax during 2022?	<input type="checkbox"/>	<input type="checkbox"/>