

# BE PREPARED TAX SERVICE, LLC TAXPAYER QUESTIONNAIRE

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## FILING STATUS

Circle One:

Single                      Married Filing Joint                      Married Filing Separate                      Head of Household  
Qualifying Widow(er)

## PRIMARY TAXPAYER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

S.S.N. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a Dependent on another Tax Return? Y / N

Legally Blind: Y / N                      Disabled: Y / N                      Taxpayer Identification PIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License: # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## SPOUSE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

S.S.N. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you a Dependent on another Tax Return? Y / N

Legally Blind: Y / N                      Disabled: Y / N                      Taxpayer Identification PIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License: # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## ADDRESS

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Bank Information for Direct Deposit of Refund**

Bank Name: \_\_\_\_\_ Account Type:    Savings    Checking  
 Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Will this refund go outside of the US?    Y / N

**DEPENDENTS**

First Name	Last Name	Birthdate	SSN	Relationship	# Of months lived with you during the year.

Children who lived with you and are being claimed on another return. Such as in spilt custody arrangements.


**Please Answer/Circle All Questions. No Blanks!**

**Affordable Care Act / Healthcare.gov**

Did you purchase Health Insurance through the Affordable Care Act

/ Healthcare.gov? (Obamacare)

**YES    NO**

**Taxpayer/Household Info**

Any Personal Changes such as address, married, kids, etc.? YES NO  
Did client change jobs or retire? YES NO  
Child/Dependent care expenses to claim: (Day Care) YES NO

**Wages, Tips, Gambling and other Income**

Are there wages reported on Form W-2? YES NO  
Is there gambling income reported on Form W2-G? YES NO  
Is there income reported on Form 1099-G (Gov't refund or Unemployment)? YES NO  
Are there unreported tips to report? (Form 4137) YES NO  
Is there retirement income reported on Form 1099-R? YES NO  
Is there Social Security income reported on Form 1099-SSA? YES NO  
Are there Railroad Retirement benefits reported on 1099-RRB? YES NO  
Did client receive a Form 1099-C? (Cancellation of Debt) YES NO  
Is there "other income", such as a prize, jury duty, etc.? YES NO  
If Yes, Describe the income: \_\_\_\_\_

**Interest, Dividends and Other Investments**

Did you receive, sell, send, exchange or otherwise acquire any Virtual Currency? YES NO  
Is there Interest income reported on Form 1099-INT? YES NO  
Are there Dividends reported on form 1099-DIV? YES NO  
Are there any Capital Gains on form 1099-B? YES NO

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Did client have a financial interest in or signature authority over,

**Foreign Financial Accounts?** (FINCEN Reporting, Schedule B) **YES NO**

## **Business Income and Expenses**

### **NEW FOR TAX YEAR 2024:**

**CONGRESS PASSED THE CORPORATE TRANSPARENCY ACT: BENEFICIAL OWNERSHIP REPORTING.** *ALL BUSINESSES SUCH AS LLC, S-CORP, C-CORP, PARTNERSHIPS AND OTHERS MUST FILE A REPORT WITH FINCEN BY 12/31/2024 OR IF NEWLY CREATED IN 2024 WITH 90 DAYS OF FORMATION. NON-ILING PENALTY IS SEVER!!!! \$500 PER DAY AND UP TO TWO YEARS IN JAIL. THIS IS NOT A TAX DOCUMENT BUT RATHER A LEGAL DOCUMENT. BE PREPARED TAX SERVICE, LLC WILL NOT BE FILING THIS FORM FOR YOUR COMPANY OR BUSINESS. HERE IS A LINK FOR MORE INFORMATION: WWW.FINCEN.GOV/BOI*

Is there a Schedule K-1 (1065) related to a partnership? **YES NO**

Is there a Schedule K-1 (1120S) related to an S Corporation? **YES NO**

Are there Rental Properties or Royalty income? (Schedule E) **YES NO**

Is there a sole proprietorship business? (Schedule C) **YES NO**

Did Client receive a Form 1099-Misc or 1099 NEC? **YES NO**

Did client receive a Form 1099-K? **YES NO**

## **Itemized Expense Deductions (Schedule A)**

Miles driven to Dr./Dental office visits during year: **YES NO**

Number of miles driven. \_\_\_\_\_

Medical/Dental Expenses Paid out of pocket: **YES NO**

Real Estate Property Taxes Paid: **YES NO**

Home Mortgage Interest: (Form 1098) **YES NO**

Points Paid (Purchase of Principle Residence OR Qualified Refinance): **YES NO**

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Miles driven for Volunteer Work with Charitable Organization: **YES NO**  
How many? \_\_\_\_\_

Charitable Cash or Check Contributions: **YES NO**

Non-Cash Charitable Contributions: **YES NO**

Did client have a loss from a theft or casualty? (Form 4684) **YES NO**

## **Deductions and Credits**

### **Clean Energy Credits**

Did you buy an Electric Vehicle: **YES NO**

Residential energy efficiency improvements? (Form 5695):  
Did you install: Windows, Doors, Heater, Boiler, Solar, Geothermal, Wind Power,  
Household Batties or any other Energy improvements in your house? **YES NO**

First-Time Homebuyer Credit received in TY 2008? **YES NO**

Did client sell a home that had a 1<sup>st</sup> time Homebuyers credit taken in 2008? **YES NO**

Is the client a teacher that had educator expenses? **YES NO**

Did client adopt a child? (Form 8839) **YES NO**

### **Other Tax Situations**

Did client make estimated tax payments? **YES NO**  
When, How Much? \_\_\_\_\_

IRA Contributions: **YES NO**

Taxpayer Amount: \$ \_\_\_\_\_ Spouse Amount: \$ \_\_\_\_\_

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Alimony Received: \$ \_\_\_\_\_ YES NO

Alimony Paid: \$ \_\_\_\_\_ YES NO

Recipient's SSN: \_\_\_\_\_ Recipient's Name \_\_\_\_\_

**Education Credits**

Did you contribute to a 529 College Savings Plan? YES NO

Did you receive Form 1098-E for student loan interest? YES NO

Did you receive Form 1098-T for Tuition paid to College? YES NO

American Opportunity Credit: YES NO

If yes, what years used? \_\_\_\_\_

Lifetime Learning Credit: qualified expenses: YES NO

**Refund Options:**

Check Mailed from IRS: YES NO

Direct Deposit to TP's Bank account: YES NO

Refund Transfer (bank product): YES NO

NOTES: -

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**The above information is true and correct, and I/we understand that the information given on this questionnaire and your attached forms will be used to complete my/our tax return(s). Be Prepared Tax Service, LLC does not audit or in any way, verify the validity of the forms and information provided by the Taxpayer; except where required by the IRS. It is expected that the Taxpayer is providing true and accurate information to the best of their ability and agree to hold harmless Be Prepared Tax Service, LLC for any false or misleading information provided. I/ We agree to hold Be Prepared Tax Service LLC harmless for any errors that they may make on my/our tax return. I /We also understand that error on my/our return will cause a delay in the processing of the return and the receipt of the refund, if any.**

Taxpayer Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Spouse Signature : \_\_\_\_\_ Date : \_\_\_\_\_