

TAX QUESTIONNAIRE

If any of the following items pertain to you or your spouse for 2025,
please check the appropriate box and provide additional information if necessary.

YES NO

PERSONAL INFORMATION/DEPENDENTS

Did your marital status change during the year?

Did your address or phone number change from last year?

Were there any changes in dependents? Are any over age 19? YES NO Did

you have any children under age 24 with unearned income greater than \$2,700?

Did you receive a healthcare subsidy through Covered CA?

INCOME

Are you self-employed or do you receive hobby income?

Did you receive any disability or unemployment income?

Did you receive barter or tip income or acquire an interest in a virtual currency?

Did you receive rent from real estate or other property?

Do you expect a large fluctuation in income, deductions, or withholding next year?

EDUCATION

Did you, your spouse or a dependent incur any tuition expenses that are required to attend classes beyond high school?

Did you or your spouse pay any student loan interest?

PURCHASES, SALES, DEBT

Did you purchase or dispose of any business assets?

Did you buy or sell any stocks, bonds or other investment property in 2025 ?

Did you purchase, sell or refinance any property or take out a home equity loan?

Did you have any debts canceled or forgiven or refinanced?

Did anyone owe you money which had become uncollectable?

Did you incur a loss because of damaged or stolen property?

FOREIGN INCOME/INTERESTS

Did you have any foreign income or pay any foreign taxes?

Did you or your spouse hold any money or securities in a foreign financial institution?

Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

RETIREMENT PLANS

Did you receive a distribution from or make a contribution to a retirement plan (401k, IRA, SEP, SIMPLE or Qualified plan)?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

BUSINESS/EMPLOYMENT EXPENSES

Did you work out of town for part of the year or use your car on the job (other than to and from work)?

Was your home rented out or used for business?

MISCELLANEOUS

May the IRS discuss this return with your preparer?

Do you have a health savings account (HSA)?

Did you receive any accelerated death benefits from a life insurance policy?

Did you receive any correspondence from the Internal Revenue or the State taxing agency?

Did you engage the services of any household employees?

Did you or your spouse make any gifts with a total value in excess of \$19,000 to an individual?

Did you purchase a clean air vehicle, solar system, or make energy-efficient improvements to your home?

Did you make any purchases from internet or out-of-state vendors on which you were not charged sales tax?

Did your bank account information change within the last 12 months?

If you have a tax refund, do you want direct deposit of your tax refund?

Is there anything else we should know that wasn't addressed in this questionnaire?

ITEMIZED DEDUCTIONS

If you are not using the full organizer, please fill in amounts here and provide documentation.

Medical Expenses Paid	Health Insurance	\$ _____	Other Medical	\$ _____
Real Estate Taxes Paid	Primary Residence	\$ _____	Investment Property	\$ _____
Mortgage Interest Paid	1st Mortgage	\$ _____	Equity Line	\$ _____
Charitable Donations	Cash	\$ _____	Non-Cash	\$ _____
DMV License Fee		\$ _____	New vehicle Loan Interest	\$ _____

ESTIMATED TAX PAYMENTS FOR TAX YEAR 2025

<i>Installment</i>	<i>Date paid</i>	<i>Federal</i>	<i>Date paid</i>	<i>State</i>
First		\$ _____		\$ _____
Second		\$ _____		\$ _____
Third		\$ _____		\$ _____
Fourth		\$ _____		\$ _____
Amount applied from 2024 overpayment?		\$ _____		\$ _____
Total		\$ _____		\$ _____

TAXPAYER RESPONSIBILITIES

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid when your tax return is delivered. If you terminate this engagement before completion, you agree to pay a fee for work completed.
- You should keep a copy of your tax return and any related tax documents.

By returning this questionnaire or submitting documents to Fox & Associates, I/we agree to the terms of the Client Agreement regarding client responsibilities.

Taxpayer Full Name

Spouse Full Name

Date