

2025 TAX YEAR - TAXPAYER QUESTIONNAIRE

updated 1/16/2025

LAST NAME: _____

LAST 4 of SSN: _____

ADDITIONAL PERSONAL INFORMATION

Did you receive OVERTIME PAY? YES ___ NO ___

Were you UNDER 24 at the end of 2025 and a full-time student for at least 5 months in 2025? YES ___ NO ___

If so, was your parent(s)'s home your permanent address? YES ___ NO ___

Do you need to file **INJURED SPOUSE**? ___ YES ___ NO - If so, who is the person with the debt? _____

STATE RESIDENCY - ALL TAXPAYERS

What county do you live in? _____ What school district are you in? _____

Did you move from one state to another in 2025? YES ___ NO ___

If so, which state did you live in on January 1, 2025? _____ Date you moved ___/___/____ State you moved to _____

Did you move states again in 2025? YES ___ NO ___ What county at the end of 2025? _____

WV TAXPAYERS:

Year of Disability: _____

Did you receive an **MV-1** letter from WV? YES ___ NO ___

You MUST bring **MV-1** to claim your property **TAX REFUND**

If you are 65 or older, do we need to claim your Senior Citizen's Tax Credit (Property Tax)? YES ___ NO ___

PA TAXPAYERS:

Did you have any unreimbursed work-related expenses? If so, how much? \$ _____

DIRECT DEPOSIT - DO NOT use a deposit slip for the information below:

Name of Bank: _____

Type of Account: Checking ___ Savings ___

Routing Number: _____

First 9 digits at the bottom of check

Account Number: _____

Right of the routing number

INCOME

Do you have **1099-MISC** or **1099-NEC**? YES ___ NO ___ If so, what is it for? _____

If you have expenses against this income, what are your expenses **not including mileage**? _____

If you have mileage expense, how many **Total Miles** did you drive in 2025? _____

How many miles were **Commuting miles** (back & forth to the same place every day)? _____

How many miles were **Business miles**, not including commuting miles? _____

EXPENSES

If you paid **LONG TERM CARE INSURANCE**, how much did you pay in 2025? You \$ _____ Spouse \$ _____

MUST PROVIDE COPY OF LTC INSURANCE

If you pay or receive **ALIMONY** what was the YEAR of Divorce? _____ Check whether you ___ Pay or ___ Receive

How much Total in 2025? _____ What is the other person's SSN? _____ (**must PROVIDE**)

QUALIFIED SAVINGS PLANS

How much did you contribute to a **COLLEGE 529 Savings Plan**? _____ **Annual Statement must be provided**

Did you contribute to a **TRADITIONAL IRA** for the 2025 tax year? If so, how much: **YOU \$ _____ SPOUSE \$ _____**

Did you contribute to a **ROTH IRA** for the 2025 tax year? If so, how much: **YOU \$ _____ SPOUSE \$ _____**

OTHER

Do you have **SHORT TERM CAPITAL LOSS** carryover from 2024? If so, how much \$ _____

Do you have **LONG TERM CAPITAL LOSS** carryover from 2024? If so, how much \$ _____

If you paid **ESTIMATED FEDERAL** or **STATE TAXES** check here _____ **list dates/amounts for each on the back of sheet.**