

# Individual Tax Questionnaire

Federal & California

## 1. Taxpayer Information

	Taxpayer	Spouse (If Married)
Full Legal Name:		
Social Security Number		
Date of Birth		
Occupation		
Phone Number		

Email Address:

Street Address:

Apt #:

City:

County of Residence:

Zip Code:

Marital Status (as of Dec 31):

Single    Married    Divorced    Separated    Widow(er)

Did your marital status change during the year? Yes    No

Did your address change during the year? Yes    No

## 2. Dependents

List all dependents (name, SSN, relationship, DOB):

Full Name	SSN	Relation	DOB	Months Lived with you	Fulltime Student	Did you provide more than half of the support?

Could anyone other than yourself claim them as dependent(s)?

Who?

Does anyone else provide money to support your household?

Who/How

much?

How much income did your dependents receive in the year? (If any?)

Name	Amount
	\$
	\$
	\$
	\$

What documents are you able to provide proving that your dependents are related to you, live in your home & are supported by you?

Birth Certificates      Adoption Records      School, Medical, daycare, social service

Did you receive dependent care benefits from your employer in 2025? Yes      No

Did you pay any child/dependent care expenses in 2025 for a child under 13 years old or costs to care for a handicapped individual? Yes      No

If yes, complete the following:

Childcare Provider (Name, Address, EIN/SSN, Amount Paid):

### 3. Income Sources

Select all that apply:

- W-2 Wages (If you received overtime pay or tips please attach final 2025 paystub or other documentation)
- Self-Employment (1099-NEC, 1099-K)
- Unemployment Compensation (1099-G)
- Stocks / Investments (1099-B)
- S-Corp / Partnership / Estate or Trust (K-1)
- Rental Income
- Interest / Dividends (1099-DIV or 1099-INT)
- Cryptocurrency / Digital Assets (1099-DA)
- Social Security Benefits (SSA-1099)
- Pensions / IRA / 401(k) (1099-R)
- Gambling (W2-G)
- Other Income

Did you receive a distribution from a retirement plan in order to pay medical bills, for higher education expenses or to purchase a home in 2025? Yes    No    If yes, list reason:

Did you make any contributions to a retirement plan that is separate from your employer (pension, 401K, IRA, SEP, SIMPLE) in 2025? Yes    No

Did you convert an IRA to a Roth IRA or perform a Backdoor Roth IRA in 2025?  
Yes      No

## 4. Business / Independent Contractor Information

Date Business Started: (MM/DD/YYYY)

Did you materially participate in this business in 2025?                      Yes      No

Do you have records to support your business expenses?                      Yes      No

Did you file Form 1099 for all subcontractors? (If no, did you pay any one person \$600 or more? Yes      No      )                      Yes      No

Did you use your vehicle for your business    Yes      No

Do you have written evidence to support your vehicle expenses?                      Yes      No

Please list the following:

<b>Business Miles Driven in 2025</b>	<b>Communting Miles Driven in 2025</b>	<b>Other Miles Driven in 2025</b>

## 5. Head of Household

Are you unmarried or considered unmarried as of the last day of the year? Yes      No

Did you provide more than half the cost to maintain a home for yourself and dependents?  
Yes      No

## 6. College Credits

Did you or any dependent children attend college for any part of the year? Yes      No

How was tuition paid?

Grants      Loans      Cash/Credit Card      529 College Savings (1099-Q)  
(Provide statements from college accounting office to support payment)

Do you have receipts for education expenses and/or receive Form 1098-T? Yes No  
If you paid for any fees / books please attach those receipts.

Were any of these credits (EIC/CTC/ACTC/ODC/AOTC) disallowed or reduced in a previous year? Yes No

If claiming credit for a child dependent does the child reside with the taxpayer who is claiming the EIC/CTC/ACTC/ODC/AOTC?

Have you released the claim of these credits to another person?

Did you pay any student loan interest? (If yes attach 1098-E) Yes No

## 7. Housing

Do you own a home? (If yes, attach Form 1098 - Mortgage Interest and 2025 Property Tax Statement) Yes No

Did you sell and/or purchase a home in 2025 or 2026? (If yes, attach Closing Disclosure & 1099-S) Yes No

Did you receive rent from real estate or other property? (If yes, attach support for income and expenses) Yes No

Was your principal home or rental property foreclosed on in 2025 or 2026? (If yes, attach 1099A or 1099C) Yes No

Did you make any energy efficient improvements to your primary home in 2025? (If yes, include Qualified Manufacturer Identification Number (QMID) for all items bought. Add item, QMID and cost in Other Information section.) Yes No

Did you purchase any solar, wind, geothermal, fuel cells or battery storage technology? (If yes, include cost and type of technology in Other Information section.) Yes No

Did you receive a Mortgage Credit Certificate (MCC) by a state or local governmental agency under a qualified mortgage credit certificate program? (If yes, attach form) Yes No

## 8. Health Information

Did you purchase health insurance from the Healthcare.gov Marketplace in 2025? (If yes, include Form 1095-A) Yes      No

Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account in 2025? (If yes, attach Form 1099-SA and Form 5498-SA) Yes      No

Did you/spouse/dependent incur a substantial amount of unreimbursed medical expenses in 2025? Yes      No

## 9. Vehicle Deductions

Did you purchase a new or used plug-in Electric Vehicle before September 30, 2025? (If yes, fill in the following): Yes      No

Purchase Date	Model	Cost	VIN

Did you purchase a new vehicle or motorcycle with a loan for personal use in 2025? (If vehicle was assembled in the US you can deduct up to \$10000 in interest. If more than one vehicle was purchased add in Other Information section.) You can check this website for plant assembly information <https://www.nhtsa.gov/vin-decoder>. If assembled in the US, please provide a statement from your lender that shows interest paid.

Make	Model	Year	VIN

## 10. Deductions

If you were a kindergarten through 12th grade teacher and worked more than 900 hours during the year and had unreimbursed education expenses include total here: \$

Did you make charitable contributions in 2025? (If yes, attach receipts or acknowledgements from charity, cancelled check or other proof) Yes      No

Did you use your vehicle to provide volunteer services to a charity? Yes      No

Did you pay state taxes on new vehicle purchased or monthly lease in 2025? Yes No

Did you pay vehicle registration fees. (Attach receipts from DMV) Yes No

Did you owe State or Local taxes when you filed your 2024 Income Tax Return? If yes, please list amount paid in 2025: \$

## 11. California-Specific Questions

Were you a California resident for the entire year?

Yes No

If part-year resident, list dates and CA income:

Did you have California use tax on out-of-state purchases? Yes No

Did you rent during 2025 and want to check for California renter's credit? Yes No

Health insurance coverage (Covered California or other):

Did you have health insurance coverage all year? (If yes, attach a copy of at least one of the following 1095-A, 1095-B, or 1095-C) Yes No

If no what months were you covered? (If any?)

January February March April May June July August  
September October November December

Did you apply for any exemptions in healthcare coverage? If so, please indicate which exemption you applied for (Provide exemption certificate number (ECN) from Covered CA):

General Hardship Affordabilty Hardship Religious Conscience

## 12. Other Information

Please attach any other information or tax documents you have received. Please list below any other information you believe is relevant.

## 13. Filing Questions

Did you receive or request a six-digit Identity Protection PIN number from the IRS?

Yes    No

Did you pay estimated taxes in 2025? (If yes, please provide receipts) Yes    No

Direct deposit information (Bank, Routing, Account):

Bank Name	Routing #	Account #	Account Type
			Checking    Savings

## 14. Authorization

I certify that the above information is true and complete.

Signature:

Date: