Taxpayer & Spouse: _____

2024 CUSTOMER QUESTIONNAIRE

Please provide the information requested below. Please circle the applicable response where available in this document. If the question does not pertain to you, please mark N/A. Unless indicated, all questions pertain to the 2024 tax year. **PLEASE PROVIDE DOCUMENTS TO SUPPORT THE ANSWERS TO ALL THE QUESTIONS IN THIS QUESTIONNAIRE.**

Personal Information

Taxpayer	Taxpayer	Spouse	Spouse
First Name		**First Name**	
Last Name		**Last Name**	
SS# or ITIN		**SS# or ITIN**	
Occupation		**Occupation**	
Birthday		**Birthday**	
Address		**Address**	
City, ST. Zip		**City, ST. Zip**	
Telephone Other		**Telephone Other**	
Cell Phone		**Cell Phone**	
Email		**Email**	
Preferred method of contact		**Preferred method of contact**	

Taxpayer Initials _____
Spouse's Initials _____

Filing Status & Dependents

1. What is your filing status for tax year 2024?

   (Check and Initial Filing Status).

   ☐ x____ Single

   ☐ x____ Married Filing Jointly

   ☐ x____ Head of Household

   ☐ x____ Married Filing Separately

   ☐ x____ Qualifying Surviving Spouse

2. Did you have any dependents this tax year 2024? yes/no/na

   (If yes fill out Module 2)

3. Did you pay half of the cost of maintaining the home for yourself and the dependents? yes/no/na

4. Do you or your spouse have a personal identification number (due to identity theft)? If yes, please indicate the number below. yes/no/na

Taxpayer	**Pin**	**Spouse**	**Pin**

Income/Documents	**Tax Form or Supporting Documentation**	**List Payers and Amounts**
Wages	Form W-2	1. 2. 3. 4.
Interest and Dividends	Form 1099-INT and 1099-DIV	

Taxpayer Initials _____
Spouse's Initials _____

Sale of Stocks, Securities, Capital Assets	Form 1099-B	
Miscellaneous Income	Form 1099-MISC and 1099-NEC	1. 2. 3. 4.
Retirement/Pension Distributions	Form 1099-R	
Pass-thru Income (LLC's, S Corp, Partnership, Trust, Estate)	Schedule K-1	
Unemployment compensation	Form 1099-G	
Social Security Income	Form SSA-1099	
Mortgage Interest	Form 1098	
Health Savings Account (HAS or MSA)	Forms 1099-SA and 5498-SA	
Healthcare Coverage or Insurance	Forms 1095-A	
Qualified Tuition Program	Form 1099-Q	
Tuition	Form 1098-T	

Taxpayer Initials _____
Spouse's Initials _____

Education credit	All documents supporting education expenses	
Gambling Winnings	Form W-2G Gambling Expenses	
Rental Property Income	Fill out Module 9A	

Healthcare

1. Did you obtain healthcare coverage through the Marketplace? If yes, include all Form 1095-A. yes/no/na

Investments & Miscellaneous

1. Did you or your spouse sell any securities or investment property not reported on Form 1099-B? yes/no/na
2. Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? yes/no/na
    a. If so, please include settlement statement you received at closing.
3. Did you or your spouse start, purchase, or sell a business, rental property, or farm, or acquire/sell any interest in any partnership or S corporation? yes/no/na
4. Did you or your spouse receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? yes/no/na
5. Did you have any interest in or a signature authority over a bank account, securities account, or other financial account in a foreign country? yes/no/na
6. Were any debts owed by you or your spouse cancelled or forgiven? yes/no/na
    a. If yes, provide details and Forms 1099 received.

Deductions

1. Did you pay any mortgage interest or property tax on your primary residence? yes/no/na
2. Are you or your spouse teachers or other educators? yes/no/na

Taxpayer Initials _____
Spouse's Initials _____

3. Did you or your spouse incur and pay any medical or dental expenses during the year? yes/no/na
4. Did you or your spouse make contributions to charity during the year? yes/no/na
5. Did you or your spouse pay sales tax or use tax to a state, municipality, county or city during the year? yes/no/na
6. Did you purchase a car, boat or motorized vehicle? yes/no/na
7. Did you make a qualified residential energy-efficient improvements or purchase involving solar, wind, geothermal, or fuel cell energy resources? yes/no/na
   a. If so, please provide us with invoices you paid in 2024 along with the tax credit certificate received.

If you answered YES to any of the above questions under "Deductions", please fill out Module 11.

CERTIFICATION

The undersigned certifies, under the penalties of perjury, that the information provided in response to the foregoing questions is complete and accurate to the best of his or her knowledge. The undersigned further certifies that he or she has provided the information requested herein. The undersigned also certifies that he or she has verified the information provided in this document and states that it comports with the supporting documentation provided, if any.

_____	_____
Taxpayer's Signature	Spouse's Signature
_____	_____
Taxpayer's Printed Name	Spouse's Printed Name
Dated:	Dated:

Taxpayer Initials _____
Spouse's Initials _____

Consent to Use of Tax Return Information

_____ ("we", "us" and "our")
Printed Name of Tax Preparer

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

For your convenience, we have entered into an arrangement with Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation ("Processor"), using banking services of Green Dot Bank, to provide qualifying taxpayers with the opportunity to apply for refund processing services offered by and through Processor. To determine whether these services may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these services may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2024 tax return to determine whether to present you with the opportunity to apply for refund processing services through Processor.

Printed Name of Taxpayer: _____

Taxpayer Signature: _____ **Date:** _____

Printed Name of Joint Taxpayer: _____

Joint Taxpayer Signature: _____ **Date:** _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.