

## CLIENT INFORMATION QUESTIONNAIRE/ORGANIZER – 2023 TAX RETURN

Completion of this form will expedite the preparation of your tax return, help avoid missing deductions, and keep our tax fees down.

Taxpayer's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions by circling Yes or No.

### General Information

1. Have you moved in the past year? Date of Move: \_\_\_\_\_ **Yes** No
2. Did your dependents change from last year's return? **Yes** No
  - A. No Longer a dependent? Which Dependent? \_\_\_\_\_
  - B. New Dependent? Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_
3. Did you have a change in marital status from last year's return? **Yes** No
  - A. Date of Marriage/Divorce/Separation: \_\_\_\_\_
4. Did you change occupations or employers? **Yes** No
  - A. New Occupation: \_\_\_\_\_

**Provide W-2s for all employers.**
5. Were you claimed as a dependent on another taxpayer's return? **Yes** No
  - A. If so, whose return were you claimed on? \_\_\_\_\_
6. Do you want your tax return supplied to you by paper copy or electronic copy on your portal? Circle one: **COPY** **PORTAL**
7. Do you want direct deposit of any federal, or state refund? **Yes** No
  - If yes, attach a voided check or please provide the following:  
Is this a Checking or Savings Account? \_\_\_\_\_  
Routing Number (nine digits) \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Name: \_\_\_\_\_

### Health Insurance

8. Was there any month in 2023 where you did not have health Insurance for everyone living in your home? **Yes** No
  - A. Who was not covered? \_\_\_\_\_
  - B. Dates not covered. \_\_\_\_\_

#### IRS CIRCULAR 230 DISCLOSURES:

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9. Did you purchase health insurance from the exchange (Pennie)? **Yes** No  
**Provide copy of Form 1095A from Insurer**
10. Do you have a Health Savings Plan (HSA)? **Yes** No
- A. Is it with an employer? Did your employer or you make contributions to the HSA? **Attach Form 5498-SA.** **Yes** No
- B. Did you take distributions from your HSA? **Attach Form 1098-SA.** **Yes** No
- C. If HSA is not from your employer and you made contributions, **Attach Form 5498-SA.**
- D. Were all distributions from the HSA used to pay qualified medical expenses? If NO, amount of non-qualified medical expenses? **Yes** No
- 

## Income

11. Did you have interest and Dividend Income? **Yes** No
- A. **Attach all 1099 INT and 1099 DIV forms received.**
12. Did you receive distributions from retirement accounts? **Yes** No
- A. **Attach forms 1099 R for all distributions.**
- B. **Attach all Form SSA-1099 for Social Security.**
13. Did you have gambling Winnings? **Yes** No
- A. **Attach W-2 G for gambling winnings or list winnings if W2 G not issued.**
- B. **Provide evidence or support of gambling losses.**
14. Did you receive Unemployment Compensation, or a refund of State or local income taxes paid? **Yes** No
- A. **Attach all 1099-Gs received.**
- B. **If unemployment compensation received, was any repaid?** **Yes** No
15. Did you receive income from any partnerships, Sub S Corporations or trust and estates? **Yes** No
- A. **Attach all K-1s received.**
16. Did you receive compensation for Jury Duty, or Lottery/Prize or other winnings of a non-cash character? **Yes** No
- A. Jury Duty Amount \_\_\_\_\_. Attach document if received.
- B. Lottery Winnings Amount \_\_\_\_\_. Attach document.
- C. Cash and non-cash prizes \_\_\_\_\_. Attach document.
17. Did you have a cancellation of Debt? **Yes** No
- Attach Form 1099-C received.**
18. Did you receive any other income from any other source? **Yes** No
- Please detail income on the back of this form.**

## Adjustments to Income

19. Did you receive any Early Withdrawal Penalties? **Yes** No
- Attach 1099 INT**
20. Did you pay Student Loan Interest? **Yes** No

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## **Attach Form 1098-E.**

21. Did you have unreimbursed Educator Expenses? **Yes** No  
**Attach detail on the back of this form.**
22. Did you receive alimony? If so, amount \_\_\_\_\_. **Yes** No  
**Attach copy of divorce decree or separation agreement**
23. Do you have a ROTH or Traditional IRA or other retirement plan? **Yes** No
- A. Roth Contributions made \_\_\_\_\_
- B. Traditional IRA Contributions made \_\_\_\_\_
- C. Did you rollover a ROTH IRA Or Traditional IRA? **Yes** No  
**Attach Form 1099-R for distributions.**
- D. Did you take Early Distributions from the ROTH or Traditional IRA? **Yes** No  
**Attach Form 1099-R for Distributions.**
- E. Do you have a Required Minimum Distribution (RMD) from the IRA? **Yes** No
- F. Are there any extenuating circumstances for taking an early withdrawal from your ROTH or Traditional IRA? **Yes** No  
If so, what are the circumstances? \_\_\_\_\_

## **Self-Employment (Schedule C) (Put additional businesses on back)**

24. Do you own a business that is a sole proprietorship? **Yes** No
25. Name of Business: \_\_\_\_\_
- A. Does business have payroll? If yes, **attach a payroll summary.** **Yes** No
- B. What is the type of business? \_\_\_\_\_
- C. Does business have ending inventory? If yes, amount of Ending Inventory? **Yes** No
- D. Do you have a home office? If so, total square footage of home and total square footage of office. Home \_\_\_\_\_ Off. \_\_\_\_\_ **Yes** No
- E. Did you receive Form 1099 NEC or Form 1099 Misc from clients? **Yes** No  
**Attach all Form 1099 NEC or Form 1099 MISC received.**
- F. **Attach Statement of Profit and Loss for the business.**
- G. **For new clients, please attach a copy of the previous year's Depreciation Schedule.**
26. Do you use your personal vehicle for business or does the business own a vehicle? **Yes** No
- A. Make, model and year of vehicle. \_\_\_\_\_
- B. Year placed in service. \_\_\_\_\_
- C. Total Miles driven this year. \_\_\_\_\_. Bus. Miles \_\_\_\_\_.
- D. Do you own or lease the vehicle? \_\_\_\_\_  
**Attach a copy of the lease agreement or purchase agreement if not using mileage.**
- E. Do you use a logbook, or computer App to track your mileage? **Yes** No  
If not, what support can you provide for the mileage?  
\_\_\_\_\_

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## Rental Income (If more than one, put details on back of this form)

- |   | Yes | No |
|---|-----|----|
| 27. Do you own any rental properties?   |     |    |
| A. Type (Select By Circling): Single Family, Multi-Family, Vacation, Commercial, Land, Self-Rental, or Other _____              |     |    |
| B. Address: _____   |     |    |
| C. For new properties, <b>Attach Settlement Statement.</b>  |     |    |
| D. <b>Attach Profit and Loss Statement showing income and expenses.</b>   |     |    |
| E. <b>Attach listing of Capital Improvements made and amount.</b>   |     |    |
| F. <b>Attach Forms 1098 Mortgage Interest, if any.</b>  |     |    |
| G. <b>Attach Real Estate Tax Receipts for county and school districts.</b>  |     |    |
| H. <b>If this is the first year for us to prepare the return, attach detailed Depreciation Schedule from the previous year.</b> |     |    |

## Sale of Personal Residence, Rental Property or Other Property including digital or cryptocurrency

- |   | Yes | No |
|---|-----|----|
| 28. Did you sell a personal residence?  |     |    |
| <b>Attach Settlement Statement and 1099-S if received.</b>  |     |    |
| 29. Did you sell a rental property, vacation home, land, or other property?   | Yes | No |
| <b>Attach Settlement Statement.</b>   |     |    |
| 30. Did you receive, sell, exchange, purchase, gift or otherwise dispose of any digital or cryptocurrencies?  | Yes | No |
| <b>Attach Form 8949 or other statement of all sales, exchanges or expenditures of all digital currencies showing purchase price, sales proceeds and gain or loss on each transaction.</b> |     |    |
| <b>THIS IS REQUIRED.</b>  |     |    |

## Itemized Deductions

- |  | Yes | No |
|--|-----|----|
| 31. Do You have Medicare or other health or long-term care insurance?      |     |    |
| A. Medicare Insurance Premium Amount: _____                                |     |    |
| B. Other Health and dental insurance Premiums _____                        |     |    |
| C. Long-Term Care Premium Amount _____                                     |     |    |
| D. Medical miles driven _____  |     |    |
| 32. Do you have Medical Expenses for Doctors, Hospitals, or Prescriptions? | Yes | No |
| <b>Attach List of all medical expenses.</b>                                |     |    |
| 33. Did you pay real estate taxes, personal property taxes?                | Yes | No |
| <b>Attach copies of all county and school district tax receipts.</b>       |     |    |
| <b>Attach copies of all personal property tax receipts.</b>                |     |    |
| 34. Do you have a mortgage or home mortgage line of credit?                | Yes | No |
| <b>Attach copies of all Form 1098 Mortgage Interest.</b>                   |     |    |

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Note: You may deduct mortgage interest on your personal residence and a vacation home to the extent that the total of all mortgages are less than \$750,000. Mortgage interest is limited when the mortgage loans exceed \$750,000 (unless prior to 12/16/2017 where the limit is \$1,000,000).

35. Did you make charitable contributions? **Yes** **No**  
A. For cash contributions, **Attach a list of the amount and donee.**  
B. For non-cash contributions, **provide a receipt with the details of all property donated and the name and address of the donee. For any donations exceeding \$4,999 either individually or in aggregate, you will be required to provide an appraisal.**  
C. Charitable or Volunteer Miles Driven, if any \_\_\_\_\_
36. Did you have any Unreimbursed Business Expenses? **Yes** **No**  
**Attach a list of all expenses.**

## Taxes and Credits

37. Did you pay any federal, state, or local estimated tax payments? **Yes** **No**  
**Attach a list of Federal, State and Local Estimated Tax Payments made with the amount and date of each payment.**
38. Did you have any Child and Dependent Care expenses? **Yes** **No**  
**Attach final annual statement showing name, address, and EIN number for each provider.**
39. Did you make any contributions to an education 529 plan? **Yes** **No**  
**Attach statement showing contributions made, name, address, Social Security Number and amount of contributions for each beneficiary.**
40. Did you have any educational expenses that were paid from an education 529 plan? **Yes** **No**  
**Attach Form 1099-Q from each plan showing the amount of distributions.**
41. Did you have college tuition expenses? **Yes** **No**  
**Attach Form 1098-T Tuition Statement for each student. Indicate whether any of the tuition expenses were paid from a College 529 or similar plan.**
42. Did you purchase an electric vehicle (EV) and/or charging station? **Yes** **No**  
**Attach the following: Sales purchase agreement and financing or Lease statement, Copy of Qualified Manufacturers of Clean Vehicles, Previously-Owned Clean Vehicles, and Commercial Clean Vehicles (received from Seller). Date of purchase: \_\_\_\_\_**
43. Did you purchase energy efficient windows, exterior doors, air conditioning or heating system, insulation materials or systems? **Yes** **No**  
**Attach copies of all invoices detailing the purchase of such improvements.**

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44. Did you purchase qualified solar electric property, solar water heating property, small wind energy property, qualified geothermal heat pump property, or qualified biomass fuel property? **Yes No**  
**Attach copies of all invoices and descriptions of such property.**

## Foreign Accounts and Property

45. Do you have any Foreign Deposit Accounts or Custodian Accounts? **Yes No**  
**Attach the financial institution's name, address, account number and the date and amount of the highest balance in the account in USD denomination and indicate whether these are interest bearing account or investment accounts. Provide any documentation showing interest or investment earnings for the year.**
46. Do you own property in a foreign country? **Yes No**  
**Attach the name, address, and fair market value of each property.**

## Other Required information

47. Driver's Licenses:

<u>Taxpayer</u>	<u>Spouse</u>
State of Issue: _____	State of Issue: _____
License Number: _____	License Number: _____
Issue Date: _____	Issue Date: _____
Expiration Date: _____	Expiration Date: _____
<b>(For New York State Only)</b>	
Doc # on back _____	Doc # on Back: _____

48. Email address to use \_\_\_\_\_  
49. Best Phone Number to reach you: \_\_\_\_\_

## For All New Clients

50. You must provide a complete copy of your previous year's Form 1040 Tax Return. If you have a Schedule C business, you must provide a copy of a detailed depreciation schedule for the previous year showing all fixed assets.
51. Do you have any other items that you wish to discuss with us? **Yes No**  
**Provide details below or on reverse.**

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