

Carlinsville CPA Group, LTD.

2024 Tax Questionnaire

COMPLETION OF THIS TAX QUESTIONNAIRE, ALONG WITH YOUR SIGNATURE, IS MANDATORY FOR THE 2024 TAX SEASON.

Name _____	Date of Birth _____	Spouse's Name _____	Date of Birth _____
Street Address _____	City _____	Zip _____	County _____
Your Social Security Number _____		Spouse's _____	
Your Occupation _____		Spouse's _____	
Phone _____		Best time to reach you _____	
E-Mail Address _____			

Identity Verification

Please provide a copy of your driver's license/state identification card or provide the following:

Taxpayer State _____	License Number _____	Issue Date _____	Expiration Date _____
Spouse's State _____	License Number _____	Issue Date _____	Expiration Date _____

Please provide the following tax support documents when delivering your tax information to us for the preparation of your 2024 Individual Income Tax return. Also, please check () each form provided.

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
W-2		1099C (Debt Cancellation)		1099B Brokerage Statements	
1099 INT		1099G		1099 MISC	
1099 DIV		1099SSA		1098 Mortgage Int.	
1098 T (Tuition)		1099LTC		1099R	
1099Q (529 w/d)		1099A		1099S (Sale of RE)	
1041 K-1		1065 K-1		1120S K-1	
1099 SA (HSA)		1095A, B, C		1099-NEC	

Please provide any additional tax documentation so that we may accurately include all taxable income you may have received throughout the year. If you are uncertain, provide the information and we will determine the tax impact.

Please take a moment to complete the following questionnaire so that we can accurately report all necessary tax events for this tax year. Your signature is required on the last page.

Electronic Filing – Your return will be filed electronically unless you elect out by marking the following box.	Do Not E-File <input type="checkbox"/>
Do you want a tax REFUND direct deposited into your bank account?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you want to have tax BALANCE DUE to be electronically withdrawn?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If so, please provide the following:

Bank Name _____ Routing Number _____

Account Number _____ Checking Savings

Dependents for 2024

	1.	2.	3.	4.
Name:	_____	_____	_____	_____
Date of Birth:	_____	_____	_____	_____
Soc. Sec. #:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
# of months lived in your home in 2024:	_____	_____	_____	_____
College Student:	YES NO	YES NO	YES NO	YES NO
Does this dependent have income in excess of \$1,150	YES NO	YES NO	YES NO	YES NO

Did you pay for childcare while you worked or looked for work? YES NO

If so, please provide the following:

Provider's name:	_____
Provider's address:	_____
Social Security No. or EIN No.:	_____
Amounts paid in 2024:	_____

Did you adopt a child or begin adoption proceedings during 2024? YES NO

Federal, State, and Local Tax Payments

Estimated Payments	Date Paid	Federal Amount	State Amount	Local Amount
2024 1 st Qtr. ES due 04-15-2024		\$ _____	\$ _____	\$ _____
2024 2 nd Qtr. ES due 06-15-2024		\$ _____	\$ _____	\$ _____
2024 3 rd Qtr. ES due 09-15-2024		\$ _____	\$ _____	\$ _____
2024 4 th Qtr. ES due 01-15-2025		\$ _____	\$ _____	\$ _____

Refund Application: If you have an overpayment of 2024 taxes, do you want the excess:

	Yes	No
Refunded via a check in the mail?	<input type="checkbox"/>	<input type="checkbox"/>
Refunded via Direct Deposit (see page 1)?	<input type="checkbox"/>	<input type="checkbox"/>
Applied to your 2025 estimated tax liability?	<input type="checkbox"/>	<input type="checkbox"/>

Schedule A – Itemized Deductions Information

Medical

	Gross Paid	(Less) Ins. Reimb.	Net Paid
Prescription medications	_____	_____	_____
Health insurance premiums paid	_____	_____	_____
Medicare premiums	_____	_____	_____
Long-term care premiums	_____	_____	_____
Doctors, Dentists, etc.	_____	_____	_____
Hospitals, clinics, etc.	_____	_____	_____
Eyeglasses & Other	_____	_____	_____
Nursing Home Facilities	_____	_____	_____
Total Medical	_____	_____	_____

Medical (continued)	Yes	No
Were any medical miles driven in 2024? If so, how many: _____		
Did you have a Marketplace Insurance plan with premium tax credits? If so, please provide form 1095-A.		
Did you or your spouse have any transactions pertaining to a Health Savings Account (HSA) or Medical Savings Account (MSA) during 2024? If you received a distribution from an HSA or MSA, please attach Form 1099-SA.		
Interest Paid		
Please provide all 1098 Mortgage Interest statements for 2024.	Yes	No
Are you claiming a deduction for mortgage interest paid to a financial institution, for which someone else received the Form 1098? If so, please specify:		
Did you pay any points to refinance your mortgage? If so, provide information:		
Did you pay any student loan interest in 2024? If so, provide information:		
Did you pay any investment interest in 2024? If so, provide information:		
Did you pay interest on a home equity loan in 2024? If yes, provide amount \$ _____ Was the loan used to substantially improve your home?		
Taxes Paid (Limited to \$10,000)	Yes	No
Did you pay any real estate tax in 2024? Principal residence _____ Second residence/vacation home _____		
Did you pay personal property tax in 2024? Amount _____		
Did you make any large purchases, such as a motor vehicle, RV, or boat in 2024? If so, please provide us with the invoice amount and sales tax paid on the transaction.		
Other taxes - please provide information.		

Contributions

Regarding charitable contributions, how much of your deductible contributions were made in the following forms:

Cash:	Only list the total amount for which you have receipts. Receipts are required, regardless of the dollar amount, even for as little as a \$1 contribution.	\$
Check:	For checks and credit cards, only list the amount you can substantiate with the following: (1) For separate contributions of \$250 or more, you must have written acknowledgement from the charity, your canceled check is not enough; (2) For separate contributions under \$250, either a bank record or a receipt is required.	\$
Credit card:		\$
Clothing and household goods:	These must be in good condition or better. Only list the total amount you can substantiate with receipts if the contribution is \$250 or greater. Please indicate the name and address of the charity:	\$
Other contributions:	Please describe and attach support.	\$
Educator Expenses:	Classroom teachers and counselors please provide amount of unreimbursed expenses for supplies, books, materials, etc.	

Schedule B – Interest and Dividend Income

Yes

No

Did you receive dividend income on shares of stock that you did not own for at least 61 days during the 121-day period beginning 61 days before the ex-dividend date?

Did you surrender any U.S. savings bonds during 2024?

Did you have any tax-exempt income? If so, please provide statements.

Schedule C – Business Income and Expenses

Yes

No

If you are a Schedule C filer, please provide the amount you paid in health insurance premiums for yourself and your dependents. \$ _____
If so, have you opted out of a group health plan from a spouse's employer?

Do you have a record of total miles and business miles driven? **Business car expenses need to be substantiated with mileage logs and trip sheets for each trip.** (Note that commuting miles between your home and a fixed work location are not considered deductible business miles.)

If yes, please provide the following: Business miles: _____ Total miles: _____

Auto Make, Model and Year: _____

Date placed in service: _____

Rental Property

Yes

No

Did you have any rental activity in 2024?

If so, please complete our rental activity worksheet.

Farm Property

Yes

No

Did you have any farm activity in 2024?

If so, please complete our farm activity worksheet.

Purchases, Sales, and Debts	Yes	No	
Did you sell any securities, bonds, or other investment property? If so, please attach a statement of cost basis, dates of purchase, shares acquired, shares sold, date of sale, and sales price.			
If you sold at a loss, did you buy back the identical security sold within 30 days before or after the sale? If yes, please explain:			
Did you purchase or sell a rental property or farm, or acquire or sell any interest in any partnership or S Corporation during 2024? Please provide us with the K-1s as soon as they are available.			
If you had debt forgiven, you may be required to report debt relief income. Provide any 1099-A and/or 1099-C received.			
Did you purchase an electric vehicle in 2024? If so please provide details.			
Home/Real Estate Transactions	Yes	No	
Did you sell, exchange, or purchase any real estate in 2024? If so, please attach the closing statements.			
Did you claim a first-time Home Buyer Credit for a home purchased in 2008 - 2010?			
Did the residence with respect which you claimed the credit cease to be your principal residence in 2024?			
Did you install any energy efficient improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? If yes, provide details:			
Did you install any alternative energy equipment in your residence such as geo-thermal, wind turbines, solar water heaters, solar electricity equipment (photovoltaic), or fuel cells? If yes, provide details:			
Did you sell your primary residence in 2024? If no, go to the next section.			
If yes, did you own and occupy the home as your principle residence for at least 2 years out of the 5-year period prior to the sale?			
Did you ever rent this property?			
Did you ever use any portion of the home for business purposes?			
Have you or your spouse sold a principal residence within the last 2 years?			
At the time of the sale, the residence was owned by:	Taxpayer	Spouse	Both

IRA/Pension Distributions/Contributions	Yes	No
Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan?		
Indicate amount of total withdrawal/distribution and provide all 1099Rs.	\$	
If so, was it to acquire a principal residence, pay for qualified higher education expense, or medical expenses?		
Did you make a contribution to a retirement plan, 401(k), SIMPLE, SEP, or IRA that is not reported on your W-2 or K-1 for 2024?		
If so, indicate amount and type of plan. Taxpayer: Regular IRA _____ Roth IRA _____ Date _____		

Spouse: Regular IRA _____ Roth IRA _____		Date _____		
IRA/Pension Distributions/Contributions (continued)		Yes	No	
Did you receive retirement or severance compensation in 2024?				
Did you or your spouse turn age 73 during the year and have money in an IRA or other retirement account without taking a distribution?				
Were any distributions from your IRA and/or Roth IRA distributed to a charitable organization? If yes, provide details:				
Education Costs		Yes	No	
Did you or your dependents incur any post-secondary education expense, such as tuition? PLEASE ATTACH FORM(s) 1098-T				
Student's Name: _____ Year in School: _____ Type of educational expense and amount: _____				
Student's Name: _____ Year in School: _____ Type of educational expense and amount: _____				
Student's Name: _____ Year in School: _____ Type of educational expense and amount: _____				
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (529 Plan)? Please provide form 1099-Q and list of expenses paid.				
Did you or your spouse make any contributions to a Qualified State Tuition Plan (Section 529 plans) or a Coverdell Educational Savings Account during 2024, such as Illinois Bright Start or Missouri Most Program?				
If so, please enter the following information:				
Name of Designated Beneficiary	Social Security No.	State Sponsoring Plan	Account No.	Amount Contributed in 2024
				\$
				\$
Miscellaneous		Yes	No	
Did you pay alimony/maintenance in 2024? If so: Payee: _____ Amount: \$ _____ Social Security Number: _____ Date of original divorce or separation agreement: _____				
Did you receive alimony/maintenance in 2024? If so: From: _____ Amount: \$ _____ Date of original divorce or separation agreement: _____				
Did you have any one household employee to whom you paid cash wages of \$2,100 for the entire year, or with respect to whom you withheld any federal income tax? Did you pay cash wages to all household employees in excess of \$1,000 in any 2024 calendar quarter?				
Did you file employment tax returns for these household employees?				
Did you receive unreported tip income of \$20 or more in any month in 2024?				

Did you or your spouse receive distributions from long-term care insurance contracts? If yes, include Form 1099-LTC.		
Did you have any gambling or lottery winnings in 2024? Attach copies of your W-2G forms and gambling losses (losses listed by day if possible).		
Did you receive any unemployment benefits in 2024? Attach forms.		
Did you purchase a new "qualified fuel cell motor vehicle"?		
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?		
Did you receive a punitive damage award or an award from damages other than for physical illness or injury?		
Did you receive any payments from insurance companies, legal settlements, disability payments, or other taxable income?		
With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2024?		
Did you engage in any bartering transactions?		
Did you create or transfer money or property to a foreign trust?		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? If yes, Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts, must be filed. Failure to file can result in penalties ranging from \$25,000 to \$100,000.		
Did you receive an inheritance from a foreign country?		
Did you hold an interest in a foreign financial asset at any time during the year?		
Did you sell or exchange cryptocurrencies, such as Bitcoin? If yes, provide details.		
Have you been involved in a reportable transaction? These are transactions which produce questionable tax shelters, transactions which provide refunds of lost tax benefits, and/or require strict confidentiality of the transaction's tax benefits that result in significant amounts of losses with book to tax differences or provide tax credits with holding periods of less than 45 days. Tax avoidance transactions are included in this category.		
Did you participate in the Illinois Invest in Kids Program during 2024?		
Miscellaneous (continued)	Yes	No
Does your residential jurisdiction require the filing of a local earned income tax/school tax or business privilege tax returns? Note: It is the taxpayer's responsibility to inform us if a local tax return is required within their resident jurisdiction. Please provide the local forms whenever possible.		
Check here if you would like to contribute \$3 to the Presidential Election Campaign Fund.		
<input type="checkbox"/>	Taxpayer	<input type="checkbox"/>
		Spouse
Illinois Use Tax	Yes	No
Total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax. If \$0, indicate this. \$		
If you had no major purchases and you do not have receipts to figure your purchases, use the Use Tax Table to calculate the Use Tax (approximates 0.06% of AGI).		

Authorization	Yes	No
With your authorization, the IRS and certain states allow us to verify credits, payments, etc., for your tax account online. Do we have your authorization to view this information, if necessary?		

Kindly sign below and return this questionnaire to our office with your tax information. You can upload information securely on our website. www.cvcpagroup.com

Very truly yours,
Carlinville CPA Group, LTD.

I (We) have submitted this information for the sole purpose of preparing my (our) tax return. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Accepted by: _____
 Taxpayer's signature

Date: _____

 Spouse's signature

Date: _____

2024 Business or Rental Income

Please complete the following schedule with as much detail as possible.

	<u>Business or Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
<u>INCOME</u>			
Gross sales	_____	_____	_____
Rent received	_____	_____	_____
Other income	_____	_____	_____
_____	_____	_____	_____

<u>EXPENSES</u>			
Advertising	_____	_____	_____
Commissions and fees	_____	_____	_____
Insurance	_____	_____	_____
Interest - other	_____	_____	_____
Interest - mortgage	_____	_____	_____
Legal and professional	_____	_____	_____
Meals and entertainment	_____	_____	_____
Office expense	_____	_____	_____
Real estate taxes	_____	_____	_____
Rent or lease	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Travel	_____	_____	_____
Utilities	_____	_____	_____
Vehicle expense	_____	_____	_____
Wages	_____	_____	_____
Miscellaneous:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Capital improvements	_____	_____	_____
_____	_____	_____	_____
Equipment purchases	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business mileage _____

Vehicle model, year, and date purchased _____

Do you actively participate in the management of the above activity?

YES NO

2024 Farm Income

Please complete the following schedule with as much detail as possible.

INCOME

Corn sales	_____	
Soybean sales	_____	
Other crop sales	_____	
Custom work/machine hire	_____	
Government payments	_____	(Enclose Form 1099-G)
Livestock sales	_____	
Cash rent received	_____	
Patronage received	_____	(Enclose Form 1099-PATR)
Crop insurance received	_____	(Enclose Form 1099-MISC)
Other income	_____	(Enclose Form 1099-NEC)

EXPENSES

Cash rent	_____	
Chemicals	_____	
Dues and subscriptions	_____	
Drying	_____	
Feed purchases	_____	
Fertilizer	_____	
Fuel and oil	_____	
Insurance	_____	
Interest - other	_____	
Interest - mortgage	_____	
Lease payments	_____	
Legal and professional	_____	
Livestock	_____	
Machine hire	_____	
Real estate taxes	_____	
Repairs - buildings	_____	
Repairs - machine	_____	
Seed	_____	
Storage	_____	
Supplies	_____	
Taxes and licenses	_____	
Utilities	_____	
Vehicle	_____	
Veterinary & medicine	_____	
Wages	_____	
Miscellaneous:	_____	
_____	_____	
_____	_____	
_____	_____	
Landlord reimbursements	_____	
Land/building improvements	_____	(include copies of invoices)
_____	_____	
Equipment purchases	_____	(include copies of invoices)
_____	_____	
_____	_____	
Business mileage	_____	Miles
Vehicle model, year, and date purchased	_____	