Sauppé Tax Service LLC New Client Tax Questionnaire 2024

Name(1st,Las	st):				Spou	se:					
Taxpayer Soc	c. Sec	c#		S	Spouse S	Soc. Sec.	#				
Taxpayer Dat	te of	Birth			Spouse	DOB:				_	
Address:										_	
City, State,										_	
Primary Phor											
E-mail:											
							ŧ				
Routing #_ Please list all eligil months during the dependent must be and you usually mu	ole depe year and e a relati	endents fo d under th ve, usuall	r 2024. **Your o e age of 24 all y y must be a me	child b /ear. / mber	oorn prior to Any child w of your hou	0 1/1/2005 mus ho does not m usehold, must l	st be	a full-time	e stud tuden	dent for a	at least five any other
		ate of irth	f Social Security #		oendent ationship Taxpayer	Months in 2024Lived with you	Months in 2024 a Full Time Student		Taxpayer paid more than 50% of support		
										YES	NO
										YES	NO
										YES	NO
										YES	NO
Estimated tax po								ing paym	ents		_
quarter of 2025 Federal		does NO	State	JIGIII	g IIOIII W-	City		hool Di	st/R	EAL ES	TATE
DATE AMO	UNT	DATE	E AMOUNT		DATE	AMOUNT		DATE	Al	MOUNT	
(150)			20.1	Д.					<u> </u>	100 :	
Because of IRS regulatifiling prior to our complete be deducted from this a have read the terms of	etion of you	ur return. Al April 15 th .By	ny refund on these y signing below you	returns are co	will be deposinfirming that y	ited into the bank	acco	unt shown at	ove a	nd any ba	lance due will
Signature of taxpayer					Signature o	f spouse					-
Taxpayer occupation Please turn over - continued on back.					Spouse occ	cupation					

	All of these questions pertain to the 2024 year. Any <u>YES</u> answers will		
1	require complete details and documentation. What is your marital status as of 12/31/24?	Single	Marriad
2	Did you contribute cash or items to a charity in 2024 that you wish to claim on your tax return? If	YES	Married NO
2	YES, you MUST complete the Charitable Deduction Recap (available on our website).		NO
3	Did you purchase any goods online or through catalogs that did NOT include sales tax? If yes,	YES	NO
	please indicate total amount purchased \$	V=0	NO
4	Do you have written documentation for all business miles? If yes, you MUST complete the mileage section on the bottom of this form. If no, you cannot claim mileage.	YES	NO or N/A
5	Do you have any bartering or trading income or any other income to report (i.e., jury duty, prizes,	YES	NO
	awards, gambling winnings)? If yes, please provide all details.		
6	Did you pay child care expenses? If yes, please include documentation from the provider that	YES	NO
	shows amount paid, dependent covered, time period covered, and ID number of provider.		
7	Did you buy or sell a home this year or refinance an existing home? If yes, please provide the settlement statement from the purchase, sale, or refinance. If a refinance, you MUST provide	YES	NO
	documentation on how the loan proceeds were used.		
8	Do you have a Health Savings Account? If yes, indicate any amounts you contributed OUTSIDE	YES	NO
	of work, and provide details, including the 1099SA form, for any withdrawals made during the		
	year. Include proof that these distributions were spent on qualified medical care by providing the medical bills or a detailed recap showing medical provider, date, and amount.		
9	Did you, or any of your dependents, contribute to or make a withdrawal from any state 529 plan?	YES	NO
	If yes, please provide copies of all pertinent documents including the 1099Q.		
10	Did you pay any student loan interest? If yes, submit copies of all 1098Es received.	YES	NO
11	Did you have any student loan amounts forgiven in 2024? If yes, please provide all details. You	YES	NO
40	may or may not have received a 1099C for the debt cancelled.	VEO	NO
12	Did you pay any post-secondary (beyond high school) expenses for you, your spouse, or your dependents? This does NOT include student loan interest. If yes, you must provide Form 1098T	YES	NO
	and DETAILED documentation on all amounts paid during the year.		
13	If you answered YES to question 11, do any of the students involved have a felony drug	YES	NO or
	conviction? If yes, provide details.	VE0	N/A
14	If you own rental property or had your own business (even on a small scale), did you make any payments that would require you to file any 1099 forms?	YES	NO or N/A
15	If you answered yes to question 13, did you or will you file all required 1099 forms?	YES	NO or
.0	The your anomorous you to quotation for, and you of with you the an required foot forme.	. 20	N/A
16	Do you have any children under the age of 24 with unearned (<u>not</u> from a job) income over	YES	NO
17	\$2,500? If yes, please provide details. Did you make a gift or gifts to any individual during the year worth \$18,000 or more? If yes,	YES	NO
17	provide name of recipient, address, description of item(s) given, and amount.	163	NO
18	Did you get insurance through the Marketplace (healthcare.gov)? If yes, provide Form 1095A.	YES	NO
19	Did you receive, sell, exchange, gift or otherwise dispose of any financial interest in virtual	YES	NO
	currency (this includes nonfungible tokens or NFTs)?		
20	Do you have funds in a foreign bank account or give/ receive a distribution from a foreign trust?	YES	NO
21	If any of these situations apply to you check all that apply and provide all pertinent details.	YES	NO
	Legally blind Paid for domestic service in your home Purchased any items that qualify for the energy credits Contributed to a retirement account <u>outside</u> of work A full time teacher		
	who purchased supplies for the classroom Purchased a car, boat, or truck in 2024		

2024 Mileage Recap

1st Business	2 nd Business	Charitable	Medical	Moving	Personal	Total All Miles**			
**The total must equal the sum of the other categories and should be the total of all miles driven during the year.									

Car Information: Make_____ Model_____ Year____

Your signature(s) on page one verifies that this log is a true and accurate reflection of mileage for 2024 and that you have the records to substantiate this mileage.