

**Mobile 1040 Taxpayer Questionnaire**  
**Taxpayer Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Own or Rent? \_\_\_\_\_

Apt # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Maritable Status \_\_\_\_\_ Did it change during the year? \_\_\_\_\_ Reason \_\_\_\_\_

If due to death, enter date of death for taxpayer or spouse if during 2024 or 2025 \_\_\_\_\_

If married or divorced during 2024, will you be filing jointly or separately? \_\_\_\_\_

**If Married filing jointly, please fill in the below for your spouse**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

*Bank Product Applicants:* Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Can you or your spouse be claimed on someone else's tax return as a dependent? \_\_\_\_\_

Were you or your spouse permanently and totally disabled in 2024? \_\_\_\_\_

**Dependents Information**

Do you have any dependents? \_\_\_\_\_ How many? \_\_\_\_\_ (if more than 2, list on last page)

How many months did they live with you during 2024? \_\_\_\_\_

Did you provide at least 50% of their support? \_\_\_\_\_

Did you pay any daycare or dependent expenses so that you could work or attend school? \_\_\_\_\_

**\*\*will need tax provider's name, full address, taxpayer identification #, and the amount paid for each dependent, along with receipts or letter from daycare showing amount paid.**

Did you pay tuition expenses for you, your spouse, or dependents? \_\_\_\_\_ (form 1098-T or receipts)

**Dependent # 1**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship? \_\_\_\_\_

**Dependent # 2**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship? \_\_\_\_\_

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#### **Misc**

Did you or your spouse receive any tip income not reported by your employer? \_\_\_\_\_

Did you receive any other income not reported on W-2? \_\_\_\_\_ (form W-2G for gambling winnings, form 1099-G for unemployment payments received, form 1099-Misc)

Did you receive any dividend or interest income? \_\_\_\_\_ (form 1099-Int or 1099-Div)

Did you incur any adoption expenses during 2024? \_\_\_\_\_ (need receipts)

Did you or your spouse make gifts of over \$11,000 to an individual? \_\_\_\_\_

Did you pay interest on a student loan for yourself, your spouse, or dependents? \_\_\_\_\_ (form 1098E)

Did you buy or sell any stocks in 2024? \_\_\_\_\_ (form 1099-B)

Did you receive a distribution from a pension (401K) or profit sharing plan? \_\_\_\_\_ (form 1099-R)

Did you collect or pay alimony in 2024? \_\_\_\_\_ **If paid, need ex-spouse name & social security number & receipts/proof of amounts payment.**

Did you start a business, purchase a rental property or farm, or acquire an interest in partnerships, S corporations, or trusts? \_\_\_\_\_

#### **Itemizing Taxes**

Do you own your home and have mortgage interest and/or real estate taxes to deduct? \_\_\_\_\_ (Form 1098)

Did you purchase or sell a home during 2024? \_\_\_\_\_ (need closing statements for sale)

If sold, was it your main residence and did you live in it 2 out of the last 5 years? \_\_\_\_\_

Do you have medical or dental expenses not paid or reimbursed by others? \_\_\_\_\_ (receipts needed)

Did you make any charitable contributions for 2024? \_\_\_\_\_ (receipts needed)

Did you pay auto registration for 2024? \_\_\_\_\_ (receipt needed)

Did you have any un-reimbursed job related expenses? \_\_\_\_\_ (receipt needed)

Did you pay to have your taxes prepared last year? \_\_\_\_\_ (receipt needed)

Did you incur any casualty or theft losses during 2024? \_\_\_\_\_ (need info/proof of loss, and amount reimbursed by insurance)

#### **Filing and Payment Information**

Would you like to file your return electronically or mail it in? \_\_\_\_\_

If filing electronically, would you like your tax preparation fees deducted from your refund if you are due one? \_\_\_\_\_

Do you want direct deposit of any tax refund or would you prefer a check be issued? \_\_\_\_\_

\*\*\*direct deposit- Bank name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

If you are not due a refund or having your fees deducted from your refund, will you be paying by cash, check or credit card? \_\_\_\_\_ **Payment in full is due before return is actually filed with the IRS.**

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**Additional Dependents**

**Dependent # 3**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship? \_\_\_\_\_

**Dependent # 4**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship? \_\_\_\_\_

**Dependent #5**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship? \_\_\_\_\_

**Dependent # 6**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship? \_\_\_\_\_

**Dependent # 7**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship? \_\_\_\_\_