QUESTIONNAIRE FOR 2024 TAXES

ADDITIONAL INFORMATION REQUIRED

To provide you the very best and quality service, we need a copy of all persons whose name will be shown on your tax return, Driver's Licenses. Also, please have a copy of your prior year's tax return with you, if you DID NOT use us last year to file your tax return.

TAX DOCUMENTS MUST BE RECEIVED BY MARCH 20, 2025 (or we cannot guarantee a timely filing)

TAXPAYER NAME (as shown on Driver's License):			
Date of Birth:	**MM:**	**DD:**	**YYYY:**
Occupation:	**Email:**		

SPOUSE NAME (as shown on Driver's License):			
Date of Birth:	**MM:**	**DD:**	**YYYY:**
Occupation:	**Email:**		

STREET ADDRESS:			
CITY:	**STATE:**		**ZIP:**
Cell Phone Number: _____		How early may we contact you?	
Alternate Phone Number: _____		How late may we contact you?	

WHO REFFERED YOU TO ABBATE DEMARINIS, LLP?	

MARITAL STATUS (check one):	Single	☐	Married	☐	Divorced	☐	Widower ☐

WILL YOU BE CLAIMED AS A DEPENDENT ON ANOTHER TAX RETURN (check one)	Yes ☐	No ☐

EXEMPTIONS

New Clients / New Dependents please fill out below:

	Name (as shown on Birth Certificate)	Date of Birth	Social Security Number	Relationship to Taxpayer
Dependent			_____	
Dependent			_____	
Dependent			_____	
Dependent			_____	

REFUND

If you are receiving a refund, please tell us how you would like to receive the refund. (check only one)

☐	Direct deposit to your account
☐	Check in mail

BALANCE DUE

If you owe any money, please tell us how you would like to pay the balance. (check only one)

☐	Automatic withdrawal from your bank account
☐	Write and Mail a check

PLEASE PROVIDE YOUR BANK ACCUNT & ROUTING # (for deposit or withdrawal):

Bank Account#:
Routing #:

ESTIMATED PAYMENTS

Did you pay any **Federal** quarterly estimated tax payments in 2024?	Did you pay any **State** quarterly estimated tax payments in 2024?
Quarter 1 (April):	Quarter 1 (April):
Quarter 2 (June):	Quarter 2 (June):
Quarter 3 (Sept):	Quarter 3 (Sept):
Quarter 4 (Jan):	Quarter 4 (Jan):

DID YOU OR YOUR SPOUSE AT ANY TIME DURING THE YEAR:	**Select:**		**If yes, please provide**
	Yes	**No**	
1. Did you have any changes in your family? **(Married, divorced, new children)**	Y ☐	N ☐	Details/ Dates
2. Did you have any residential changes? **(Move, Buy, Sell, or Refinance)**	Y ☐	N ☐	All Closing Docs/Dates
3. Receive unemployment compensation? (Can be found on NYS Website)	Y ☐	N ☐	All 1099-G Forms
4. Did you pay for health insurance through Marketplace?	Y ☐	N ☐	All 1095-A Forms
5. Receive Social Security benefits?	Y ☐	N ☐	All 1099-SSA Forms
6. Receive/Pay alimony? (Only for divorces finalized **Prior to 2019**)	Y ☐	N ☐	Amount
7. Did you have any children under 13 that you pay for childcare?	Y ☐	N ☐	Name, Facility Tax ID & Amount Paid
8. Do you have children in college?	Y ☐	N ☐	All 1098-T Forms
9. Did you make any **deposits** to a NY 529 or similar plan (College funds) ?	Y ☐	N ☐	Amount
10, Did you make any **withdrawals** from a 529 or similar plan (College funds)?	Y ☐	N ☐	All 1099-Q Forms
11. Did you make any IRA or Traditional Roth Contributions for 2024?	Y ☐	N ☐	Amount/ Type (Separate from Employer)
12. At any time during 2024 did you sell any virtual currency (Coinbase/Robinhood)?	Y ☐	N ☐	Provide Statements
13. Did you make any energy efficient updates to your home?	Y ☐	N ☐	HVAC, Windows, Doors, Hot Water Heater
a. Please separate cost & install amounts if available			
14. Do you have long-term care that you pay for separately through a Broker?	Y ☐	N ☐	Amount Paid (If Married provide separate amounts)

15. Did you make any Charitable contributions in 2024?	Y ☐	N ☐	Amount

16. Did you receive a NYS **STAR** Rebate?	Y ☐	N ☐	Amount

17. Did you pay your property taxes directly?	Y ☐	N ☐	Payment receipts for **BOTH** General & School Taxes

18. How would you like to receive your tax return & documents when completed (**please select below**):

a. Mailed to you	Yes ☐	No ☐	
b. Pick up in person (at our office)	Yes ☐	No ☐	
c. Emailed to you via OneDrive (can be accessed year-round via password given to you)	Yes ☐	No ☐	No Password ☐

IN 2024, WERE YOU SELF EMPLOYED OR DID YOU RECEIVE ANY 1099-MISC and/or 1099-NEC:

Business Expenses	**Annual Amount**
a. Telephone/ Internet	
b. Travel (Gas, Tolls, Airfare, Hotels, etc.)	
c. Meals	
d. Advertising	
e. Insurance other than health	
f. Legal/ professional fees	
g. Office expenses	
h. Licensing fees/ Continuing Education	
i. Utilities (Gas/Electric)	

IF YOU USE A VEHICLE FOR BUSINESS PURPOSES or PURCHASED A PLUG-IN VEHCILE, PLEASE PROVIDE THE FOLLOWING:

Vehicle Make:	
Vehicle Model:	
Vehicle Year:	
Miles driven for Business use:	

Please provide us with a copy of both the front & back of your Driver's License for anyone's taxes we will be filing. This is needed as a requirement to file your taxes for identity protection

IMPORTANT: YOUR TAX RETURN WAS PREPARED USING ALL THE INFORMATION THAT YOU PROVIDED US.
IT IS YOUR RESPONSIBILITY TO RETAIN ALL
RECEIPTS AND OTHER SUPPORTING DOCUMENTS

PLEASE CHECK YOUR BANK ACCOUNT INFORMATION THIS IS YOUR RESPONSIBLITY