

Fleming, Tawfall & Company, P.C.

2023 Tax Questionnaire

COMPLETION OF THIS TAX QUESTIONNAIRE, ALONG WITH YOUR SIGNATURE, IS MANDATORY FOR THE 2023 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 2023 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 2023

| | 1. | 2. | 3. | 4. |
|--|--------|--------|--------|--------|
| Name: | _____ | _____ | _____ | _____ |
| Date of Birth: | _____ | _____ | _____ | _____ |
| Soc. Sec. #: | _____ | _____ | _____ | _____ |
| Relationship: | _____ | _____ | _____ | _____ |
| # of months lived in your home in 2023: | _____ | _____ | _____ | _____ |
| College Student: | YES NO | YES NO | YES NO | YES NO |
| Does this dependent have income in excess of \$1,250 | 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 2023: | _____ |

| | | | | |
|--|-----|--|----|--|
| Did you adopt a child or begin adoption proceedings during 2023? | YES | | NO | |
|--|-----|--|----|--|

Federal, State, and Local Tax Payments

| Estimated Payments | Date Paid | Federal Amount | State Amount | Local Amount |
|---|-----------|----------------|--------------|--------------|
| 2023 1 st Qtr. ES due 04-15-2023 | | \$ | \$ | \$ |
| 2023 2 nd Qtr. ES due 06-15-2023 | | \$ | \$ | \$ |
| 2023 3 rd Qtr. ES due 09-15-2023 | | \$ | \$ | \$ |
| 2023 4 th Qtr. ES due 01-15-2024 | | \$ | \$ | \$ |

| | | |
|---|------------|-----------|
| Refund Application: If you have an overpayment of 2023 taxes, do you want the excess: | Yes | No |
| Refunded via a check in the mail? | | |
| Refunded via Direct Deposit (see page 1)? | | |
| Applied to your 2024 estimated tax liability? | | |

Schedule A – Itemized Deductions Information

Medical

| | Gross Paid | (Less) Ins. Reimb. | Net Paid |
|--------------------------------|------------|--------------------|----------|
| Hospitals, doctors, nurses | _____ | _____ | _____ |
| Health insurance premiums paid | _____ | _____ | _____ |
| Medicare premiums | _____ | _____ | _____ |
| Medicine and drugs | _____ | _____ | _____ |
| Dentists, eyeglasses, contacts | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Long-term care premiums | _____ | _____ | _____ |
| Nursing Home Facilities | _____ | _____ | _____ |
| Total Medical | _____ | _____ | _____ |

| Medical (continued) | Yes | No |
|--|-----|----|
| Were any medical miles driven in 2023? If so, how many: _____ | | |
| Did you or your spouse have any transactions pertaining to a Health Savings Account (HSA) or Medical Savings Account (MSA) during 2023? 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 2023. | 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 2023? If so, provide information: | | |
| Did you pay any investment interest in 2023? If so, provide information: | | |
| Did you pay interest on a home equity loan in 2023? 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 2023? Principal residence _____ Second residence/vacation home _____ | | |
| Did you pay personal property tax in 2023? Amount _____ | | |
| Did you make any large purchases, such as a motor vehicle, RV, or boat in 2023? 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. If over \$500, 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 2023?

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. \$ _____

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 2023?

If so, please complete our rental activity worksheet.

Farm Property

Yes

No

Did you have any farm activity in 2023?

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 2023? 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 2023? If so, please provide details. Purchase date: | | | |
| Home/Real Estate Transactions | Yes | No | |
| Did you sell, exchange, or purchase any real estate in 2023? 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 2023? | | | |
| 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 geothermal, wind turbines, solar water heaters, solar electricity equipment (photovoltaic), or fuel cells? If yes, provide details: | | | |
| Did you sell your primary residence in 2023? If no, go to the next section. | | | |
| If yes, did you own and occupy the home as your principal 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 2023? | | |
| If so, indicate amount and type of plan. | | |

| IRA/Pension Distributions/Contributions (continued) | | | | Yes | No |
|---|---------------------|-----------------------|-------------|----------------------------|----|
| Taxpayer: Regular IRA _____ Roth IRA _____ Date _____ | | | | | |
| Spouse: Regular IRA _____ Roth IRA _____ Date _____ | | | | | |
| Did you receive retirement or severance compensation in 2023? | | | | | |
| 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: | | | | | |
| Did you take a COVID withdrawal from an IRA? 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 2023, 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 2023 | |
| | | | | \$ | |
| | | | | \$ | |
| Miscellaneous | | | | Yes | No |
| Did you pay alimony/maintenance in 2023? If so: Payee: _____ Amount: \$ _____ Social Security Number: _____ Date of original divorce or separation agreement: _____ | | | | | |
| Did you receive alimony/maintenance in 2023? If so: From: _____ Amount: \$ _____ Date of original divorce or separation agreement: _____ | | | | | |

| Miscellaneous (continued) | Yes | No |
|--|-----|----|
| Did you have any one household employee to whom you paid cash wages of \$2,600 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 2023 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 2023? | | |
| 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 2023? Attach copies of your W-2G forms and gambling losses (losses listed by day if possible). | | |
| Did you receive any unemployment benefits in 2023? 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 2023? | | |
| 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 2023? | | |
| 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. | | |

Miscellaneous (continued)

Check here if you would like to contribute \$3 to the Presidential Election Campaign Fund.

Taxpayer

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 - look for send files link on bottom right-hand corner. www.flemingtawfall.com

Very truly yours,

Fleming, Tawfall & Company, P.C.

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: _____