

Baity & Associates Tax and Financial Services, Inc.

2022 Tax Questionnaire

Please check the appropriate box and include all necessary details and documentation

Name:	Spouse Name:	Date:
Select format to receive copy of tax return:	Liscio Portal <input type="checkbox"/>	Paper <input type="checkbox"/>

	Yes	No	Unsure
Personal and Dependent Information			
<i>*Unearned Income refers to Interest, Dividends, and Capital Gains*</i>			
Did your address, phone number, or email change from last year? If yes, please update:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your marital status change during the year? (Marriage, Divorce, Death, Separated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If divorced, was it finalized in 2022?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If divorced or separated, do you have a decree or agreement which establishes who will claim children on the tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any changes in dependents from the prior year? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents receive an Identity Protection PIN (IP PIN) from the IRS, have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2022.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with *unearned income* in excess of \$2,300?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return? If yes, what is their gross income:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year? If yes, who:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 Information			
Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you payback any IRA distributions that qualified for COVID treatment in 2020 under the Cares Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for Paycheck Protection Program (PPP) loan forgiveness in ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency sick leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency family leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales, and Debt Information			
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a teacher with unreimbursed supply expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Information			
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold during this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any Rental Property? If yes, please provide income and expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for "gig" economy work done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Unsure
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange and/or use virtual currencies (including from an airdrop or a hard fork), to pay for goods/services, or hold any as an investment? i.e. Bitcoin, Ethereum, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any punitive damages (personal injury or sickness)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Information			
Did you receive any Social Security/SS Disability/Railroad Retirement benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of them in 2022? (Form 5498)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension or profit sharing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education Information			
Did you, your spouse, or dependents have any post-secondary educational expenses during the year? (Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? (Form 1099-Q)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information			
<i>* For health care coverage, "your family" refers to you, your spouse (if filing jointly), and anyone you can claim as a dependent*</i>			
Did you have qualifying health care coverage, at any time during 2022 for your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? (Form 1095)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you share a policy with anyone who is not included in your family or on your tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions or receive any distributions to/from a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Premium Tax Credit (PTC) advanced payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay health care or long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? (Form 5498-QA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE account (Form 1099-QA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information			
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide evidence such as a receipt or record of payment.			
Did you donate a vehicle or boat during the year? (Form 1098-C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay property taxes or mortgage interest for your primary home, secondary home and/or land?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any gambling losses this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information			
Did you make gifts of more than \$16,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes? If so, how many sq. ft.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active member of the Armed Forces who incurred moving expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from a foreign trust or account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any Estimated Tax Payments? If so, please provide Amount and Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a refund is due and you would like direct deposit, please complete the following:			
Account Type: Bank: Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Routing Number:	Account Number:
Signature (required):	Date:		