

Loomis Tax Service Questionnaire & Organizer

Tax Year: 2024

Client Name (s): _____ Date: _____

Phone Number: _____ Email: _____

PERSONAL INFORMATION

	Yes	No	Provide Explanation or Changes if Applicable:
Did your address, phone number or email change?			
Did your marital status change?			
Did the members living in your household change?			
Any additional relevant changes to report?			

GENERAL QUESTIONS *ALL MUST ANSWER*

	Yes	No	Provide amounts, dates where applicable:
Did you, or your spouse, maintain living quarters in NYC?			
Have you, or your spouse, been convicted of bribery involving public servants, and related offenses, or corrupting or defrauding the government?			
Did you, or your spouse, at any time in 2024 have signature authority or financial interest in any foreign financial accounts or trusts?			
At any time in 2024 did you, or your spouse, receive (as a reward, award or payment) or sell, exchange, gift or otherwise dispose of a digital asset or any financial interest in a digital asset?			
Did you rent your home, a portion of your home, a vacation or second home or any other asset you own (such as a vehicle or equipment) in 2024 for payment?			
Did you, or your spouse, contribute to an IRA or Roth IRA account?			
Did you, or your spouse, pay for Long Term Care Insurance? (ex: for future nursing home costs, not medical insurance)			
Did you make estimated income tax payments to the federal gov't or any state? (Does not include taxes withheld from wages, retirement or other income)			

INCOME

Source of Income:	Please Provide:
If you were employed....	All W-2s
If you received income from retirement accounts....	1099-Rs
If you received Social Security benefits...	1099-SSA
If you received disability benefits....	W-2s and/or 1099
If you earned interest or dividends, capital gains or losses	1099s-INT; -DIV; -B; -S
If you received unemployment benefits....	1099-G
If you were self-employed....	Total income and categorized totals of expenses
If you had any debt cancelled....	1099-C (ex: credit card debt cancelled)
If you distributed funds from an HSA...	1099-SA

DEPENDENTS

	Yes	No	
Do you have any new dependents?			If yes, provide copy of SS card & birth certificate
Did any of last year's dependents turn 19 or 24, move out, discontinue education, or get married in 2024?			Explain any changes
Did you have a dependent in college during 2024?			Provide 1098-T and transcript of expenses paid
Did you pay childcare expenses for a dependent child under the age of 13?			Provide name, ID, address of provider and costs paid to each provider per child
Did your dependents live with you for more than ½ of year			If no, please explain

MISC ITEMS

	Yes	No	
Were you, or your spouse, an educator who incurred out-of-pocket costs for classroom instruction?			Provide total(s) per educator
Were you, or your spouse, a volunteer firefighter or ambulance worker for the <i>entire 2024 year</i> ?			Provide name and address of station
Did you purchase health insurance from the NYS Marketplace?			Provide 1095-A
Did you, or your spouse, purchase an item or service online, over the phone or out of state while a NYS resident and not pay full NYS sales tax on it?			If yes, provide details or amounts to add to your NYS tax return (sales tax owed to NY) if applicable
Did you make energy efficient improvements to your home? (ex: new windows, doors, heating/cooling, solar, etc.)			

1099-K FORMS – ONLINE INCOME AND MONEY EXCHANGES

	Yes	No	Explanation:
Did you receive a 1099-K from an online money exchange site or third-party payment processor, such as Venmo, e-Bay, PayPal, Uber, etc.?			Provide the 1099-K, explain activity and income

DIRECT DEPOSIT INFORMATION: *(We do NOT set up direct debits for taxes owed without specific request and consent)*

	Direct Deposit	Paper Check
I would like to receive my refunds via: <i>(please check a box and provide info below:)</i>		

For Direct Deposits please provide:

Name of Bank or Credit Union: _____

Routing Number: _____ Account Number: _____

This is a: **CHECKING** or **SAVINGS** account *(please circle one)*

DRIVER'S LICENSE or STATE ID INFO: *(Provide info for taxpayer and spouse if applicable)*

Name (s):	Issuing State	Driver's License or State ID #:	Issue Date:	Expiration Date:	First 3 of DOC ID: <i>(NYS only)</i> <i>(See note below)</i>	Do Not Have Either

The NYS Document ID is a separate, 10-space alphanumeric ID found on the back of most licenses, or on the bottom, front of some, often preceded by "DOC". (Ex: DOC: Z1B234CD56). I need: "Z1B". On enhanced licenses it begins after the "IDUSA" line on the back – pick up the first 3 characters (letters or numbers) after the "A". Ex: IDUSAZ1B234CD56. The same "Z1B" would be the first 3 needed.