

Updegrove, McDaniel, McMullen & Chiccehitto, PLC
2023 INDIVIDUAL TAX QUESTIONNAIRE (FORM 1040)

Please check the appropriate box and include an explanation if applicable. Details and documentation must be provided with your tax return information at the beginning of the year, or with this questionnaire.

Name: _____ Preferred method of contact: _____

Taxpayer Email: _____ Spouse Email: _____

Taxpayer Phone: _____ Spouse Phone: _____

Personal Information

- | | Yes | No | Explanation |
|---|--------------------------|--------------------------|-------------|
| 1. Did your marital status, dependents, or address change during the year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Were you a resident of, or did you have income from more than one state during the year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Did you make gifts of more than \$17,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> | |

Income Information

- | | | | |
|---|--------------------------|--------------------------|--|
| 1. Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency (Bitcoin, Ethereum, other digital currency)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Did you receive any proceeds from: | | | |
| a. Business, farm, or rental property? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. An installment sale? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. A Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Alimony? | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Social Security? | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Unemployment or disability? | <input type="checkbox"/> | <input type="checkbox"/> | |
| g. Side business (Uber, Internet sales) or barter income? | <input type="checkbox"/> | <input type="checkbox"/> | |
| h. An education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> | |
| i. Disposal of stock? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Did you convert a traditional IRA to a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> | |

Foreign Information

- | | | | |
|--|--------------------------|--------------------------|--|
| 1. Did you have an interest in or signature authority over a financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Were you the grantor of or transferor to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Did you receive income from or pay tax to a foreign government? | <input type="checkbox"/> | <input type="checkbox"/> | |

Deduction Information

- | | | | |
|--|--------------------------|--------------------------|--|
| 1. Did you maintain a home office that you used exclusively for business? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Did you contribute to, or would you like to contribute to a self-employed retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Did you contribute to, or (if eligible) would you like to contribute to an HSA? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Did you contribute to, or would you like to contribute to a traditional or Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Did you pay for child care while you worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Do you have evidence to substantiate charitable contributions? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Did you make any noncash charitable contributions? Please provide documentation for donations over \$500. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Did you have substantial out-of-pocket medical expenses that exceed 7.5% of your income? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Did you, your spouse, or your dependents pay tuition or student loan interest? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Did you purchase or sell a business, farm, or rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Did you acquire a new or additional interest in a partnership, LLC or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Did you take out a home equity loan or refinance a principal/second residence this year? | <input type="checkbox"/> | <input type="checkbox"/> | |

Health Care Information

1. Did you have lower cost Marketplace Coverage under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.
2. Did you pay long-term care premiums for yourself or your spouse?

Miscellaneous Information

1. Did you receive an identity protection PIN from the state or the Internal Revenue Service? If so, please provide.
2. Have you received any IRS or state tax notices or other correspondence?
3. Would you like direct deposit if entitled to a refund?
 If so, please provide:
 Savings or Checking: _____
 Bank Routing Number: _____
 Account Number: _____
4. Do you expect your 2024 income and expenses to be similar to 2023?
5. Are there any tax, personal financial or tax planning issues on which you would like us to focus? If yes, please explain or contact us.

Please provide the dates and estimated tax payments paid:**Federal Estimates:**

Due Date	Date Paid	Amount
Q1 – 4/18/23		
Q2 – 6/15/23		
Q3 – 9/15/23		
Q4 – 1/16/24		
Additional		

Virginia (or other state) Estimates:

Due Date	Date Paid	Amount
Q1 – 5/01/23		
Q2 – 6/15/23		
Q3 – 9/15/23		
Q4 – 1/16/24		
Additional		