

# Blizzard Business Service, Inc

## 2024 Tax Preparation Questionnaire

Some of these questions may not apply to you. If you are unsure, please check the box "unsure". If I need further information I will contact you.

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Occupation: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_ Landline \_\_\_\_\_ E-mail \_\_\_\_\_  
Direct Deposit (Enclose voided check **only if you changed from last year**) \_\_\_\_\_ Paper check \_\_\_\_\_  
Are you married \_\_\_\_\_, divorced \_\_\_\_\_, widowed \_\_\_\_\_ Date of 2024 spouse death \_\_\_\_\_  
Dependents you may claim for 2024 \_\_\_\_\_  
New child? \_\_\_\_\_ Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Child's Social Security # \_\_\_\_\_  
Did you have a Stillborn in 2024 Yes \_\_\_\_\_ No \_\_\_\_\_  
Is any dependent a full-time student (to age 24) Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_  
If you have been a victim of identity theft attach letter showing IRS IP Pin.  
Is anyone (taxpayer, spouse, dependent) totally and permanently disabled \_\_\_\_\_ or blind \_\_\_\_\_  
If you are able, copy the taxpayer and spouse (if married) driver's license OR provide date of issue and expiration. Taxpayer Issued \_\_\_\_\_ Expiration \_\_\_\_\_  
Spouse Issued \_\_\_\_\_ Expiration \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 1) At any time during 2024 did you have a financial interest in or signature authority over a financial account or trust located in a foreign country?

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 2) Did you receive, send, sell or exchange or otherwise acquire any interest in any virtual currency (ie: crypto currency, bitcoin)?

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 3) Did you make purchases that you did not pay Michigan Sales Tax on?

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 4) Did you gift more than \$18,000 to any one individual during 2024?

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 5) Enclose W-2 forms

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 6) If you worked from home this year, indicate the number of days you worked from home versus total days worked if your job is normally in a city that collects income tax.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 7) Education expense. Enclose Form 1098-T and other allowable expenses.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 8) Interest/Dividend income. Enclose Forms 1099-INT, 1099-DIV, etc.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 9) Sale of stocks or real estate. Enclose Forms 1099-B or 1099-S.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 10) Unemployment benefits. Enclose Form 1099-G

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 11) Pension distributions. Enclose Form 1099-R.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 12) Did you receive Form 1009-K? If so, please enclose.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 13) Social Security benefits. Enclose Form SA-1099

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 14) Information for self-employed business

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 15) Information on rental property

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 16) Other income (gambling, lottery, jury duty, etc)

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 17) Did you make a non-payroll deducted contribution to a retirement account for 2024? [ ] IRA [ ] Roth IRA [ ] 401k [ ] Other Amount \$ \_\_\_\_\_ for \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 18) Do you have an HSA or FSA? Enclose form 5498-SA, 1099-SA and 12-31 bank statement for account if available.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 19) Did you have a high deductible plan for family \_\_\_ self only \_\_\_ for 12 months OR how many months if not a full year \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 20) Did you have any debt from a mortgage, loan or credit card cancelled or forgiven by the lender. Enclose Form 1099-C or 1099-A and complete insolvency worksheet from my website.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 21) Have you had an Earned Income Credit disallowed in a previous year?

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 22) Did you pay any student loan interest. Enclose Form 1098-E.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 23) Did you buy or sell a home in 2024? Will need the closing statement that shows the sales price and all deductions allocated at the time of sale.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 24) For child care expense provide caregiver, address, SS or EIN and amount paid. Also indicate for which child/children.

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 25) Did you pay estimated payments? List amounts and dates (include January 2025 payment)

IRS \_\_\_\_\_  
MI \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 26) Health insurance. Enclose 1095-A, 1095-B or 1095-C. Amount you paid for health insurance \$ \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 27) Enclose copy of 2024 winter and summer property taxes (even if not paid)

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 28) Energy Credits: "Energy Star" rated solar, windows, doors, furnace, air conditioning, insulation; primary or second residence. Enclose copy of bill(s).

Yes \_\_\_ No \_\_\_ Unsure \_\_\_ 29) Do you exercise controlling interest of 25% or more in any corporation LLC or LLP

Additional information:

\_\_\_\_\_  
\_\_\_\_\_

**Please Enclose another sheet of paper if you have more information to add to these questions.**

**X** \_\_\_\_\_  
Taxpayer Signature

**X** \_\_\_\_\_  
Spouse Signature (if married)

Dated \_\_\_\_\_  
Revised 01.04.2025