SpoonCPA Questionnaire

2024

Please complete this form and bring a copy to your appointment.

Your name:		
Did your filing status change during 2024?	Yes	○ No
Will the address on your Federal return be different from the one shown on your return? If YES, enter the new address: Street:	Yes	○ No
City:		
State: ZIP Code:		
Were you notified by the Internal Revenue Service or any other taxing authority of changes to a prior year tax return? (If YES, please enclose report notifying you of the change(s).)	Yes	○ No
Did you have minimum essential health care coverage for yourself, your spouse (if filing jointly), and anyone you could or did claim as a dependent for every month of 2024?	Yes	○ No
Did you, your spouse, or a dependent enroll in health insurance through the marketplace/exchange?	Yes	O No
Are you aware of any changes to your income, deductions and credits reported on a prior year return?	Yes	O No
Did you sell and/or purchase a principal residence in 2024?	Yes	○ No
Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction?	Yes	○ No
Do you have any dependent children under 18 who received unearned income (interest, dividends, investment income) of over \$1,900?	Yes	○ No
If YES, and if your child qualifies, do you elect to report your childs interest and dividends in your income tax return?	Yes	○ No
Did you or your spouse receive stock from an employers stock bonus plan (do not include amounts reported on Form W-2)?	Yes	○ No
Did you buy or sell any bonds during the year? (If YES, please provide a copy of the brokers report.)	Yes	O No
Did you start a new business during 2024?	Yes	○ No
Did you receive payments from a pension or profit-sharing plan?	Yes	○ No
Did you sell business or personal property(ies) on the installment method, OR did you receive payments from an installment sale? (If YES, please provide details)	Yes	○ No
Did you surrender any U.S. savings bonds during 2024?	Yes	O No
Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	Yes	○ No

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Did you receive tip income NOT reported to your employer?	Yes	O No
Did you receive any tax-exempt interest?	Yes	○ No
Did you obtain a loan and use the proceeds for an investment?	Yes	○ No
If employed, are you covered under a pension, profit-sharing, stock bonus or other retirement plan?	Yes	○ No
Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	Yes	○ No
Did you rollover any amount from a Traditional IRA to a Roth IRA during 2022, 2023, or 2024?	Yes	○ No
Did you receive any disability payments this year?	Yes	○ No
If either you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?	Yes	○ No
Did you have foreign income or pay any foreign taxes in 2024?	Yes	○ No
Did you sell property or equipment on installment in 2024?	Yes	○ No
Did you have any business related educational expenses?	Yes	○ No
Did you make gifts of more than \$15,000 to any individual?	Yes	○ No
Did you make gifts to a trust?	Yes	○ No
Did you suffer an uninsured casualty or theft loss on a non-business property?	Yes	○ No
Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you?	Yes	○ No
Did you receive any income not included in the Tax Organizer?	Yes	○ No
Did you pay any qualifying education expenses for yourself or any dependents?	Yes	○ No
Do you have any financial interests in excess of \$10,000 in a foreign country?	Yes	○ No
Did you hold/buy/sell any cryptocurrency during 2024?	Yes	○ No

Additional Notes:

Please make certain to report all income received in 2024. If you received income that is not included in this proforma organizer, attach a schedule listing the income received. Also, describe the nature of the income received (type of income, how received, etc.).