

LFM Client Questionnaire



Please answer the following questions.

Your return will NOT be started until this is filled out clearly and completely.

1. Taxpayer Name _____
2. Spouse Name _____
3. Filing Status (please circle one) *Single* *Head of Household* *Married Filing Separately* *Married Filing Jointly*
4. Current Address _____
5. Current Phone Number(s) _____
6. Current Email Address(es) _____ (Requested by the State of Wisconsin)
7. Preferred method of contact *Phone* *Email*
8. How would you like to receive your tax return? Circle all that apply. *Pick Up at LFM* *Mail* *E-mail PDF*
9. Please list the dependents you are claiming for 2024. If new, please include detailed information in the boxes below.

Dependent's Name	Social Security Number	Relationship to You	Date of Birth	Months Lived with You During 2024	Disabled?
					Yes / No
					Yes / No
					Yes / No
					Yes / No

10. If you have a balance due, how would you like to pay it? *Direct Withdrawal* *Mail a Check*
11. If you are owed a refund, how would you like to receive it? *Direct Deposit* *Check via Mail* *Apply to 2025*
 If you would like direct deposit/withdrawal, please fill in banking information below if not already on file.

Financial Institutions Name: _____ (circle one)
Routing number: _____ *Checking* *Savings*
Account Number: _____

12. Please fill in your drivers license information if it has been renewed or is not on file.

Taxpayer	DL Number _____	Issue Date: _____	Exp. Date: _____
Spouse	DL Number _____	Issue Date: _____	Exp. Date: _____
13. Did you receive, sell, send, exchange or otherwise acquire virtual currency during 2024? *Yes* *No*
14. Did you receive any unemployment payments? If yes, please attach form 1099-G. (You may have to go online to print this form.) *Yes* *No*
15. Did you receive any gambling winnings? If yes, please attach form W2-G. *Yes* *No*
16. Did you receive any disability income? If yes, please include documentation. *Yes* *No*
17. Did you receive payment for jury duty? If yes, please include documentation. *Yes* *No*
18. Did you receive alimony payments? If yes, please include documentation. *Yes* *No*
19. Did you sell any real estate? If yes, please include the sellers statement or form 1099-S. *Yes* *No*
20. Did you purchase any real estate? If yes, please attach the closing statement. *Yes* *No*
21. Did you contribute to an IRA or SIMPLE plan? (Contributions not made through your employer). *Yes* *No*
 If yes, please write what type of account you contributed to and the amount contributed. _____
22. Did you contribute to your HSA? *Yes* *No*
 If yes, please write the amount contracted. (Not the amount contributed through employer). _____
23. Did you receive distributions from an HSA? If yes, please attach form 1099-SA. *Yes* *No*
24. Did you have health insurance during 2024? *Yes* *No*
 If you have marketplace insurance, please attach form 1095-A

25. If you are a teacher, did you have any educator expenses? Yes No
 If yes, please write the total amount you spent. _____
26. Did you pay any daycare expenses? If yes, please include documentation from your daycare provider. Yes No
27. Did you pay for post high school education? If yes, attach form 1098-T, 1099-Q, 1099-E, or your institutions billings summary. (You may need to get this information online). Yes No
28. Did you pay for private school tuition (grades K-12)? If yes, please include documentation. All tuition, books, and fees must have been paid directly to the school. Yes No
29. Did you make any student loan payments? If yes, please attach form 1098-E. (You may have to go online to print this form.) Yes No
30. Did you pay property taxes in 2024? Yes No
 If yes, please write the amount PAID and attach receipts. _____
31. Did you pay home mortgage interest? If yes, please attach form 1098. Yes No
32. Did you purchase and install energy efficient home items? (such as windows, furnace, insulation, etc.) If yes, please include invoices and/or receipts. Yes No
33. Did you pay rent in 2024? If yes, please fill out the table provided. Yes No

Amount per Month:	Date From:	Date To:	Heat Included?
			Yes / No
			Yes / No

Note: If claiming the homestead credit, attach rent certificate or 2024 tax bill.

34. Did you pay estimated tax payments for federal or state? Yes No
 If yes, please write the amounts paid below.

Date of Payment	Federal Amount Paid:	State Amount Paid:
TOTAL		

35. Did you buy any merchandise from out-of-state for which you did not pay sales tax? Yes No
 If yes, please indicate the amount of merchandise purchased. _____

36. Itemized Deductions:

Medical/Dental Expenses Paid by You (Do not include expenses paid out of your HSA):	
a) Prescription medications	
b) Health Insurance premiums paid by you (out of pocket)*	
c) Long-term care insurance	Taxpayer: _____ Spouse: _____
d) Fees for doctors, dentists, etc.	
e) Fees for hospitals, clinics, etc.	
f) Lab and x-ray fees	
g) Eyeglasses and contact lenses	
h) Medical miles driven	
i) Other medical and dental expenses	
Charitable Contributions:	
a) Church	
b) Other (United Way, Telethons, Heart, Lung, Cancer, etc.)	
c) Non-cash Contributions (Goodwill, Salvation Army, Etc.)	
d) Volunteer miles driven (Not reimbursed)	

*Do not include premiums taken off your payroll check pre-tax.

37. Please write any questions you have for your tax preparer below:

