

# Christopher Dillon, CPA

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*Print this form or download this form and take some time to fill it out. Drop it off at our office along with all of your tax documents. This will save you time and money, and help us serve you more efficiently. If you are missing information, your return will be moved to the back of the queue. We will contact you when your tax return is complete.*

**Any documentation received after March 22, 2024 will automatically receive an extension. Payment of your invoice is due prior to e-filing your return.**

## Tax Return Questionnaire - 2023 Tax Year

Name (s) Last:	Taxpayer:
	Spouse (if different from Taxpayer):
Name (s) First:	Taxpayer:
	Spouse:
Address:	Street Address:
	City, State ZIP:
Social Security Number(s)	Taxpayer:
	Spouse:
Occupation(s):	Taxpayer:
	Spouse:
Date(s) of Birth:	Taxpayer:
	Spouse:
Phone Number(s):	Work:
	Home:
	Cell:
Email Address(s):	Taxpayer:
	Spouse:

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected):

Yes

No

Filing Status (Check one):

Single

Married

Married Filing Separately

Head of Household

Qualifying Widow(er)

**DEPENDENTS:**

Name (First, Middle Initial, Last) – List all date(s) of birth, social security number, and relationship. Please attach a copy of birth certificate for each dependent:

- 1. Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 2. Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 3. Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Did any dependents earn income over \$2,200?                      Yes                      No

**INCOME:**

- 1. Wages and Salaries (Attach W2's)  
Name of Payer: \_\_\_\_\_  
Gross Wages: \_\_\_\_\_  
Federal Income Tax Withheld: \_\_\_\_\_  
State Income Tax Withheld: \_\_\_\_\_
- 2. State Stimulus Check received (if applicable)  
Amount: \_\_\_\_\_
- 3. Interest Income (Attach 1099's) (*List non-taxable Interest Income as well and identify as nontaxable*)  
Name and Address of Payer: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Name and Address of Payer: \_\_\_\_\_  
Amount: \_\_\_\_\_
- 4. If you received any interest regarding a "Seller Financed" mortgage, provide:  
Name and Address of Payer: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Amount: \_\_\_\_\_
- 5. Dividend Income (Attach 1099's)  
Name of Payer: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Name of Payer: \_\_\_\_\_  
Amount: \_\_\_\_\_
- 6. Capital Gains and Losses (Attach Brokerage Statement)
- 7. Interest in Virtual Currency (Attach Statement)
- 8. Other Gains and Losses (*Include details of dispositions of any business/rental /farm assets*):  
Investment: \_\_\_\_\_  
Date Acquired: \_\_\_\_\_  
Cost/Other Basis: \_\_\_\_\_  
Date Sold: \_\_\_\_\_  
Sale Proceeds: \_\_\_\_\_

9. Pensions, IRA Distributions, Annuities, and Rollovers (Attach all 1099's or other related documentation)  
Total Received: \_\_\_\_\_  
Taxable Amount: \_\_\_\_\_  
Federal Income Tax Withheld: \_\_\_\_\_  
State Income Tax Withheld: \_\_\_\_\_
10. Rent (Break down per property):  
Address: \_\_\_\_\_  
Income: \_\_\_\_\_  
Expenses:  
Travel (mileage, hotel, airfare): \_\_\_\_\_  
Advertising: \_\_\_\_\_  
Mortgage Interest: \_\_\_\_\_  
Real Estate Tax: \_\_\_\_\_  
Home Owners Insurance: \_\_\_\_\_  
Home Owners Association Dues: \_\_\_\_\_  
Legal/Professional Costs: \_\_\_\_\_  
Repairs: \_\_\_\_\_  
Management Fees: \_\_\_\_\_  
Supplies: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Capital Improvements/Property Purchase: \_\_\_\_\_
11. Royalties, Partnerships, S Corporations, Estates, Trusts (*Attach K-1's for all Partnerships/S Corporations/Fiduciaries*)
12. Unemployment Compensation Received: \_\_\_\_\_
13. Social Security Benefits Received (Attach Annual Statement): \_\_\_\_\_
14. State/Local Tax Refund(s): \_\_\_\_\_
15. Other Income  
Description: \_\_\_\_\_  
Amount: \_\_\_\_\_
16. Self-Employment Income:  
Income: \_\_\_\_\_  
Expenses:  
Mileage: \_\_\_\_\_  
Auto Costs: \_\_\_\_\_  
Advertising: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Legal/Professional Services: \_\_\_\_\_  
Office Expense: \_\_\_\_\_  
Pension/Profit Sharing Plan: \_\_\_\_\_  
Rent: \_\_\_\_\_  
Repairs/Maintenance: \_\_\_\_\_  
Supplies: \_\_\_\_\_  
Travel: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Gross Wages Paid: \_\_\_\_\_  
Taxes: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Other Expenses: \_\_\_\_\_

**CREDITS:**

**Child and Dependent Care:**

Number of Qualifying Individuals (under 13 years of age): \_\_\_\_\_

Name, address, and identification number of each provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Identification Number (SS# or EIN): \_\_\_\_\_

Amount Paid: \_\_\_\_\_

If payments were made to an individual, were the services rendered in your home?

Yes No

If "Yes", have payroll reports been filed?

Yes No

"Special Needs" or disabled child?

Yes No

**Tuition and Fees paid for higher education** (American Opportunity and Lifetime Learning Credits) (Attach forms 1098T): \_\_\_\_\_

Did the student complete the first 4 years of postsecondary education as of 1/1/2023?

Yes No

**Foreign Tax Credits:** \_\_\_\_\_

**2023 Estimated Tax Payments:**

**Federal**

**State**

Q1 Due 4/15 Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Q2 Due 6/15 Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Q3 Due 9/15 Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Q4 Due 1/15 Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Other Payments/Credits (Attach schedule and explain):

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

**ITEMIZED DEDUCTIONS:**

**Medical and Dental (Must exceed 7.5% of AGI):**

Amount: \_\_\_\_\_

1. Out of pocket costs for prescription medications, drugs, doctors, dentists, nurses, medical insurance premiums (including Medicare B), and dental insurance premiums paid in 2023 (reduced by any insurance reimbursements).
2. Transportation and lodging incurred in order to obtain medical care.
3. Other – Hearing aids, eyeglasses, medical services, etc.

**Taxes Paid in 2023:**

1. State and local income taxes not listed elsewhere: \_\_\_\_\_
2. Real estate taxes not listed elsewhere: \_\_\_\_\_
3. Personal property taxes (includes owners' tax on auto registration: \_\_\_\_\_)

**Interest Paid in 2023:**

1. Home mortgage interest paid to financial institutions: \_\_\_\_\_
2. Home mortgage interest paid to individuals: \_\_\_\_\_  
Name and Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Points paid on purchase or refinance (include form HUD1/Settlement Sheet): \_\_\_\_\_
4. Investment Interest: \_\_\_\_\_
5. Student Loan Interest: \_\_\_\_\_

**Contributions:** (Written documentation is required for all gifts of \$500 or more – not just cancelled checks)

1. Cash – Less than \$500 paid to any one organization.
2. Cash - \$500 or more paid to any one organization – note name of organization  
\_\_\_\_\_  
\_\_\_\_\_
3. Other than cash (clothes, furniture, etc.) – Attach details including total valuation amounts per bag or box donated: (Please see Salvation Army Valuation Guide on our website)  
\_\_\_\_\_  
\_\_\_\_\_

Casualty and Theft Losses: (Attach details)

\_\_\_\_\_

*Print or download this form out and take some time to fill it out. Send this document along with your other tax documents before your appointment. This will save you time and money, and help us serve you more effectively.*

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