Grigsby Mosley Tax & Accounting Services

Mittie Grigsby & Lionel Mosley, Oakland TEL: (510) 638-4878 / San Jose TEL: (408) 274-8727 EMAIL: lionelstaxbkkpg@att.net WEB: www.gmtaxbayarea.com

CLIENT TAX QUESTIONNAIRE 2023

	Your Name: Spouse Name:		
	Please provide records/documentation at the time of your appointment for income,	expens	es or
	deductions for any items to which you answer "Yes".		
1.	Did your marital status change during 2023?	Yes	No
2. 3.	If yes, please explain		
5. 6.	Taxpayer: Spouse: Were you or your spouse permanently and totally disabled in 2023? Did you receive any disability payments in 2023? Do you have dependents who must file? Do you have children under age 18 or a full-time student age 19-23 with		
8. 9. 10	investment income greater than \$2,500? Did you provide over half the support for any other person during 2023? Are any of your dependents not U.S. citizens or residents? Did you incur adoption expenses during 2023? Did you receive payments from a pension or profit-sharing plan? Did you receive a total distribution from an IRA or other qualified plan that was		
14 15 16 17	partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? Did you receive tip income not reported to your employer? Did you buy or sell a principal residence or other real property in 2023? Did you refinance a principal residence or other real property and pay points in 2023? Are you planning to purchase a home soon? Did you incur any casualty or theft losses during 2023? Did you incur any non-business bad debts?		
19 20 21 22	 . Did you or your spouse make gifts or over \$15,000 to an individual or contribute to a prepaid tuition plans? . Did you pay any individual for domestic services in 2023 (housekeeping, etc.)? . Did you buy or sell any stocks or bonds in 2023? . Did you, your spouse, or your dependents attend post-secondary school in 2023? 		
24 25 26	 . Did you use the proceed from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education? . Did you pay interest on a student loan for yourself, your spouse or your dependent? . Did you incur any job-related moving expenses in 2023? . Do you expect your income and deduction in 2023 to be the same as 2022? . Did you pay alimony or collect alimony in 2023? 		

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	•	you want direct deposit of any federal or state refund?			Yes	No
30.	d you start a business, purchase a rental property or farm, or acquire interest in artnerships, S corporations or trusts? Id you sell crypto currency or suffer crypto-related losses in 2023?					
32.	Did you purchase a hybrid vehicle in 2023? If yes, enter year, make, model, battery size and date purchased: Did you donate a vehicle in 2023? If yes, attach Form 1098C					
34. 35.	3. What was the sales tax rate in your locality in 2023?					
37. 38.	7. Did you receive Unemployment compensation in 2023?8. Did you receive a settlement for compensatory or punitive damages in 2023?					
	Did you inherit a home that was sold in 2023? (if so, please provide appraised value.) Did you have any lottery winnings or other gambling winnings in 2023?			i value.)		
	Appendix To reduce the opportunity o ID number (all filers), date li recommended). If you provi year, unless you renewed yo	cense was issued and e ided this information to	expiration date of the lice o me for 2022 there is no	nse (this is need to p	optio	nal but is
	Name	ID or License Number	Date Issued	Date of	Expirat	ion
	Please list all dependents for	r the tax year ended 20	23:			
	Dependent Name	Age	Relationship	Social Security Number		

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Did you use a portion of your home *exclusively* for business? If so, please provide the following information:

Square footage of your home office area:
Total square footage of your home:
Total rent paid, if home is rented: \$
Total Invoices for repairs and maintenance on your house: \$
Total Utility bills: \$
Child Care Costs
If you used the services of a childcare provider, please provide me with the following, even if the information is the same as the prior year:
Childcare provider's name:
Provider's address:
Provider's tax ID or Social Security number:
Additional Notes: