2025
INDIVIDUAL
QUESTIONNAIRE

REQUIRED -
Please complete and return or upload.

INDIVIDUAL TAX QUESTIONNAIRE

AT A MINIMUM, WE ASK THAT YOU COMPLETE THIS BRIEF TAXQUESTIONNAIRE AND RETURN IT TO US NO LATER THAN MARCH 15TH 2026 OR BE SUBJECT TO SURCHARGE.

SmartVault Document Portal Link

BASIC INFORMATION

Client Information	TAXPAYER	SPOUSE
First Name & Middle Initial:		
Last Name:		
Social Security Number:		
Date of Birth:		
Phone Number:		
Email Address:		
Occupation:		
Street Address:		
Apartment number:		
City:		
State:		
Zip Code:		

Dependents

Full Name	Date of Birth	Social Security #	Relationship	Mos. In Home

Estimated Tax Payments	IRS Amount Paid	Date Paid	State Amount Paid	Date Paid
April 15, 2025				
June 15, 2025				
September 16, 2025				
January 17, 2026				
Total:				

Income - 1099	Taxpayer	Spouse	Miscellaneous Income	Amount
Social Security			Unemployment Income	
Pension Distributions			Alimony Received	
IRA Distributions			Gambling Winnings	
			Gambling Losses	

CUSTOMER NAME:

IF ANY OF THE FOLLOWING ITEMS PERTAIN TO YOU or YOUR SPOUSE IN 2025, PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE ADDITIOANL INFORMATION IF NECESSARY.

YES	NO	GENERAL INFORMATION *If yes, provide details.*
☐	☐	Did your marital or filing status change during the year? Provide details _____
☐	☐	Did your address change during the year? Provide new address _____
☐	☐	Did your driver's license information change within the last twelve months? Provide copies of updated licenses.
☐	☐	Did you have any changes in dependents (i.e., a new child, a child turn 19 who is not a full-time student or have a child turn 24)? Provide details _____
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2025, with interest and dividend income in excess of $1,100, or total investment income in excess of $2,200? Provide details
☐	☐	Did you have health care coverage through the marketplace exchange in 2025? **(Forms 1095-A)**
☐	☐	Did your bank account information change within the last twelve months? Provide voided check for direct deposit of tax refund.

YES	NO	INCOME INFORMATION *If yes, provide details or copies of the applicable form listed below.*
☐	☐	Did you receive wages? ***(Forms W-2)***
☐	☐	Did you receive interest or dividend income? ***(Forms 1099-INT or 1099-DIV)***
☐	☐	Did you rollover retirement funds or receive a retirement distribution? (***Forms 1099)***
☐	☐	Did you receive social security benefits? ***(Forms SSA-1099)***
☐	☐	Did you receive unemployment benefits? ***(Forms 1099-G)***
☐	☐	Did you sell stocks, bonds or other investment property? ***(Forms 1099-B)***
☐	☐	Did you buy or sell real estate? ***(Closing disclosure, formerly known as the HUD-1, and/or Forms 1099-S)***
☐	☐	Did you have any debts canceled or forgiven? ***(Forms 1099-C)***
☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? ***(Forms 1099-Q)***
☐	☐	Did you receive a distribution or contribute to a Health Savings Account (HSA)? ***(Forms 1099-SA)***
☐	☐	Did you receive any disability income? ***Provide details*** _____
☐	☐	Did you have any foreign income or pay any foreign taxes? ***Provide details*** _____

YES	NO	BUSINESS/RENTAL/FARM INFORMATION *If yes, provide details or copies of the applicable form listed below.*
☐	☐	Do you have, did you start, or did you acquire an interest in an entity? (partnership, LLC, S corporation or trust? ***(Schedule K-1)***
☐	☐	Do you have or did you start a **sole proprietorship** business (other than flow-through entity)?***(Download Business Income Organizer)***
☐	☐	Do you have or did you purchase a **rental property** and/or **royalty income**? ***(Download Rental & Royalty Income Organizer)***
☐	☐	Do you have or did you start a **farm**? *(Download Farm Income Organizer)*
☐	☐	Was an area of your **home used *regularly* and *exclusively* for business**? ***(Download Business Use of Home Organizer)***

If you answered YES to any of the 5 questions immediately above please see corresponding organizer below and complete.

CUSTOMER NAME:

YES	NO	DEDUCTION INFORMATION *If yes, provide details or copies of the applicable form listed below.*
☐	☐	Did you pay college education tuition and fees? ***(Forms 1098-T)*** If so, how much?_____
☐	☐	Did you pay student loan interest? ***(Forms 1098-E)*** If so, how much?_____
☐	☐	Did you pay after-tax or self-employed health insurance premiums? If so, how much?_____
☐	☐	Did you make a contribution to an individual or self-employed retirement account? If so, how much?_____
☐	☐	Did you incur major medical, vision, dental or prescription drug costs? ***Summarize expenses below***
☐	☐	Did you pay real estate taxes? ***(County tax bills)*** If so, how much?_____
☐	☐	Did you pay personal property taxes for your car registration? ***(Car tag receipts)*** If so, how much?_____
☐	☐	Did you pay sales tax on major purchases, such as autos, boats, etc.? ***(Purchase document)*** If so, how much?_____
☐	☐	Did you pay mortgage interest? ***(Forms 1098)*** If so, how much?_____
☐	☐	Did you pay interest on a home equity line of credit? ***(Forms 1098 and details of what the funds were used for)***
☐	☐	Did you refinance a mortgage? ***(Closing disclosure, formerly known as the HUD-1, and term of the loan)***
☐	☐	Did you make cash charitable contributions? ***(Copies of any giving statements)*** If so, how much?_____
☐	☐	Did you make non-cash charitable contributions? ***If the total amount donated is greater than $500, provide the date of each contribution and the fair market value.***
☐	☐	Did you pay child and dependent care costs***?*** ***(Copy of the year-end statement from the provider [including the name, address and the social security number or the employer identification number of the provider])*** If so, how much?_____
☐	☐	Did you make solar, wind, geothermal or fuel cell energy efficiency improvements to your primary residence? ***(Copy of the receipt and a description of the improvements)***

YES	NO	MISCELLANEOUS INFORMATION *If yes, provide details.*
☐	☐	Did you trade cryptocurrency in 2025?
☐	☐	Did you earn income or pay taxes in another country?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency? ***(Copies of the tax notice(s) received)***
☐	☐	Did you or your spouse make any gifts to an individual that total more than $19,000, or any gifts to a trust? **$**_____
☐	☐	Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? **$**_____
☐	☐	Do you need a paper copy of your tax return? ***Additional processing & handling fees will apply to your return.***

YES	NO	ESTIMATED TAXES *If yes, provide details.*
☐	☐	Did you make any Federal 2025 estimated tax payments? ***Provide amounts and dates paid on page 2.***
☐	☐	Did you make any State 2025 estimated tax payments? ***Provide amounts and dates paid on page 2.***
☐	☐	If you have an overpayment of 2025 taxes, do you want the excess applied to your 2026 estimated tax (instead of being
☐	☐	refunded)?Do you expect your 2026 taxable income and withholdings to be significantly different from 2025? ***(Provide details below)***

Natural Disaster – Personal Loss

☐ ☐ Did you incur an unreimbursed loss ***(a loss in excess of insurance or FEMA reimbursement)*** in a federally declared disaster area?

If yes above, Please complete this table and provide supporting records.

	Property A	**Property B**	**Property C**
Indicate type of property	☐ Business ☐ Personal	☐ Business ☐ Personal	☐ Business ☐ Personal
Description of property *(personal residence, rental home, etc.)*			
City, State, Zip			
Date acquired			
Cost of property			
Date of loss			
Description of loss			
Was insurance claim made?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Received FEMA assistance?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Fair market value BEFORE loss			
Fair market value AFTER loss			
Total out of pocket expenses			

ADDITIONAL INFORMATION

Complete if applicable

DEDUCTIONS

Medical Expenses	Amount
Medicine, Drugs, Insulin	
Total Insurance Premiums	
Total Doctors, Dentists, etc.	
Total Hospital, Clinics & Hospice	
Glasses, Hearing Aids, Batteries	
Orthopedic Equipment, Lab Fees, X-Ray	
Stop Smoking Programs, Products	
Medical Travel Miles	
Long Term Care Premiums	
Insurance Reimbursement	

Tax Expenses	Amount
State Tax for Prior Year	
Real Estate Taxes, Home	
Real Estate Taxes, Investments	
DMV Fees	
Personal Property Tax paid	
Sales Tax Paid (Small items)	
Sales Tax Paid (Large items)	

Interest Expense	Amount
Home Mortgage Interest to Bank(s)	
Loan Points Paid in 2025	

Expenses Incurred as an Employee (state only)	Amount		Amount
Bond of Employment		Professional Supplies	
Business Gifts ($25 /person per year)		Promotion	
Business Telephone		Research expense	
Cellular Charges (Business Only)		Safe Deposit Box	
Clerical Services		Rental	
Computer (Upgrades, Software, etc.)		Safety Equipment	
Credential Renewal		Tax Preparation Fees	
Income Protection Expense (Legal,etc.)		Technical References	
Investment Income Expense		Trade Journals	
Job Search Mileage		Typing Services	
Laundry & Uniform Expense		Union Dues	
Meals & Entertainment (Business only)		Work Tools	
Online Fees/ Internet Fees		Notes:	
Pager Fees			
Postage/deliver			
Printing			
Professional Dues & Publications			

Charitable Contributions	Amount
House of Worship	
Payroll Deductions	
Cancer/Heart Fund	
United Way Fund	
Other (please list)	
Non-Cash (please provide receipts)	
Goodwill/Salvation Army/ Other	

Child Care Expenses
Care Provider's name:
Address:
City, State, Zip:
Phone #:
Identifying Number (95# or SS#):
Amount incurred in 2025 & paid in 2026:
Amount incurred in 2024 & paid in 2025:

RENTAL INCOME & EXPENSES

ROBERT HALL & ASSOCIATES
TAX CONSULTANTS

Location & Description of Property	Date Aquired	No. Days Personal Use	Ownership Percentage	% Owner Occupied
Prop #1				
Prop #2				
Prop #3				
Prop #4				
Prop #5				
Prop #6				

Enter Income & Expenses Amount at 100%	Prop #1	Prop #2	Prop #3	Prop #4	Prop #5	Prop #6
Total Gross Income Received						
Association Dues						
Advertising						
Auto & Travel						
Cleaning & Maintenance						
Commissions						
Gardening & Landscaping						
Insurance						
Interest- Mortgage Paid to Banks						
Interest- Other						
Legal & Professional Fees						
Licenses & Permits						
Management Fees						
Office Expenses						
Pest Control						
Repairs- Carpenter & Screens						
Painting & Decorating						
Plumbing & Electrical						
Roofing						
Supplies						
Taxes- Property/Real Estate						
Other						
Security & Safety						
Trash Removal						
Telephone						
Utilities						
Replacements						
Salaries & Wages (Bring Payroll Records Required)						
Other -						
Depreciation (Bring Schedules)						
Totals						
Type of Property						

1 = Single Family Residence
2 = Multi-Family Residence
3 = Vacation/Short-Term Rental
4 = Commercial
5 = Land
6 = Royalties
7 = Self-Rental

NOTES:

Be sure to bring your escrow papers, county tax bill or other proof of cost and receipts or purchase contracts for any large purchase.

BUSINESS INCOME (SCHEDULE C)

ROBERT HALL & ASSOCIATES
TAX CONSULTANTS

THE FOLLOWING IS A GUIDELINE, BRING YOUR PROFIT & LOSS OR INCOME STATEMENTS.

BUSINESS INCOME & EXPENSE-SCHEDULE C

Business Name
Business Profession
Business Activity Including Product or Service
Employer Identification Number (EIN)
Business Address if different from personal
City, State, Zipcode

Accounting Method ☐ Cash ☐ Accrual ☐ Other

Inventory Method ☐ Cost ☐ LowerC/M ☐ Other

Who Operates this Business ☐ Taxpayer ☐ Spouse

INCOME- BRING ALL 1099's	
Gross Receipts/ Total Income	
Returns & Allowances	
Other Income	
COST OF GOOD SOLD	
Purchases	
Cost of Items for Personal Use	
Beginning Inventory	
Cost of Labor	
Materials & Supplies	
Other Costs	
Ending Inventory	
EXPENSES	
Accounting	
Advertising	
Amortization (Bring Schedule)	
Bad Debts	
Bank Service Charges	
Car & Truck Expense	
Cellular Phone Charges	
Collection Expenses	
Commissions	
Computer Upgrade	
Computer Software	
Online Charges	
Depreciation (Bring Schedules)	
Dues & Publications	
Taxes - Business	
- Payroll	
- Property	
- Other	

Travel -Airfare	
- Lodging	
- Meals	
- Other	
Education Expenses	
Employee Benefit Programs	
Freight & Delivery	
Gifts	
Insurance	
Interest Expense - Mortgage	
Interest Expense - Other	
Janitorial Service	
Laundry & Cleaning	
Legal & Professional Fees	
Licenses & Permits	
Meals	
Office Expense	
Outside/ Contract Services	
Parking	
Pension & Profit Sharing Plans	
Postage	
Printing	
Rent or Lease of Machinery/Equipment	
Rent or Lease of Other Business Property	
Repairs	
Research Expense	
Security & Safety	
Storage	
Supplies	
Telephone	
Tools	
Wages (Payroll Records-Required)	
Office in Home- Sqft. of Office	
Office in Home- Total Sqft. of Home	
Office in Home- Rent	
Office in Home- Insurance	
Office in Home- Utilities	
Office in Home- Supplies	

BUSINESS USE OF HOME (8829)

ROBERT HALL & ASSOCIATES
TAX CONSULTANTS

PLEASE ENTER INDIRECT EXPENSES IN FULL. NONBUSINESS PORTION WILL CARRY TO SCHEDULE A. BUSINESS PERCENTAGE WILL BE APPLIED TO INDIRECT EXPENSES ONLY.

Business Use Area (square footage)	
Total Area of Home (square footage)	
% (.xx) or Amount of Gross Income from Home if not 100%	
% (.xx) or amount of expenses from home if not 100%	

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest	
Real estate taxes	
Casualty losses	
Insurance	
Rent	
Repairs and Maintenance	
Utilities	
Excess mortgage interest	
Excess real estate taxes	
Other indirect expenses:	

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest	
Real estate taxes	
Casualty losses	
Insurance	
Rent	
Repairs and Maintenance	
Utilities	
Excess mortgage interest	
Excess real estate taxes	
Other direct expenses:	

EMPLOYEE/VEHICLE BUS. EXP (2106)

General Information	
Occupation, if different from Form 1040	
Taxpayer or Spouse	
Employee Business Expenses	
Meal and Entertainment expense	
Reimbursement for meals and entertainment not on W-2, box 1	
Local transportation (bus, taxi, train, etc.)	
Travel expenses while away from home overnight	
Reimbursements not included on Form W-2, box 1	
Other business expenses:	

Please include any of the following documentation that pertains to you in your upload.

- **Last year's tax return (new client)**
- Full Name, Spouse, dependents
- Birthdays – Month/Day/Year
- Social security numbers for all dependents
- W-2 forms for wages
- 1099 forms for interest, dividends, retirement, social security, unemployment, & other income
- Year-end statements from mutual funds
- K-1 forms from partnerships, corporations, & estates
- Rental or self-employment income and expense
- Purchase and sale information for anything sold during the year
- All other statements of income
- IRA year end statements
- Medical expenses
- Records of estimated taxes paid
- Property tax statements
- 1098 forms for mortgage or student loan interest
- Donations of money to charity
- Donations of property to charity
- Volunteer expenses and mileage
- Amounts paid for higher education
- Job related expenses
- Investment related expenses
- Childcare provider's name, address, social security or EIN number, and amount paid

CUSTOMER NAME:

Additional Details *(optional)*:

Thank you for completing the Individual Questionnaire for Tax Year 2025
Please upload this completed questionnaire as well as any supporting documentation to your secure SmartVault account as soon as possible to ensure timely delivery of your tax return.

Questions? Email roberthalltaxes@roberthalltaxes.com or call 818-242-4888