

# PHYSICIANS RESOURCE GROUP

## 2024 Tax Questionnaire

COMPLETION OF THE TAX QUESTIONNAIRE, ALONG WITH YOUR SIGNATURE, IS MANDATORY FOR ALL CLIENTS.

***\*\*If you are a new client, please provide a copy of your 2023 Federal and State returns.***

We will send your return copy via your Intuit Link Portal account and will not send a hard copy, unless you request one.

Please submit all tax documents (**copies only as originals will not be returned**), e.g. Form(s) W-2, 1099, 1098, K1s; and any other documentation, so that we may accurately report all taxable income you received throughout the year.

**If you are uncertain, provide the additional information and we will determine the tax impact.**

### Personal Information (please provide name, but can write SALY for lines 2-10 if not changed since 2023)

	Taxpayer	Spouse
Name:		
Birthdate:		
SSN:		
Occupation/ Physician/Resident (year if resident):		
Specialty:		
Current Employer:		
E-mail:		
Cell Phone:		
Address:		
City, State, Zip:		
<b>If you provided your driver's license(s) to us the last year and it/they did not expire in 2024 then you can just write SALY:</b>		
Driver's License #:		
Issuing State:		
Issue Date:		
Expiration Date:		
New York Doc# (1st three letters only):		
Date of Move (if during 2024) & Previous State of Residency: (if applicable)		
		<b>YES</b>
		<b>NO</b>
Is this a temporary move (2 years or less and intent to return to prior state)?		
How did you hear about us if you are a new client?		

Electronic Filing Options	YES	NO
If you were a victim of identity theft on your 2024 or earlier tax return, did you receive a letter from the IRS issuing you an Identity Protection Personal Identification Number? Is so, please provide copy of the letter or the number.		
If you qualify for electronic filing and have a balance due with the IRS and/or the state, would you like that amount to be directly withdrawn from your bank account through an electronic draft?		
Refund Application: If you have an overpayment of 2024 taxes, do you want the excess:		
Refunded via a check in the mail?		
Refunded via Direct Deposit?		
Applied to your 2025 estimated tax liability?		
Purchase I-bonds (max of \$5,000)?		
<p>Please attach/upload a voided check <u>or indicate</u> that your bank information is the SAME AS LAST YEAR.</p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p><b>Attach a Voided Check</b>  <b>- or circle/underline/highlight -</b>  <input type="checkbox"/> <b>Same as Last Year</b></p> </div>		

Federal, State, and City Estimated Tax Payments				
DO NOT INCLUDE 2023 APPLIED REFUNDS				
2024	Date Paid	IRS	State ____	State ____
1st Qtr. ES due 04-15-2024		\$	\$	\$
2nd Qtr. ES due 06-17-2024		\$	\$	\$
3rd Qtr. ES due 09-16-2024		\$	\$	\$
4th Qtr. ES due 01-15-2025		\$	\$	\$

<b>Dependents</b>				<b>YES</b>	<b>NO</b>
Were there any changes in dependents from the prior year?					
If adding a dependent, please provide the following:					
Name:	Social Security No.:	Date of Birth:	Son/Daughter/Parent/Etc.:		
				<b>YES</b>	<b>NO</b>
Did you have any household employees, whom you paid in excess of \$1,000 in any quarter or \$2,700 for the entire year that have or plan to report to the IRS? If so, please provide copy of W-2 and LA unemployment (SUTA) reports.					
Do you have any children with wages, interest, or dividend income over \$2,600, or who have sold any stock in 2024?					
If yes, do you want us to prepare their return(s)?					
Did you adopt a child or begin adoption proceedings during 2024?					
If you are an out-of-state client and contribute to your own state 529 plan, please provide the name of the plan and amount(s) contributed so that we can check if there are any state tax deductions available.					
<b>Child &amp; Dependent Care Expenses</b>					
<b>Any child care expenses (including costs of after school care) while both parents worked or looked for work? If so, please provide the following: (only for children under the age of 13; includes tuition for Pre-K paid in 2024; does not include K-12 tuition). Overnight camps are not deductible.</b>					
Provider:	Address:	Fed ID#:	Amount Paid:	Child:	

<b>Purchases, Sales, and Debt</b>	<b>YES</b>	<b>NO</b>
Did you sell any securities, bonds, or other investment property?		
At any time in 2024, did you (or your children) receive (as a reward, award, or payment for property/services), sell, exchange, gift, or otherwise dispose of any financial interest in any virtual currency/digital asset? (If you only bought virtual currency to hold, the answer is NO.)		
<b>If so, please attach a statement of cost basis, dates of purchase, shares acquired, shares sold, date of sale, and sales price.</b>		
If you sold at a loss, did you buy back the identical security sold within 30 days before or after the sale?		
If yes, please explain:		
Did you purchase or sell a rental property or farm, or acquire or sell any interest in any Partnership or S Corporation during 2024?		
If you purchased interest in any Partnership or S Corporations during 2024, please provide how much you paid to purchase the interest.		
<b>Please provide us with the K-1s as soon as they are available.</b>		
If you sold your interest in any Partnership or S Corporation, did you receive any cash or property from the sale? If so, how much?		
If you sold your interest in any partnership or S Corporation, how much did you originally contribute to buy into the Partnership or S Corporation?		
Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a qualified employee stock purchase plan? If so, please provide support (statements/schedules from your employer).		

<b>Residential Energy Efficient Property Credit</b>	<b>YES</b>	<b>NO</b>
In 2024, did you install any alternative energy or energy efficient equipment in your residence such as solar water heaters, solar panels, geothermal heat pump, fuel cells, HVAC w/Seer>16, insulation, or windows/doors? If so, please attach receipts and certification documents.		
<b>Qualified Hybrid/Electric Vehicle/Charging Station Credit</b>	<b>YES</b>	<b>NO</b>
In 2024, did you purchase a qualified hybrid/electric vehicle? If so, <u>please attach Form 15400 from dealer</u> , receipt and purchase agreement/document. (To be eligible income has to be under \$300,000 MFJ, \$225,000 HOH, or \$150,000 for all others).		
In 2024, did you install a charging station? If so, please attach receipt and purchase agreement/document.		

<b>First Time Homeowner Credit – 2008 (April 8th – Jan 1st 2009)</b>	<b>YES</b>	<b>NO</b>
Did you take the first time homeowner credit in 2008?		
Purchase date.		
Credit amount taken on your 2008 return. This needs to be paid back over a 15-year period beginning with 2010 taxes.		

<b>Home/Real Estate Transactions (Sale of Home)</b>	<b>YES</b>	<b>NO</b>	
Did you sell, exchange, or purchase any real estate in 2024? <b><u>If so, please attach the closing HUD statements.</u></b>			
Did you sell your primary residence in 2024? If no, go to the next section.			
If yes, did you own and occupy the home as your principal residence for at least 2 years out of the 5-year period prior to the sale?			
Date of sale			
Sales price			
<b>(please provide closing HUD statement)</b>			
Date of purchase of house sold			
Original purchase price of home sold			
<b>(please provide original purchase HUD statement)</b>			
Did you make any home improvements, if so amount?			
Did you ever rent out this property?			
Did you ever deduct any portion of the home for business purposes?			
Did you deduct a casualty loss on the home in a prior year? If so, did you receive insurance reimbursement?			
Have you or your spouse sold a principle residence within the last 2 years?			
At the time of the sale, the residence was owned by:	Taxpayer	Spouse	Both

IRA/Pension Contributions & Distributions	YES	NO
Did you make a contribution to a retirement plan (SEP), 401k, Traditional IRA, or Roth IRA that was <b>NOT</b> reported on your W-2?		
If so, please indicate the following:	Taxpayer	Spouse
<u>Date Made</u> Type of Retirement Plan (not through employer):		
Amount Contributed:		
Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? <b>If so, attach all 1099-Rs.</b>		
Were any distributions from your IRA and/or Roth IRA distributed to a charitable organization?		
Did you or your spouse convert an existing IRA to a Roth IRA, e.g. Backdoor Roth IRA? (If you did a Roth Conversion, we will need the 12/31 balances on all open Traditional IRA, Roth IRA, and SEP IRA accounts. Please send the year end statements for all of these accounts.)		

Other Income	YES	NO
Did you receive any payments from insurance companies, legal settlements, disability payments, unemployment, or other taxable income that was not reported to you on a tax document? (Please provide/attach details)		
Did you receive or pay any alimony? (Only need if divorce was final prior to 12/31/18. Please provide recipient's name, social security number, amount, and date of divorce/separation)		
Did you receive any grant payments that are exempt from income under the National Health Service Corp Loan Repayment Program or Other Certain Sate Loan Student Loan Repayment Programs? If so, please indicate amount and provide the 1099-MISC.		

Adjustments to Income		
	YES	NO
If you or your spouse were a teacher/educator for grades K-12, did you incur any unreimbursed teaching expenses, such as supplies, union dues, academic journals, etc.)?		
Did you or your spouse have a Health Savings Account (HSA)? (This does not include a Flexible Savings Account (Cafeteria Plan) maintained by your employer) Coverage: Self-only ____ or Family ____		
HSA Contributions made during 2024 that were NOT made through your employer (Please provide Form 5498-SA if received):		
Amount of HSA distributions (Please provide Form 1099-SA if received)?		
Were all the funds distributed used for qualified medical expenses?		

Higher Education / Student Loans	YES	NO
Did you pay any student loan interest? If so, please attach Form 1098-E from lender. <b>Please note:</b> Married Filing Jointly adjusted gross income (AGI) limitation is \$195,000; Single and Head of Household adjusted gross income (AGI) limitation is \$95,000; Married Filing Separately taxpayers <b>cannot</b> deduct student loan interest.		
Did you or your dependents incur any post-secondary education expense, such as tuition? If so, please provide amount and who it was for. (Include Form 1098-T)		
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (529 Plan)? If yes, include Form 1099-Q along with an expense breakdown of tuition, room & board, books, and supplies.		

Schedule A – Itemized Deductions Information		
Medical & Dental Expenses (only needed if they exceed 7.5% of income)	YES	NO
Did you or your spouse incur any large medical expenses in 2024 (included prescription drugs & medicines? If so, what is the amount? (Do not include medical expenses paid with HSA funds.)		
Any insurance reimbursements received with respect to above expenses?		

Health Insurance	YES	NO
Did you, your spouse, or your dependents receive Form 1095-A from Healthcare.gov? <b>Please provide a copy if received.</b>		

Mortgage Interest, Property and Sales Tax	YES	NO
Did you have any mortgage interest? (Please provide 1098 Mortgage Interest Forms).		
Did you refinance your existing mortgage in 2024?		
If your total mortgage debt from all home loans is in excess of \$750,000 (mortgages originating after December 15, 2017) or in excess of \$1,000,000 (mortgages originating before December 15, 2017), please provide the beginning and ending balances of each.	Beginning	Ending
Real Estate Taxes Paid in 2024:	\$	
Personal Property Taxes Paid:	\$	
Did you make any large purchases, such as a motor vehicle or boat in 2024? If so, please provide us with the invoice amount and sales tax paid on the transaction.	Invoice Amount:	Sales Tax Paid:

Charitable Contributions		
Regarding charitable contributions, how much of your deductible contributions were made in the following forms:		
Cash Donations:	<p>Under strict substantiation requirements for cash charitable contributions of <u>less than \$250</u>, you must have one of the following:</p> <ul style="list-style-type: none"> <li>• A bank record such as a canceled check, bank statement, or credit card statement,</li> <li>• A receipt with date, contribution amount, and organization name, or</li> <li>• Payroll records and a pledge card, if made by payroll deduction.</li> </ul> <p>For cash charitable contributions of <u>\$250 or more</u>, you must obtain a "contemporaneous written acknowledgement" from the charitable organization <u>before filing</u> that shows the following:</p> <ul style="list-style-type: none"> <li>• Date and amount of contribution,</li> <li>• Whether any goods or services other than intangible religious benefits were provided by the organization (including a good faith estimate of the value), and</li> <li>• A statement that the only benefit the taxpayer received was an intangible religious benefit (if applicable).</li> </ul>	\$
Clothing and household goods or other contributions:	<p>These must be in good condition or better. If over \$500, please indicate the name and address of the charity; approximate date property was obtained; how the property was acquired, such as purchase, gift, inheritance, etc.; and property cost or other basis.</p> <p>Items or groups of similar items for which a deduction of more than \$5,000 is claimed require a written appraisal. Similar items are items of the same generic category or type. For example, clothing and books are not similar.</p>	\$
Charitable Miles:	Did you travel any in the performance of services for a charitable organization? If so, how many miles during the year were a result of this? Were other travel expenses incurred?	
Other Itemized Deductions		
Did you incur any casualty or theft loss(es) from a <u>federally declared disaster</u> during the year. If so, please provide a description of loss, date of loss, cost before and after, date property was acquired, and if any insurance reimbursements were received.		
Gambling losses to extent of gambling winnings:		\$



**Schedule C (Taxpayer) – Business Expenses (Self-Employed/1099-Misc. Income Only)**  
**(W2 employee unreimbursed expenses are no longer deductible)**

Please indicate the amount of each expense for the Taxpayer.	Taxpayer
Licenses	
Cell Phone	
Internet	
Books	
Uniforms	
Dry Cleaning of Uniforms	
Dues	
Professional Fees	
Journals	
Office Supplies	
Malpractice Insurance	
Board Review	
Exam Fees	
Continuing Education	
Business Travel:	
Airfare	
Hotel	
Cabs/Car Rentals	
Meals	
Business Meals (not related to travel)	
Business Assets Purchased:	
Computer                      Date:	
Printer                         Date:	
Cell Phone                    Date:	
Medical Equipment    Description:	
Date:	
Date:                         Other	
Self-Employed Health Insurance	
Did you make payments to anyone greater than \$600 that would require the filing Form 1099? If so, did you file Form 1099?	
Business car expenses need to be substantiated with mileage logs and trip sheets for each trip. Do you have a record of total miles and business miles driven? (Note that commuting miles between your home and a fixed work location are not considered deductible business miles.)	
Make/ Model of auto	
Odometer Reading – 1/1/2024	
Odometer Reading – 12/31/2024	
Business Miles	
Total Miles	
If using the actual method instead of the standard mileage rate, please list your expenses here:	
Purchase Price (if car was purchased in 2024)	
Combined total of Gasoline/Insurance/Maintenance/Repairs	
Auto loan interest/ Lease payments	

**Schedule C (Spouse) – Business Expenses (Self-Employed/1099-Misc. Income Only)**  
**(W2 employee unreimbursed expenses are no longer deductible)**

Please indicate the amount of each expense for the Spouse.	Spouse
Licenses	
Cell Phone	
Internet	
Books	
Uniforms	
Dry Cleaning of Uniforms	
Dues	
Professional Fees	
Journals	
Office Supplies	
Malpractice Insurance	
Board Review	
Exam Fees	
Continuing Education	
Business Travel:	
Airfare	
Hotel	
Cabs/Car Rentals	
Meals	
Business Meals (not related to travel)	
Business Assets Purchased:	
Computer                      Date:	
Printer                         Date:	
Cell Phone                    Date:	
Medical Equipment    Description:	
Date:	
Date:                         Other	
Self-Employed Health Insurance	
Did you make payments to anyone greater than \$600 that would require the filing Form 1099? If so, did you file Form 1099?	
Business car expenses need to be substantiated with mileage logs and trip sheets for each trip. Do you have a record of total miles and business miles driven? (Note that commuting miles between your home and a fixed work location are not considered deductible business miles.)	
Make/ Model of auto	
Odometer Reading – 1/1/2024	
Odometer Reading – 12/31/2024	
Business Miles	
Total Miles	
If using the actual method instead of the standard mileage rate, please list your expenses here:	
Purchase Price (if car was purchased in 2024)	
Combined total of Gasoline/Insurance/Maintenance/Repairs	
Auto loan interest/ Lease payments	

Schedule E- Rental Property		
Address of rental:		
Date purchased:	Purchase price:	
	YES	NO
Were 1099's required for payments to contractors or workers (payments made in excess of \$600 to an individual or corporation?)		
If yes, were they filed?		
<b>How many days/months was property rented at FMV:</b>		
Was the rental property used personally at any time during the year? If yes, how long?		
	<b>Amount</b>	
Rental income for 2024		
Expenses:		
Maintenance/Cleaning/Lawn Care		
Insurance		
Legal/Professional Fees		
Management Fees		
Mortgage interest on property (attach Form 1098)		
Repairs (Please provide additional info for repairs greater than \$2,500)		
Supplies		
Property taxes paid		
Utilities		
Pest Control		
HOA Fees		
Advertising		
Commissions		
Other:		

**Schedule E- Rental Property**

<b>Address of rental:</b>		
Date purchased:	Purchase price:	
	<b>YES</b>	<b>NO</b>
Were 1099's required for payments to contractors or workers (payments made in excess of \$600 to an individual or corporation?)		
If yes, were they filed?		
<b>How many days/months was property rented at FMV:</b>		
Was the rental property used personally at any time during the year? If yes, how long?		
	<b>Amount</b>	
Rental income for 2024		
<b>Expenses:</b>		
Maintenance/Cleaning/Lawn Care		
Insurance		
Legal/Professional Fees		
Management Fees		
Mortgage interest on property (attach Form 1098)		
Repairs (Please provide additional info for repairs greater than \$2,500)		
Supplies		
Property taxes paid		
Utilities		
Pest Control		
HOA Fees		
Advertising		
Commissions		
Other:		

**Louisiana Residents Only**

<b>LA Sales/Consumer Tax</b>	<b>YES</b>	<b>NO</b>
Did you purchase goods for use in Louisiana from out-of-state companies and were not properly charged Louisiana state sales tax?		
If so, please provide the total combined purchase amount and/or the statements received from the companies.	\$	

<b>Historic or Film Credits</b>	<b>YES</b>	<b>NO</b>
Did you purchase Historic or Film Credits in 2024? If so, please attach LA Form R-6135, LA Form R-6145, and any other supporting documents.		

<b>LA Start K12 Program</b>	<b>YES</b>	<b>NO</b>
Did you contribute to the LA Start K12 program for your children?		
If so, please provide the amount contributed per child:		
Did you withdraw any money from the LA Start K-12 program in 2024 to pay 2024 tuition?		

<b>LA Start College Program</b>	<b>YES</b>	<b>NO</b>
Did you contribute to the LA Start College program for your children?		
If so, please provide the amount contributed per child:		

<b>LA Tuition (K-12)</b>					
Did you have any costs associated with non-public schools (tuition, uniforms, books, etc.) or public school uniforms or books (K-12 only)? *Meals should not be included in this amount.					
If so, please provide the following:					
			Expenses Paid in 2024		
Child:	Grade Level Dec. 31st	Name of School	Tuition	Uniforms	Textbooks/ Supplies

Miscellaneous		
	YES	NO
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total aggregate value in excess of \$18,000 to any individual during the year?		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? If yes, you must file FinCEN Form 114 - Report of Foreign Bank and financial Accounts. <b>Failure to file can result in penalties ranging from \$25,000 to \$100,000.</b>		
Did you create or transfer money or property to a foreign trust?		
Were you notified by the IRS or other taxing authority of any changes in prior year returns? Please attach documents.		
Do you have Disability Insurance? If yes, with who? If not, any health issues?		
Did you change jobs in 2024?		
Do you plan to change jobs in 2025?		
Do you expect your 2025 taxable income and withholding to be generally the same as 2024?		
If not, please provide details:		
Authorization	YES	NO
With your authorization, the IRS and certain states allow us to verify credits, payments, etc., for your tax account online. Do we have your authorization to view this information, if necessary?		
If the above answer is yes, please e-mail us to obtain Form 2848 – Power of Attorney. <b><u>(Each taxpayer must sign a separate Form 2848)</u></b>		

Kindly sign below and return this questionnaire to our office with your tax information or at your scheduled appointment time. A copy can be made available to you upon request.

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.**

If applicable, both taxpayer and spouse must sign.

Accepted by: \_\_\_\_\_  
Taxpayer's signature

Accepted by: \_\_\_\_\_  
Spouse's signature

Printed name: \_\_\_\_\_

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

**WAITING ON THE FOLLOWING INFORMATION:**

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)