Haukeness Tax & Accounting Inc.
2025 Client Questionnaire

	Taxpayer	Spouse
Name		
SSN		
Occupation		
Email		
Home Phone/Cell Phone		
Birthdate/Death date		

☐ Single ☐ Head of Household ☐ Married ☐ Divorced ☐ Separated ☐ Widow

In what FORMAT would you like your completed tax return? ☐ Printed Copy ☐ Electronic Copy ☐ Mailed Copy

Address - _____ ☐ Changed Primary Residence

DEPENDENTS

Name	SSN	Birthdate	Months in Home in '25

MUST PROVIDE documentation for proof of dependent related credits (tuition, school, medical, daycare records etc.)

☐ Yes ☐ No – Can another person qualify to claim any of your dependents? If so, which ones - _____

☐ Yes ☐ No – Did you pay childcare/dependent costs? ***IF YES, need the total amount paid per child and the daycare name, address, and identification number.***

IDENTIFICATION

☐ Yes ☐ No – Did you renew your Driver's License in the last year or are you a new client? ***IF YES, provide proof of identity (driver's license or state issued photo ID)***
State you were a resident of in 2025_____
☐ Yes ☐ No – Were you or your spouse a resident of another state or earned income in another state in 2025? **State**_____

BANKING INFORMATION

Refunds-Checks will not be issued timely this year for refunds, please provide banking info in the Refunds column

☐ Yes ☐ No – Do you want to have any balance due directly withdrawn? **IF YES, Complete Balance Due Column and Withdraw Date (Up to April 15, 2026)**_____

	Refunds	Balance Due
Bank Name		
Routing #		
Account #		
Checking or Savings		

RENTERS

☐ Yes ☐ No - Did you pay rent to live at your personal residence during 2025 in Wisconsin?
MONTHLY Rent Paid in 2025: _____
Number of Months Rented: _____
Heat Included in Rent: ☐ Yes ☐ No

ESTIMATED INCOME TAX PAYMENTS

☐ Yes ☐ No Did you pay qtly estimated taxes during 2025? ***- IF YES, please bring in amount paid and date of payment.***

INCOME – Check all that Apply

☐ Wages – ***need W-2's***
☐ Lottery or Gambling Winnings – ***need W-2G***
☐ Pension/Retirement – ***need 1099-R***
☐ Dividends – ***need 1099-DIV***
☐ Interest – ***need 1099-INT***
☐ Unemployment– ***need 1099-G***
☐ Gov't or Ag Payments/Grants – ***need 1099-G***
☐ Independent Contractor – ***need 1099-MISC/NEC***
☐ Small Business Owner – ***need 1099-MISC/NEC/K and record of income and expenses***
☐ Social Security, Disability, or SSI – ***need 1099-SSA***
☐ Sold Investment, Stocks or Bonds – ***need 1099-B***
☐ Cancellation of Debt – ***need 1099-C***
☐ Involved in Corp, Partnership, or Trust – ***need K-1***
☐ Interest in Virtual Currency - ***need 1099-B or 8949***
☐ Sold Primary Residence – ***need closing statement***
☐ Owned Rental Property – ***need income/expenses***
☐ Farm Income – ***need income/expenses***
☐ Alimony (Paid or Received) ***– need if divorce prior to 1/1/2019***

DEDUCTIONS – Check all that Apply

☐ Contributions to IRA's – ***need amount, type, and date***
☐ College Tuition - ***need 1098-T and student account record***
☐ Student Loan Interest – ***need 1098-E***
☐ Contributions to 529 Education Plan – ***need detail***
☐ Mortgage Interest – ***need 1098***
☐ Un-reimbursed Medical Expenses **$**_____
☐ Un-reimbursed Dental Expenses **$**_____
☐ Cash Donations – ***need documentation $***_____
☐ Non-Cash Donations – ***need documentation*** **$**_____
☐ Teacher Un-reimbursed Expenses **$**_____
☐ HSA Contributions – **$**_____
☐ Paid Real Estate Taxes – ***need detail including date paid***

HEALTH CARE

☐ Yes ☐ No – Did you or any member of your family receive healthcare coverage through the Marketplace? ***IF YES, need Form 1095-A.***
☐ Yes ☐ No – Did you or any member of your family have a Medicare supplement/drug plan? ***IF YES, need the total premium paid per YEAR for the plan. $***_____
☐ Yes ☐ No – Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? ***Need 1099-SA.***
☐ Yes ☐ No – Did you pay any long-term care premiums for yourself, your spouse or a dependent during the year? ***IF YES, Taxpayer $*** _____ ***Spouse $*** _____
☐ Yes ☐ No – Did you pay any non-pre-tax health, dental, or vision insurance premiums? ***IF YES, Taxpayer $*** _____ ***Spouse $*** _____

MISCELLLANEOUS

☐ Yes ☐ No – Did you make any energy-efficient improvements for your home such as exterior doors, exterior skylights or windows, HVAC, insulation, solar, biomass or have a home energy audit conducted during 2025? ***IF YES, need documentation.***
☐ Yes ☐ No – Did you purchase an electric vehicle before September 30, 2025? ***IF YES, need the purchase/sale documents.***
☐ Yes ☐ No – Did you make gifts to any one person more than $19,000 during the year?
☐ Yes ☐ No – Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? ***IF YES, need Notice CP01A from the IRS.***
☐ Yes ☐ No – Did you make any purchases subject to Sales and Use Tax that you did not pay Sales Tax on? ***IF YES, need the total amount purchased?*** _____
☐ Yes ☐ No – At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell/exchange/gift/otherwise dispose of a digital asset (or a financial interest in a digital asset i.e. Bitcoin/Cryptocurrency)?

ONE BIG BEAUTIFUL BILL CHANGES

☐ Yes ☐ No – Did you receive any qualified taxable tip income? – **IF YES, please provide statement from employer showing qualified taxable tips with your W2.**
☐ Yes ☐ No – Did you earn any qualified overtime pay in 2025? – **IF YES, please provide statement from employer showing qualified overtime dollar amount with your W2.**
☐ Yes ☐ No – Did you purchase a new vehicle that qualifies for auto loan interest deduction? **– If YES, please provide the sale statement for vehicle, final assembly in USA designation, and loan paperwork which includes interest paid in 2025.**

BUSINESS

☐ Yes ☐ No – Did you rent out your home or use part of it exclusively for business?
☐ Yes ☐ No – Did you incur any business mileage during 2025? ***IF YES, need the vehicle year and model, and the number of business miles below.***

Vehicle	Business Miles	Personal Miles

How do you keep a record of your business miles?
_____

Please check our website for occupation and income specific Worksheets. www.Haukeness.tax

Please list any QUESTIONS about your tax preparation or COMMENTS about your included information that you would like us to know!

_____
_____
_____

The information listed on this page is complete and accurate to the best of my knowledge.

_____
Taxpayer Signature and Date

_____
Spouse Signature and Date