

EAST VALLEY ACCOUNTING AND TAX, LLC  
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2024

INCOME TAX QUESTIONNAIRE

If we have the information, it is not necessary to complete that section

Your full name \_\_\_\_\_ Spouse's name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone (Cell) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone (Home) \_\_\_\_\_  
E-Mail \_\_\_\_\_ (yours) (Spouse)

DEPENDENT CHILDREN LIVING WITH YOU

Name	Birth Date	Social Sec No.	Name	Birth Date	Social Sec No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

College tuition for yourself or Dependant Child: Student name \_\_\_\_\_  
Full Time Yes \_\_\_ No \_\_\_ Year in school \_\_\_\_\_ Amount\$ \_\_\_\_\_  
Course materials/books \_\_\_\_\_ Don't rely on 1098T(it is often wrong)

EXEMPTION OTHER THAN WIFE AND CHILDREN IN YOUR HOME

Name in full \_\_\_\_\_ Relationship \_\_\_\_\_  
Name in full \_\_\_\_\_ Relationship \_\_\_\_\_  
Did dependent live in your home? Yes \_\_\_ NO \_\_\_ Number of months \_\_\_\_\_  
Did dependent have gross income of \$5,050 or more? Yes \_\_\_ No \_\_\_  
Did you provide more than one-half of dependent's support? Yes \_\_\_ No \_\_\_

INCOME

ATTACH ALL W-2 AND 1099 FORMS \*\*\* AZ Families Tax Rebate \$ \_\_\_\_\_

Wages and Salaries	\$ _____	TAX-EXEMPT INTEREST (List)	\$ _____
Travel Allowance	\$ _____	INTEREST RECEIVED FROM:	
Ira Distribution	\$ _____	Banks, Credit Unions, etc.:	
Ira Rollover	\$ _____	_____	\$ _____
Unemployment Compensation	\$ _____	_____	\$ _____
Alimony divorces pre 2019	\$ _____	_____	\$ _____
Social Security Benefits	\$ _____	_____	\$ _____
State Income Tax Refunds	\$ _____	_____	\$ _____

DIVIDENDS: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
SELLER FINANCED MORTGAGES:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

DO YOU HAVE INTEREST IN A FOREIGN ACCOUNT? YES \_\_\_ NO \_\_\_  
Did you receive, sell, send, exchange virtual currency? Yes \_\_\_ No \_\_\_

ITEMIZED PERSONAL DEDUCTIONS

MEDICAL EXPENSES

Full Deduction on State Return

Total Prescription drugs \$ \_\_\_\_\_ Medicare insurance premiums \$ \_\_\_\_\_
After Tax Medical insurance \$ \_\_\_\_\_ Long-term care ins premiums \$ \_\_\_\_\_
Doctors \$ \_\_\_\_\_ Hospital \$ \_\_\_\_\_
Dentist \$ \_\_\_\_\_ Labs \$ \_\_\_\_\_
Eyeglasses, hearing aids, and other medical equipment \$ \_\_\_\_\_
Dr. prescribed weight loss program as treatment for a specific disease \$ \_\_\_\_\_
Insurance reimbursement for any expenses included above \$ \_\_\_\_\_
Travel to receive medical care: Number of miles \_\_\_\_\_

TAXES - Non Business

Real estate tax on home \$ \_\_\_\_\_ Other real estate taxes \$ \_\_\_\_\_ \$ \_\_\_\_\_
Automobile licenses \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
Sales tax on large purchases \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
State income tax paid for prior years \$ \_\_\_\_\_

Did you file Estimated Taxes for 2024? Yes \_\_\_\_\_ No \_\_\_\_\_
Date paid \_\_\_\_\_ \$ \_\_\_\_\_ Date paid \_\_\_\_\_ \$ \_\_\_\_\_
Date paid \_\_\_\_\_ \$ \_\_\_\_\_ Date paid \_\_\_\_\_ \$ \_\_\_\_\_

INTEREST - Paid by you

BRING IN YOUR STATEMENTS SHOWING THE AMOUNT OF INTEREST YOU PAID

Interest paid to a financial institution:
On your home mortgage \$ \_\_\_\_\_ On a home equity mortgage \$ \_\_\_\_\_

Qualified mortgage insurance (PMI) \$ \_\_\_\_\_

Interest paid to an individual on your home mortgage \$ \_\_\_\_\_
Individual's name: \_\_\_\_\_
Address : \_\_\_\_\_
Social Security #: \_\_\_\_\_

Student loan interest \$ \_\_\_\_\_
Investment interest (personal interest is no longer deductible)
\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

CONTRIBUTIONS

(Must have record of your contributions or deduction will not be allowed)
25% is allowed on AZ even if you don't itemize so please let us know.

Cash contributions:
Church (name) \_\_\_\_\_ \$ \_\_\_\_\_ (name) \_\_\_\_\_ \$ \_\_\_\_\_
March of Dimes \$ \_\_\_\_\_ Red Cross \$ \_\_\_\_\_ \$ \_\_\_\_\_
United Fund \$ \_\_\_\_\_ Cancer \$ \_\_\_\_\_ \$ \_\_\_\_\_
Girl Scouts \$ \_\_\_\_\_ Boy Scouts \$ \_\_\_\_\_ \$ \_\_\_\_\_

Charitable Miles driven \_\_\_\_\_
Contributions other than cash: Must be in good condition
Clothing, etc. given to Organized Charities \_\_\_\_\_ \$ \_\_\_\_\_
Other contributions: (to whom) \_\_\_\_\_ value \$ \_\_\_\_\_
(give date, description of property, method of valuation, and if over \$500,
give cost, date acquired, and signed appraisal, if any.)

ARIZONA TAX CREDITS

Fees paid to public school \$ \_\_\_\_\_ Private School Tuition Program \$ \_\_\_\_\_
School CTDS number \_\_\_\_\_ Name of school \_\_\_\_\_
Name of school \_\_\_\_\_ Address \_\_\_\_\_
Address \_\_\_\_\_ Date Contributed \_\_\_\_\_
District \_\_\_\_\_
Date Contributed \_\_\_\_\_

Contribution to Qualifying charity
Name \_\_\_\_\_ Name \_\_\_\_\_
Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_
Qualifying Charity Code \_\_\_\_\_ Qualifying Charity Code \_\_\_\_\_

OTHER DEDUCTIONS

Alimony paid for divorces prior to 2019 \$ \_\_\_\_\_
Name \_\_\_\_\_
Social Security # \_\_\_\_\_

Contribution to Individual Retirement Account (IRA) \$ \_\_\_\_\_ \$ \_\_\_\_\_
Contribution to Roth Individual Retirement Account \$ \_\_\_\_\_ \$ \_\_\_\_\_
(yours) (spouse)

Are you covered by an employer sponsored retirement plan? Yes \_\_\_\_\_ No \_\_\_\_\_

CHILD CARE

(Information must be complete or deduction will not be allowed)

If both husband and wife work and you have child care expense while working, please fill in the name, address social security number (or Employer ID#), and the amount paid for each child.

Name \_\_\_\_\_ Name \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
Social Security #/ID# \_\_\_\_\_ Social Security #/ID# \_\_\_\_\_
Child's name and amount paid: Child's name and amount paid:
\$ \_\_\_\_\_ \$ \_\_\_\_\_
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Was child care in your home? \_\_\_\_\_ Was child care in your home? \_\_\_\_\_

Amount paid by your employer for dependent care assistance \$ \_\_\_\_\_

\*\*\*OTHER\*\*\*

If you have a business or a rental property, did you pay anyone in the amount of \$600 or more for services in which a 1099 should be filed? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you file 1099's for this business Yes \_\_\_\_\_ No \_\_\_\_\_

If you have other income and expenses during 2024 from business, rentals, sale of property, or any other source, bring all related information to our office so we will be able to prepare the necessary schedules.

Bring an itemized list of adoption expense paid during year.
Bring an itemized list of college tuition and related expenses.
If you purchased, sold or refinanced a house during 2024, please bring in the escrow statement.
Bring in any forms 1095-A, 1095-B, or 1095-C that you may receive.