



# SHANNON A RAASCH CPA INC

## The Tax Crusader

### 405-390-8292



### FACT FINDER

Primary Name	IP PIN	Spouse Name	IP PIN
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Claimed as a dependent  Full Time Student  Blind  Claimed as a dependent  Full Time Student  Blind

**DEMOGRAPHICS** ("PRIMARY" IS THE 1ST NAME ON THE RETURN, & "YOU" INCLUDES BOTH SPOUSES FOR JOINT RETURNS)

**NEW CLIENT** WE MUST HAVE A COPY OF YOUR 2022 TAX RETURN & A CONTACT INFO SHEET

**RETURNING CLIENTS** Please complete the Contact Information Sheet if anything has changed

#### RETURN DELIVERY OPTIONS. CHOOSE 1

**IN OFFICE PICKUP**

**SECURE WEB PORTAL** - We will send you a link to set up user name & password

**US MAIL (Add \$10 Postage & Handling)**

#### RETURN REFUND OPTIONS. CHOOSE 1

**REFUND DIRECT DEPOSIT?** PROVIDE COPY OR IMAGE OF VOIDED CHECK (not deposit slip)

**REFUND BY MAIL** IRS will send a Check, OK will send a Debit Card

#### MARITAL STATUS, FILING STATUS & RESIDENCY ISSUES

**I HAVE NEVER BEEN MARRIED**

**DIVORCED** DATE FINAL  Provide a copy of Court Order if occurred in 2023

**SURVIVING SPOUSE**-Spouse Date of Death  Provide a Copy of Death Certificate if in 2023

**MARRIED-BUT I have A Separate Maintenance or Spousal Support Decree, or Written Separation Agreement.**

**MARRIED, LIVED WITH SPOUSE**  ALL YEAR  NOT AT ALL or DATES From/To

**MARRIED & WANT TO FILE A JOINT RETURN.**

**MARRIED BUT WANT TO FILE SEPARATE RETURNS. - WHY?**

**IF YOUR SPOUSE IS ITEMIZING DEDUCTIONS ON THEIR SEPARATE RETURN?** Provide a copy if possible

**Was PRIMARY a Non Resident Alien for any part of the year? Dates From  to**

**Was SPOUSE a Non Resident Alien for any part of the year? Dates From  to**

**SOMEONE CAN CLAIM PRIMARY AS A DEPENDENT OR QUALIFYING CHILD?**

**SOMEONE CAN CLAIM SPOUSE AS A DEPENDENT OR QUALIFYING CHILD?**

**Was the PRIMARY's Main Home in the US for more than half of the year?**

**Was the SPOUSE's Main Home in the US for more than half of the year?**

#### DEPENDENTS & OTHER HOUSEHOLD MEMBERS

**DEPENDENTS** How Many?  *The DEPENDENT WORKSHEET Must be completed*

**Did you pay over half the cost of maintaining a home for your Qualifying Child or Other Dependent?**

#### TAX COMPLIANCE

**CANNABIS BUSINESS - Are you involved in any aspect; grower, dispensary, distributor? NOTE, We currently do not prepare returns for those engaged in these activities unless you are strictly a W-2 employee.**

**FOREIGN BANK ACCT. OR TRUST Owned, Controlled, Signature Authority, Transfers to or from?**  
IF YES- COUNTRY(IES)  \$  Highest Combined Balance at any time During 2022

**IF FOREIGN ACCOUNTS TOTALED MORE THAN \$10,000 AT ANY TIME- DID YOU FILE FBAR (FinCEN 114)?**  
IF SO We need a copy of it. (NOTE: WE DO NOT FILE THIS FORM)

**LLC or CORP OWNERSHIP? Did you have onwership or control of 25% or more of any Corporation or LLC?**  
IF SO, CTA FinCEN Compliance Registration is likely REQUIRED. (\$500/Day Penalty up to \$10000)

**DIGITAL ASSETS like Bit Coin. Did you (a) Receive as a reward, award, or payment for property or services; or (b) sell, exchange, gift, or otherwise dispose of, a Digital Asset or a Financial Interest in a Digital Asset?**  
IF YES, ADDITIONAL INFORMATION WILL BE REQUIRED. SEE CRYPTO QUESTIONNAIRE

**OBAMA CARE - Was any Household Member covered by insurance from the healthcare.gov marketplace?**  
IF SO, WE MUST have Forms 1095-A for everyone covered by marketplace insurance.

**OUT OF STATE PURCHASES WITH NO SALES TAX PAID?** \$   
Check here to use the Safe Harbor Table. OR, provide the Amount of purchases

**Do you have UNFILED TAX RETURNS for Prior Years? IF SO, What years?**

**DO YOU OWE BACK TAXES TO THE IRS? [ ] Y [ ] N TO THE STATE? [ ] Y [ ] N**  
IF SO, ARE YOU ON A PAYMENT PLAN? FEDERAL [ ] Y [ ] N STATE [ ] Y [ ] N

**DO YOU HAVE DELINQUENT STUDENT LOANS, CHILD SUPPORT, or Other Refund Garnishments?**

**HAVE YOU RECEIVED LETTERS FROM IRS? OR STATE? If so, provide them \_\_\_\_\_**

**HAS THE IRS DISALLOWED OR REDUCED ANY TAX CREDIT (EIC, CTC, ACTC or AOTC)?**

**ESTIMATED FEDERAL AND/OR STATE TAX PAYMENTS**

Y	N	<b>ESTIMATED TAX PAYMENTS - FEDERAL</b>	Attach a list of the date & amount of each payment
Y	N	<b>ESTIMATED TAX PAYMENTS - OKLAHOMA or Other States</b>	Identify State & provide date & amount of each payment
Y	N	<b>APPLY REFUND TO NEXT YEAR'S ESTIMATED PAYMENTS?</b>	<b>FEDERAL</b> <input type="checkbox"/> <b>STATE</b> <input type="checkbox"/>

**QUESTIONS TO HELP US FIND OTHER INCOME AND DEDUCTION ITEMS**

Y	N	<b>RETIREMENT PLAN DISTRIBUTIONS - MILITARY, FEDERAL, STATE, 401K, IRA, OR OTHER</b>	1099-R
Y	N	<b>SOCIAL SECURITY BENEFITS</b>	1099-SSA
Y	N	<b>UNEMPLOYMENT BENEFITS?</b>	FORM 1099-G
Y	N	<b>SELF EMPLOYED - CONTRACT LABOR - GIG INCOME - HOBBY INCOME</b>	1099 NEC, 1099-K, Business Worksheet
Y	N	<b>TIPS YOU RECEIVED THAT YOU DID NOT REPORT TO EMPLOYER</b>	You should have a log with dates & amounts
Y	N	<b>S-CORP OWNER?</b>	Schedule K-1 from the S Corp
		<b>PARTNERSHIP Partner or LLC Member?</b>	Schedule K-1 from the Partnership
		<b>ESTATE or TRUST BENEFICIARY?</b>	Schedule K-1 from the Estate or Trust
Y	N	<b>RENTAL PROPERTIES?</b>	Rental Worksheet or summary of Income, Expenses & Improvements
Y	N	<b>FARMING BUSINESS OR HOBBY?</b>	Farm Worksheet or summary of Income, Expense Farm Worksheet
Y	N	<b>STOCK BROKERAGE ACCOUNT - STOCKS - MUTUAL FUNDS?</b>	Year End Tax Stmt-1099-B-1099-Div-Tax Exempt Int
Y	N	<b>GAMBLING WINNINGS?</b>	W2G-Gambling Log-Win/Loss Reports-Casino ATM receipts
Y	N	<b>REAL ESTATE PURCHASE OR SALE (including home)</b>	Settlement Statements from Both Purchase & Sale, + Details
Y	N	<b>MEDICAID WAIVER PAYMENTS for care of another In Your Home.</b>	Not Taxable, but may increase other benefits
Y	N	<b>ALIMONY RECEIVED - DECREE 2018 OR BEFORE UNLESS MODIFIED</b>	Their Name, SSN, Amount & Date of Decree
Y	N	<b>ALIMONY PAID - DECREE 2018 OR BEFORE UNLESS MODIFIED</b>	Their Name, SSN, Amount & Date of Decree
Y	N	<b>HSA - HEALTH SAVINGS ACCOUNT - DISTRIBUTIONS RECEIVED</b>	<b>ALL</b> <input type="checkbox"/> <b>OR, AMOUNT</b> <input type="checkbox"/>
		Form 1099-HSA? IF SO, HOW MUCH WAS USED FOR MEDICAL EXP?	<b>\$</b> <input type="text"/>
Y	N	<b>HSA CONTRIBUTIONS MADE DIRECTLY BY YOU, NOT BY EMPLOYER</b>	<b>AMOUNT \$</b> <input type="text"/>
Y	N	<b>IRA OR ROTH CONTRIBUTIONS YOU MADE (not counting from your job)</b>	Contribution confirmation documents
Y	N	<b>OKLAHOMA 529 PLAN CONTRIBUTIONS MADE</b>	Amount Contributed for each person
Y	N	<b>STUDENT QUALIFIED TUITION</b>	1099 Q, 1098-T & Account Statement + Student Worksheet
Y	N	<b>STUDENT LOAN INTEREST?</b>	Documentation of Amount Paid
Y	N	<b>ITEMIZED DEDUCTIONS MAY EXCEED - \$20800 for Head of Household</b> <b>\$27700 for Joint, or \$13850 for Single OR Married Filing Separate</b>	If so, Mortgage Forms 1098, Out of pocket Medical, Contribution Statements, Real Estate Taxes

**ENERGY CREDITS FOR IMPROVEMENTS PAID FOR & PLACED IN SERVICE DURING 2023**

Y	N	<b>ENERGY EFFICIENT IMPROVEMENTS - Insulation, exterior doors, windows &amp; skylights</b>
Y	N	<b>ENERGY EFFICIENT EQUIPMENT - Central A/C, Heat Pump (gas or elec.), water heaters (gas, propane, oil, heat pump)</b>
Y	N	Furnace or hot water boiler (gas, propane, oil) Electrical panel improve or replace, Home energy audit
Y	N	<b>CLEAN ENERGY IMPROVEMENTS - solar electric, solar water heaters, fuel cells, wind &amp; geothermal energy generating systems</b>
<b>MANUFACTURERS CERTIFICATION OF IMPROVEMENT ELIGIBILITY REQUIRED FOR ALL ENERGY CREDITS</b>		

**TAX ADVANTAGED OCCUPATIONS TEACHERS, MINISTERS, MILITARY**

Y	N	<b>TEACHER WITH EDUCATOR EXPENSES? PRIMARY</b>	<b>\$</b> <input type="text"/>	<b>SPOUSE</b> <input type="checkbox"/>	<b>\$</b> <input type="text"/>
Y	N	<b>MINISTER WHO OPTED OUT OF SE TAX?</b>	W2 & Housing Allowance Worksheet. Ministry Expenses won't help.		
Y	N	<b>MINISTER SUBJECT TO SE TAX?</b>	W2 & Both Ministry Expense & Housing Allowance Worksheets		
Y	N	<b>IF SO, DO YOU HAVE UNREIMBURSED MINISTRY EXPENSES?</b>	Provide a Summary of Expenses. See Website for worksheet		
Y	N	<b>MILITARY RESERVE WITH UNREIMBURSED TDY EXPENSES?</b>	Out of pocket expense information		
Y	N	<b>MILITARY ACTIVE DUTY WITH UNREIMBURSED TRANSFER EXPENSES?</b>	Amount & Distance of the move.		

**ATTESTATION**

> I/WE HAVE READ THE FOREGOING AND THE INFORMATION PRESENTED IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.  
 > I/WE HAVE LOGS, RECEIPTS OR OTHER DOCUMENTATION FOR ALL INFORMATION Provided herewith, or subsequently, to substantiate amounts provided.  
 > I/WE HAVE DECLARED ALL INCOME, including CASH, & OTHER INCOME whether or not it was reported to the IRS by Third Parties.  
 > I/We Acknowledge that my/our return will be prepared Solely from information that I/We have provided.  
 > For a Joint Return, if only one Spouse has signed this form, I, the Undersigned, hereby attest and affirm that my Spouse is aware of and in agreement with my actions and that information provided for my Spouse is true and correct to the best of my knowledge and belief.  
 > If I/we choose to provide documents by E-mail, or request E-mail delivery of documents, I/we agree to do so at my/our own risk and hereby hold Shannon A Raasch CPA, Inc. and its staff and associates, harmless for any data interceptions or other complications or costs arising therefrom.

<b>Signature Primary</b>		<b>Signature Spouse</b>	
<b>Print Primary Name</b>	<b>Date</b>	<b>Print Spouse Name</b>	<b>Date</b>

PLEASE COMPLETE & BRING THIS FACT FINDER



HELP ME KEEP THE IRS OUT OF YOUR WALLET