MTM FINANCIAL GROUP

2025 Tax Questionnaire Packet

All tax clients must complete and submit this questionnaire and return with tax documents

Section 1

	TAXPAYER	**SPOUSE**
Name	______________	______________
DOB	______________	______________
Primary Phone	______________	______________
Primary Email	______________	______________
Occupation	______________	______________

Street Address ______________ City__________ State_______ Zip____

Was this your address for all of 2025 Y☐ N☐ If **No**, date moved ______________

Prior Address if you moved in 2025 ______________

Are you an investment client here at MTM Financial Group Y☐ N☐

If **Yes**, the name of your advisor ______________

Can you be claimed as a dependent on another individual's return Y☐ N☐

Has your filing status changed in 2025 Y☐ N☐ If **Yes**, check box below and list date where applicable

Married☐ ________ Separated☐ ________ Divorced☐ ________ Retired☐ ________

Spouse Deceased☐ ________ Dependent Deceased☐ ________

1) In 2025 did you receive an Identity Protection Pin from the IRS If **Yes**, attach the IRS document	Y☐ N☐
2) In 2025 did you receive any letters or adjustments from the IRS or State If **Yes**, attach the document	Y☐ N☐
3) In 2025 did you make any gifts in excess of $19,000 to any one individual	Y☐ N☐
4) Do you have any foreign assets or are you a party to a foreign trust *This does not include foreign assets by US brokerage accounts such as Schwab, Vanguard and Fidelity*	Y☐ N☐
5) In 2025 were you insured through Marketplace/Pennie If **Yes** provide form 1095-A If **Yes** to above and you have a *dependent that filed their own return* check here☐ If an individual on your return was included on another's policy, provide that 1095-A	Y☐ N☐

Section 2

For 2025 did you/your spouse make Traditional or Roth IRA Contributions Y☐ N☐

Or do you intend to make a contribution by 4/15/26 Y☐ N☐ If **Yes**, complete below

Taxpayer	Spouse
Traditional ☐ Roth ☐	Traditional ☐ Roth ☐
Date ___/___/___ Total Contribution _____________	Date ___/___/___ Total Contribution _____________

Section 3 **Dependent Information - Please complete for all dependents (if applicable):**

Name	**1)**	**2)**	**3)**
Relation			
Social Security #			
Date of Birth			
Lived with you for ALL of 2025	Y☐ N☐ If **No**, how many months they did live with you ______	Y☐ N☐ If **No**, how many months they did live with you _______	Y☐ N☐ If **No**, how many months they did live with you ______
Full time college student in 2025 for at least 5 months	Y☐ N☐	Y☐ N☐	Y☐ N☐
Did dependent have income and will they need to file a return for 2025	Y☐ N☐ If **Yes**, would you like MTM to prepare their return Y☐ N☐	Y☐ N☐ If **Yes**, would you like MTM to prepare their return Y☐ N☐	Y☐ N☐ If **Yes**, would you like MTM to prepare their return Y☐ N☐
Filed own tax return for 2025*	Y☐ N☐	Y☐ N☐	Y☐ N☐

*IMPORTANT: If your dependent is filing their own tax return (NOT PREPARED BY MTM) they are required to check the box that says they are a dependent on another return

Did you pay someone else for childcare so that you could work Y☐ N☐

If **Yes**, provide a statement from the facility that lists the facility name, address, tax ID or social security number (if provider is an individual) and the amount paid PER CHILD in 2025.

Did you remove any dependents in 2025 Y☐ N☐ If **Yes,** list names below

1)	2)

Section 4

In 2025, did you contribute to a qualified 529 College Plan Y☐ N☐

If **Yes**, complete the information below

Amount:	Beneficiary Name:	Soc Sec #:
Amount:	Beneficiary Name:	Soc Sec #:
Amount:	Beneficiary Name:	Soc Sec #:

In 2025, did you make a withdrawal of funds from a qualified 529 College Plan Y☐ N☐

If **Yes**, provide form 1099-Q for withdrawals from 529 Plans

Section 5 IMPORTANT QUESTIONS - In 2025 did you:

1) Receive W-2s from employers Last pay stub is required if you have tips or OT. If you have OT provide all paystubs or a letter from your employer listing OT hours	Y ☐ N ☐
2) Receive Interest Income (includes US Savings Bonds) If **Yes**, provide 1099-INT	Y ☐ N ☐
3) Receive Dividends If **Yes**, provide 1099-DIV	Y ☐ N ☐
4) Receive distributions from an IRA, Pension, Annuity, etc. If **Yes**, provide 1099-R	Y ☐ N ☐
5) If you were required to, did you take your RMD (Required Minimum Distribution)	Y ☐ N ☐
6) Make a QCD (Qualified Charitable Distribution) from your Traditional IRA If **Yes**, provide documentation	Y ☐ N ☐
7) Convert Traditional IRA Funds to a ROTH IRA If **Yes**, list amount ________________	Y ☐ N ☐
8) Receive Social Security Benefits If **Yes**, provide SSA-1099	Y ☐ N ☐
9) Buy or sell any mutual funds or stocks If **Yes,** provide **the entire** 1099-B	Y ☐ N ☐
9a) Sell, exchange or purchase real estate, including personal home If **Yes**, provide closing statement and 1099-S	Y ☐ N ☐
9b) Own Digital Assets/Cryptocurrency If **Yes**, at any time during 2025 did you: Receive (as a reward, award or payment for property or services) or sell, exchange, gift or otherwise dispose of a digital asset, or financial interest in a digital asset If **Yes**, provide form 8949 and request the Digital Asset/Cryptocurrency Engagement Letter	Y ☐ N ☐ Y ☐ N ☐
10) Receive a prior year state/local tax refund If **Yes**, provide 1099-G	Y ☐ N ☐
11) Receive or pay alimony if **Yes**, and divorce date is BEFORE 1/1/2019, provide details	Y ☐ N ☐
12) Have self employed business income If **Yes**, complete attached Sched C Organizer	Y ☐ N ☐
13) Have rental real estate income If **Yes**, complete attached Sched E Organizer	Y ☐ N ☐
14) Receive Schedule K-1 from Partnership or S Corporation If **Yes**, provide **the entire** K-1	Y ☐ N ☐
15) Receive Schedule K-1 from Estates and Trusts If **Yes**, provide **the entire** K-1	Y ☐ N ☐
16) Receive Unemployment Compensation If **Yes**, provide 1099-G	Y ☐ N ☐
17) Receive gambling or contest winnings If **Yes**, provide Win/Loss documentation AND W2-G or 1099-Misc	Y ☐ N ☐
18) Have debts canceled or forgiven If **Yes**, provide 1099-C	Y ☐ N ☐
19) Have other income If **Yes**, provide 1099-K, 1099-MISC	Y ☐ N ☐
20) Have an HSA (Health Savings Account) If **Yes**, provide both forms 1099-S **AND** 5498-SA	Y ☐ N ☐
21) Pay Student Loan Interest If **Yes**, provide 1098-E	Y ☐ N ☐
22) Did you or a dependent attend college and/or post graduate educational training If **Yes**, provide 1098-T	Y ☐ N ☐
23) Purchase a NEW vehicle using a vehicle loan If **Yes**, provide bill of sale and 1098 VLI	Y ☐ N ☐
24) Purchase an electric vehicle If **Yes**, provide sales receipt and form 15400	Y ☐ N ☐
25) Purchase energy saving products for your home If **Yes**, provide product ratings cert and installation recpt	Y ☐ N ☐

Section 6 **For PA Residents:**

Where applicable you must provide documentation for union dues, licenses and professional fees
If you are a **homeowner** over 65 and have income under $46,520 you may be eligible for the PA Property Tax Rebate Program: provide your receipted tax bills or cancelled payment checks
If you are a **renter** over 65 and have income under $31,010 you may be eligible for the PA Rent Rebate Program: provide the completed PA 1000 RC

Section 7 **2025 Estimated Taxes Paid:**

	Date Paid	Federal Amount	State Amount	Local Amount
First Quarter 4/25				
Second Quarter 6/25				
Third Quarter 9/25				
Fourth Quarter 1/26				

Do you intend to make Estimated Tax Payments for 2026 Y☐ N☐
If **Yes**, would you like to have your payments auto debited from your bank account Y☐ N☐
Would you like to receive payment reminders for your estimated taxes Y☐ N☐
If **Yes**, would you like reminders sent via mail☐ or via email☐

Section 8

1) Are you planning to use Direct Deposit and/or Direct Debit for your tax refund/payment Y☐ N☐
If **Yes**, you will need to complete the Direct Deposit/Debit form and provide a cancelled check
Please Note: The fastest way to receive your refund payment is via direct deposit. If you choose to receive your refund via check, it could be delayed a *minimum* of 6 weeks.

2) Has your license expired since last tax season, or are you a new tax client for 2025 Y☐ N☐
If **Yes**, you must provide a copy of your current driver's license

3) When your returns are complete, how would you like to receive them (check one option)
- Pick up in office☐
- Sent via Priority Mail☐
- Uploaded into SmartVault☐ Note: you must be a SmartVault user for this option

4) Tax Preparation Fees are due and payable upon presentation of tax returns.
How do you plan to pay for your tax prep fees (check one option):
☐ Credit Card ☐ Check/Money Order ☐ Cash

Section 9: If Applicable, Itemized Deductions

Please note: The State and Local Tax deduction has increased from $10,000 to $40,000 for the 2025 tax year, so you may be able to itemize this year, even if you have not in the past.
If you itemize, see page 5.
IF YOU DO NOT ITEMIZE YOUR PACKET IS COMPLETE - SIGN/DATE PAGE 5

ITEMIZED DEDUCTIONS

You itemize (generally) if you own your own home, pay real estate taxes and mortgage interest, incur large medical expenses and/or give large sums to charity - or some combination thereof.

If you wish to provide details via a hard copy attachment or an electronically transmitted spreadsheet, complete all questions and write "see attached".

Property Taxes

Primary Residence	$	Secondary Residence	$

Mortgage Interest - Provide 1098

Medical & Dental (**NOT** reimbursed by insurance or HSA distributions)

CAUTION - *medical expenses are only included as itemized deductions if they exceed 7.5% of your Adjusted Gross Income*

Cost of Prescribed Drugs	$
Cost of all Dentists, Doctors & Nurses	$
Hospital	$
**Medical and Dental Insurance	$
Hearing Aid/Contacts/Glasses/Dentures	$
Ambulance Service	$
X-Rays	$
Clinic (Lab)	$
Lodging for Medical Care	$
Long-Term Care Insurance (Taxpayer)	$
Long-Term Care Insurance (Spouse)	$
Miles traveled to doctors/hospitals	

**If insurance is paid through Social Security or employment as a "pre-tax" deduction, do NOT include it. It is non-deductable.

Charitable Contributions $________________ cash $____________________ non-cash

Provide a summary amount (above) of your charitable contributions.

We only need receipts for contributions over $250. For all non-cash contributions, provide a fair market value. For any non-cash donation valued at $250 or above (per item), provide a description of the item and a receipt.

Mileage incurred while traveling to perform work for any charity ______________

Print Name: ____

Signature: ____ **Date**: _______________

The information enclosed in this packet is correct to the best of my knowledge and I have adequate records to support the information given to you in this packet, and all other documents supplied by me for the preparation of my tax returns.