

# PHYSICIANS RESOURCE GROUP

## 2025 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 2024 Federal and State returns.***

Please submit copies (originals will not be returned) of all tax documents (W2s, 1099s, etc.). If you are uncertain, provide the additional information and we will determine the tax impact.

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

### Personal Information (please provide name, but can write SALY for lines 2-10 if not changed since 2024)

	Taxpayer	Spouse
Name:		
Birthdate:		
SSN:		
Occupation/ Physician/Resident (year if resident):		
Specialty:		
Current Employer:		
E-mail:		
Cell Phone:		
Address:		
City, State, Zip:		
Date of Move (if during 2025) & Previous State of Residency: (if applicable)		

**YES**

**NO**

Is this a temporary move (2 years or less and intent to return to prior state)?

**If you provided your driver's license(s) to us the last year and it/they did not expire in 2025 then you can just write SALY:**

Driver's License #:		
Issuing State:		
Issue Date:		
Expiration Date:		
New York Doc# (1st three letters only):		

Marital Status	YES	NO
Did your marital status change during 2025?		
If married, are you filing jointly?		

Dependents	YES	NO
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:
	YES	NO
For children born in 2025, have you established a Trump account using the website trumpaccounts.gov?		
If not, would you like to enroll your child in a Trump account utilizing the IRS Form 4547 election with your 2025 tax return?		
Did you have any household employees, whom you paid in excess of \$1,000 in any quarter or \$2,800 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 \$2,700, or who have sold any stock in 2025?		
If yes, do you want us to prepare their return(s)?		
Did you adopt a child or begin adoption proceedings during 2025?		
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.		

Child & Dependent Care Expenses				
<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 2025; does not include K-12 tuition). Overnight camps are not deductible.</b>				
Provider:	Address:	Fed ID#:	Amount Paid:	Child:

Electronic Filing Options		YES	NO
Did you receive a letter from the IRS issuing you an Identity Protection Personal Identification Number (IP Pin)? Is so, please provide the IRS letter (CP01A) or the IP PIN. (You will receive a new IP Pin each year).			
Do you want any balance due to be directly withdrawn from your bank account through an electronic draft?			
Refund Application: If you have an overpayment of 2025 taxes, how would you like to receive it:			
Refunded via Direct Deposit?			
Applied to your 2026 estimated tax liability?			
<p><b>Please attach/upload a voided check <u>or indicate</u> that your bank information is the SAME AS LAST YEAR.</b></p> <div style="border: 1px solid black; padding: 20px; text-align: center;"> <p><b>Attach a Voided Check</b></p> <p><b>- or circle/underline/highlight -</b></p> <p><input type="checkbox"/> <b>Same as Last Year</b></p> </div>			

Federal, State, and City Estimated Tax Payments				
<u>DO NOT INCLUDE 2024 APPLIED REFUNDS</u>				
2025	Date Paid	IRS	State ____	State ____
1st Qtr. ES due 04-15-2025		\$	\$	\$
2nd Qtr. ES due 06-16-2025		\$	\$	\$
3rd Qtr. ES due 09-15-2025		\$	\$	\$
4th Qtr. ES due 01-15-2026		\$	\$	\$

Purchases, Sales, and Debt	YES	NO
Did you sell any securities, bonds, or other investment property?		
At any time in 2025, 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 2025?		
If you purchased or sold interest in any Partnership or S Corporations during 2025, please provide all relevant purchase and/ or sale documentation including sale price, terms, etc.		
<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).		

Residential Energy Efficient Property	YES	NO
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.		
Qualified Hybrid/EV/Charging Station (Purchased Prior to 9/30/2025)	YES	NO
Did you acquire 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).		
Did you install a charging station (subject to income limitations)? If so, please attach receipt and purchase agreement/document.		

First Time Homeowner Credit – 2008 (April 8th – Jan 1st 2009)	YES	NO
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 tax returns and ending with 2025 tax returns.		

Home/Real Estate Transactions (Sale of Home)		YES	NO
Did you sell, exchange, or purchase any real estate in 2025? <u>If so, please attach the closing HUD statements.</u>			
Did you sell your primary residence in 2025? 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
Outside of your employer (i.e. not reported on your W2), did you make a contribution to an individual SEP, Solo 401k, Traditional IRA, or Roth IRA ?			
If so, please indicate the following:		Taxpayer	Spouse
Type of Retirement Plan (not through employer):			
Amount Contributed:			
Date Contributed:			
Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? <u>If so, attach all 1099-Rs.</u>			
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 State Loan Student Loan Repayment Programs? If so, please indicate amount and provide the 1099-MISC.		

Adjustments to Income		
	YES	NO
Did you pay interest on a car loan for a qualified new vehicle purchased in 2025? If so, please provide the purchase documents including VIN number, and a statement totaling the interest paid during 2025. (vehicle's final assembly in US only) <b>Please note:</b> Married Filing Jointly adjusted gross income (AGI) limitation is \$250,000; Single and Head of Household adjusted gross income (AGI) limitation is \$150,000		
Did you receive compensation in the form of tips defined as 'qualified' by the IRS in the course of your occupation that customarily involves tips paid voluntarily by the payor? If so, please provide a statement showing payments and a description of occupation. <b>Please Note:</b> Income phaseouts apply.		
Did you receive compensation in the form of overtime pay defined as 'qualified' by the IRS (nonexempt employees at a rate of at least one and one-half times regular rate for hours over 40 per workweek)? If so, please provide a statement showing payments and a description of qualified overtime. <b>Please Note:</b> Income phaseouts apply.		
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.)?		
Health Savings Accounts (HSA)	YES	NO
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 2025 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 \$200,000; Single and Head of Household adjusted gross income (AGI) limitation is \$100,000; 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, your spouse or dependents incur any medical expenses in 2025 (including 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 Purchased Through Healthcare.gov Only	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 pay any mortgage interest? (Please provide 1098 Mortgage Interest Forms).		
Did you refinance your existing mortgage in 2025?		
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 2025:	\$	
Personal Property Taxes Paid:	\$	
Did you make any large purchases, such as a motor vehicle or boat in 2025? If so, please provide us with the invoice amount and sales tax paid on the transaction.	Invoice Amount:	Sales Tax Paid:

Charitable Contributions		YES	NO
Did you open a Donor Advised Fund (DAF) in 2025? Please provide a statement showing cash and/or non-cash (stock, etc.) contributions to a new or existing DAF made during 2025.			
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>	\$	
Non Cash: 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:	
Other                              Date:	
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 – 1/1/2025	
Odometer Reading – 12/31/2025	
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 2025)	
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:	
Other    Date:	
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 – 1/1/2025	
Odometer Reading – 12/31/2025	
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 2025)	
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?		
How many days/months was property rented at FMV:		
Was the rental property used personally at any time during the year? If yes, how long?		
	Amount	
Rental income for 2025		
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		
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?		
How many days/months was property rented at FMV:		
Was the rental property used personally at any time during the year? If yes, how long?		
	Amount	
Rental income for 2025		
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:		

## 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>LA Fortified Roof Tax Credit</b>	<b>YES</b>	<b>NO</b>
Did you replace the roof on your primary residence with a fortified roof as defined by LA statutes and verified by the certified contractor? If so, please provide all documentation required to claim the tax credit.		

<b>Historic or Film Credits</b>	<b>YES</b>	<b>NO</b>
Did you purchase Historic or Film Credits in 2025? 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 2025 to pay 2025 tuition?		

<b>LA Start (529) 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:					
Child:	Grade Level Dec. 31st	Name of School	Expenses Paid in 2025		
			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 \$19,000 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.		
How did you hear about us if you are a new client?		
Do you have Disability Insurance? If yes, with who? If not, any health issues?		
Did you change jobs in 2025?		
Do you plan to change jobs in 2026?		
Do you expect your 2026 taxable income and withholding to be generally the same as 2025?		
If not, please provide details:		
Authorization	YES	NO
With your authorization, the IRS allows 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> (If you signed one last year, you should not need one for this year).		

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)