

Confidential Client Questionnaire

Name: _____

Income Information

Type Of Income	Taxpayer	Spouse	Type Of Income	Taxpayer	Spouse
W2			1099 MISC		
1099 Combined Statement			SS		
1099I			W2G		
1099D			K-1		
1099G Unemployment			Other		
1099G Refund			Schedule C- Business Form		
1099R			Schedule E- Rental Form		
1099C/A			Schedule E- Royalties		
1099B			Schedule F- Farm		
1099 NEC			Alimony Amount Received		

Adjustments to Income

Type Of Adjustments	Taxpayer	Spouse		Taxpayer	Spouse
IRA Pension/ Contributions Roth			Housing Allowance		
IRA Pension Contributions Trad			Self Employed Health Ins		
Student Loan Interest			HSA		
Qualified Reservist Expense			Alimony Paid to Whom	SSN	Amount Prior to 2018
Teacher Expense					

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Itemized Deductions

Medical (7.5%)	Amount	Charity (60% AGI Limit)	Amount
Medical Insurance		Charity Cash	
Co-Pays		Charity Prop Donation	
Prescriptions		Charitable Mileage (0.14)	
Medical Miles (0.22)		Charity Mileage	
Testing		Other	
Other			

Taxes (\$10000 max)	Amount	Miscellaneous Deduct	Amount
Property Taxes		Gambling Losses Offsetting W2G's	
Personal Prop Tax		Attorney Fees	
Sales Tax		<i>Union Dues (PA State Only)</i>	
Local Service Tax		<i>Work Clothing (PA State Only)</i>	
Unemployment Tax		<i>Work Tools (PA Only)</i>	
Other		<i>Other (use PA UE form)</i>	

Interest	Amount
Mortgage Int 1098	
Seller Fin Mortgage	
Seller Paid Points	
Investment Acct Int	
Other	

Payments

Prior Year Est Payment	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Prior Year Refund Applied
IRS					
State					
Local					
Other					

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Credits

Daycare Credit Form 2441				
Child's Name	Daycare Name	EIN#	Amount Paid	Employer Paid (Box 10 w2)

Education Credits Form 8663	AOC only good for 4 years. Lifetime Learning is good anytime.				
Type of Credit (American Opportunity/Lifetime Learning)	Students Name	# of Years AOC Taken	Form 1098T Y/N	Additional Items	Additional Items Cost

Residential Energy Credit Form 5695	Following is \$600 credit max. Central Air, Boiler, Gas furnace and water heater, windows. Metal Roof credit \$1200 max.	Insulation - \$1200 max. Ext Door max is \$250 per door 2 limit.	Geothermal, Wind, Solar & Fuel Cells Unused credit carries fwd.	Heat Pump equipment, Biomass equipment max is \$2000. Home Audit max is \$150.
Total Combined Credits maximum is \$3200. All credits limited to 30% of item cost.				
Type of Equipment	Amount Paid	30% of Cost	Max Credit	

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Credits Continued

Qualified Plug In Energy Credit Form 8936	Max Credit new vehicle is \$7500. Credit does not carryforward.	Credit used vehicle is 30% of cost. Maximum is \$4000.	Used Vehicle credit does not carryforward.
Vehicle Make & Model	VIN	Date Bought	Max Credit

Electric Vehicle Charger Tax Credit Form 8911	Credit is 30% of cost max is \$1000			
Type of Equipment	Amount Paid	30% of Cost	Max Credit	

Adoption Credit Form 8839	Adoption credit	Maximum per child	\$15,950	Credit will	Carry forward	
Child's Name	SSN	Date of Adoption	Special Needs Child Y/N	Foreign Child Y/N	Adoption Expenses Paid	Adoption Expenses Reimbursed

Retirement Savers Credit Form 8880	Max contribution amount is \$2000 or \$4000 MFJ (\$2000 each)	This credit is income based and phases out at \$73,000 MFJ, HOH \$54,750 all others \$36,500.
Taxpayer or Spouse Name	Amount Paid (IRA, 401k etc.)	

Questionnaire

- Do you own your home? Yes No
- Did you make gifts of more than \$17,000 to any individual? Yes No
- Did you receive, sell, send, or exchange any financial interest in any digital asset? Yes No
- Do you have any foreign income or accounts in a foreign country? Yes No
- Do you make contributions to a 529 education plan? Yes No
If so, Name _____ Amount _____ SSN _____
- Do you make contributions to an ABLE plan for a disabled person? Yes No
If so, Name _____ Amount _____ SSN _____
- Do you or anyone on this tax return have an IRS Identity pin letter? Yes No
- Did you receive or pay alimony? Yes No

(Date of divorce must be prior to 12/31/2018) Date of Divorce ___/___/___
- Are you a surviving spouse? Yes No
- Do you wish \$3 to go to the Presidential Election Campaign? Yes No
- Do you have health care coverage with a government Marketplace (Pennie)? Yes No

Do you have form 1095A? Yes No
- Do you have an adoption credit from a previous year that is being carried forward? Yes No
- Did you sell your primary residence last year? Yes No
- Are you a first-time home buyer repayment client? Yes No
- Have you received a letter from the IRS about the child tax or earned income credit? Yes No

Client acknowledges the receipt of the Informational Disclosure Packet & any other information either printed in the office or via email (if email is provided).

Signature _____ Date _____

Exit Interview

Client Signature _____ Clerks Initials _____ Date _____

HOW ARE YOU PAYING

Client Name _____ Phone # _____

Basic Tax Return Price \$ _____

Additional Forms	# Schedules	Schedule \$	\$
Schedule C	_____	\$ _____	\$ _____
Schedule E	_____	\$ _____	\$ _____
Schedule F	_____	\$ _____	\$ _____
Additional Work	_____	\$ _____	\$ _____
PA Schedule UE (full sheet)	_____	\$ _____	\$ _____
Bank Draft/Credit Card fee for payment when refund occurs			\$ _____
Portal Fee			\$ _____
Discounts	_____		\$ _____

Total Tax Preparation Price \$ _____

Paying for another client???

Name _____ \$ _____

Name _____ \$ _____

Total Price \$ _____

Payment Information

____ Pay Today ____ Pay on Pickup ____ Hold Check until (Date) _____

____ Refund Date Debit (Complete Bank Info or Credit Card Info)

Bank Name _____ Routing Number _____ Account Number _____ or

Credit Card Type _____ Card # _____ Expiration Date _____ CVC # _____ Zip Code _____

Bank Draft or Credit Card Authorization

I authorize Wood Accounting Services LLC to initiate either an electronic debit or to create and process a demand draft against my bank account or credit/debit card for my tax preparation fee. Should my refund not be deposited as a result of garnishment Wood Accounting Services LLC may trigger the debit upon notification of such event. I understand that as a courtesy to me, Wood Accounting Services LLC will attempt to contact me prior to debiting the payment; however, my verbal consent is not needed in order to draft the funds. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Signature _____ Date _____

Refund Tracking Information:

SSN _____ Filing Status # _____ Refund Amount \$ _____