

Confidential Client Questionnaire

Thank you for selecting Wood Accounting Services LLC to assist you with the preparation of your tax return. Unless authorized by law, we will not use or release your tax return or personal information without your written consent. Any questions on the consent policy may be addressed prior to engagement of our firm to prepare you return.

Taxpayer Name DOB SSN

Gender M F Blind Disabled Job Title DOD

Driver's License State Issue Date Exp Date

Dependent Claimant Name SSN

Spouse Name DOB SSN

Gender M F Blind Disabled Job Title DOD

Driver's License State Issue Date Exp Date

Dependent Name	DOB	SSN	Relation	Disabled	Lived With	Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Primary Telephone *Cell Phone

Mailing Address

Second Address

*Email Address Secondary Email

County School District City TWP/Boro PSD Code

Bank Name Routing Account C S

Additional Information

Signature

Date

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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 \$ _____