

**MK Tax Consulting LLC**  
Client Questionnaire  
(rev. 4/14/2022)

**Instructions:** Please fill in the blanks. If the answer does not apply to you, type (N/A) in the blanks.

**Name:** \_\_\_\_\_

**Tax Year**

**Filing:** \_\_\_\_\_

**Full Social Security**

**Number:** \_\_\_\_\_

**Date of**

**Birth:** \_\_\_\_\_

**Home**

**Address:** \_\_\_\_\_

**Driver's License**

**No.:** \_\_\_\_\_

**What state was**

**your Driver's**

**License in:** \_\_\_\_\_

**Driver's License**

**Issue Date:** \_\_\_\_\_

**Driver's License**

**Expiration Date:** \_\_\_\_\_

Has the IRS Provided you an Identity Protection ID Number?

*Prior Tax Return Information*

- 1 Please provide a copy of the last year's Federal, State and City tax returns  
Reason: To confirm taxpayer identity when filing return.
- 2 For Ohio Residents, please provide a copy of last year's school district tax return, if applicable.

*Employment*

- 3 How many jobs did you have this year? \_\_\_\_\_
- 4 How many states did you work in? \_\_\_\_\_
- 4a What states did you work in? \_\_\_\_\_

*Residency*

- 5 How many states did you reside in? \_\_\_\_\_
- 6 What state(s) did you reside in for the year being filed? \_\_\_\_\_
- 7 What city do you work in? \_\_\_\_\_
- 8 What city do you live in? \_\_\_\_\_

*Ohio Residents only*

- 9 What school district(s) did you reside in? \_\_\_\_\_
- 9a What county is this school district located? \_\_\_\_\_

*Filing Status*

- 10 Please select one of the following by typing an (X):

Single \_\_\_\_\_

Head of Household \_\_\_\_\_

Married filing Joint \_\_\_\_\_

Married filing Separate \_\_\_\_\_

*Dependents*

- 11 Do you have children? \_\_\_\_\_
- 11a No. of Children \_\_\_\_\_

- 11b Do you have others in your household, that you provide support for that are considered Dependents? (Yes or No) \_\_\_\_\_

- 11c **New for 2021: Many people with children received advance Child Tax Credit payments in 2021, even if they aren't claiming their kids on their 2021 return.**

Did you receive advance Child Tax Credit payments? \_\_\_\_\_  
(Yes or No)

Most people who had a qualifying dependent received advance payments. **Answer Yes, if**

received Letter 6419.

*Income*

- 12 What types of income do you receive/earn?  
(i.e, Wages from Employer, Self-Employed, Dividend Income)

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*Self-Employment Income*

- 13 How did you record self-employment income?

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- 13a What accounting system did you use?

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*Property*

- 14 Do you own property? \_\_\_\_\_

- 15 What type of property? \_\_\_\_\_

- 16 How is the property used? \_\_\_\_\_  
(i.e, rental property) \_\_\_\_\_

*Retirees*

- 17 Did you receive a lump-sum Social Security payment in 2021 for 2020 or prior years?

- 17a Did you receive any benefits on RRB-1099 forms? \_\_\_\_\_  
*RRB-1099 forms are distributed to retired railroad workers and their families.*

*Medical Insurance*

- 18 Did you have health insurance from the Federal Health Insurance Marketplace (healthcare.gov) or a state-based exchange (**Form 1095-A**)?

Note: No one is required to report health insurance to the IRS unless Medical Insurance was purchased through healthcare.gov and Form 1095-A was received.

*Charities*

19 Did you donate to a charity during the tax year?

If yes, what is then name of the organization? \_\_\_\_\_

Please provide a copy of your Giving Statement.



**f you**



