2756-C South Queen St. Dallastown, PA 17313 Phone: (717) 244-1217 Fax: (717) 244-4049

How did you hear about us?

## Wendy Erdenbrack, CPA

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Tax Year 2019

## Intake/Interview Questionnaire

Tax information such as forms W-2, 1099, 1098, 1095 You will need: Driver's Licenses for you and your spouse Part 1 – Your Personal Information (if you are filing a joint return, enter the primary taxpayers name first) Your SSN Your last name M.I. First name Daytime telephone Spouse's SSN Spouse's last name M.I. Daytime telephone First name Mailing address City Municipality/ School District Apt# Zip Code State Have you moved in the last 12 months? Yes No If yes, date that you moved? **Email Address:** Your Date of Birth Your job title Your driver license information License number: State: Did the IRS issue you an identity Protection PIN: Yes Issue date: If, yes please provide here: Expiration date: Spouse job title Spouse Date of Birth Spouse's driver license information License number: State: Did the IRS issue your spouse an identity Protection PIN: Yes Issue date: If, yes please provide here: Expiration date: Part II - Marital Status and Household Information As of December 31, 2019, what was your marital status? Single, not married Married a.) If yes, did you get married in 2019? Yes No b.) Did you live with your spouse during any part of the last 6 months of 2019? Tyes No □ Divorced Date of final decree: \_\_ Legally Separated Date of separate maintenance decree: \_\_ Widowed Date of spouse's death: List the names below of: Everyone who lived with you last year (other than your spouse) or Anyone you supported but did not live with you last year – THIS IS WHO YOU ARE CLAIMING AS A DEPENDENT ON YOUR TAX RETURN Name (first, last) Date of **Social Security** Relationship Full-time Did you provide Birth Number months in more than 50% to you College your home Student in of their support 2019 (yes/no) in 2019 in 2019? Y/N The tax return will be setup for efling, unless you opt out. Would you like to efile? Yes No If receiving a refund, do you want your refund directly deposited into your bank account? Yes No Name of bank of financial institution: Routing Number: Account Number: Checking Savings

<u> </u>	Part III -	– Check	cappropriate box for each question and provide details either on this sheet or a separate sheet
	Yes	No	
Everyone			Did you purchase a taxable item on the internet or out of state and not pay sales tax? Please provide the gross amount of purchase:
			Did you withdraw money from an IRA? Please provide 1099-R(s) and the year end balance of your IRA accounts, if a portion is non-taxable due to non-deductible contributions in prior years (Form 8606).
			Did you pay any federal, state, or local quarterly estimates? If yes, please provide amounts paid:    Federal   State   Local
			1 <sup>st</sup> Q
			2 <sup>nd</sup> Q
			3 <sup>rd</sup> Q
			Total
			Deductions for (provide totals):
			Deduction for medical expenses? Other Out of Pocket
	Ш	Ш	Health, Vision, Dental, LT Care Premiums Mileage
			Did you pay or receive alimony or separate maintenance payments from agreements entered into prior to 1/1/2019? If yes, provide the recipient's Name, SSN and amount:
			Did you have any foreign financial bank accounts?
			At any time during 2019, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Bitcoin?)
			Have you purchased and installed energy-efficient home items? (Such as windows, furnace, insulation, etc.). If yes provide details.
			Did you refinance your home and pay origination or refinance points?  If yes, please enter the number of years for the loan: and provide a copy of the HUD-1
Working Retired			Did you pay student loan interest? If yes provide 1098-E.
			Did a lender cancel any of your debt in 2019? (i.e. credit card or mortgage?)(Attach any Forms 1099-A or 1099-C).
			Are you eligible for a property tax rebate (typically over the age of 65)? If yes, please provide a <u>receipted</u> copy of your spring and fall real estate taxes.
			Are you eligible for a rent rebate (typically over the age of 65)? If yes, who is your landlord?
			and what is your monthly rent?  Self employed expenses or unreimbursed employee expenses? If yes, provide a detailed breakdown of expenses (State and Local).
			Do you have a Health Savings Account (HSA)? If yes, please provide from 5498-SA, 1099-SA, and any personal contributions to the account (not employer contributions):
			Did you have health insurance through the Healthcare Marketplace (healthcare.gov) or receive any advance premium credit? If yes, please provide us with your 1095 A.
			Do you live or work in York City?
Dependents			Did you contribute to a retirement account <b>NOT</b> through work? If yes, the amount contributed:  IRA
			Child or dependent care expenses such as daycare? If yes, please provide a <b>statement</b> from the provider with the provider's name, identification number, and amount paid.
			Is anyone in your family in college? If yes, provide 1098-T statement.
			Are any of your dependents claiming themselves on their tax return? If yes, who?

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## Intake/Interview Questionnaire Tax Credits

Part IV – Tax Credits		
Yes	No	If you have a dependent under age 17, please answer the following questions for Child Tax Credit:
		Did the child live with you for more than half of 2019?
		Is the child your son or daughter?
		Is your dependent a U.S. citizen, national or resident of the U.S.?
		Can anyone else claim the child as their dependent?
		Have you permitted someone else to claim this child for 2019? If someone else permitted you to claim
_	_	the child, please attach form 8332.
Щ.	닏	Did the child provide over half of his or her own support?
	<u> </u>	Can you be claimed as a dependent on someone else federal tax return?
Yes	No	If you or a dependent attended college in 2019, please answer the following questions:
		Please provided us with a copy of your 1098-T? We require a copy of this form.
		Did you or the dependent student pay any qualified educational expenses?
		Were any of the educational expenses shown on the 1098-T reimbursed to you through a scholarship,
	_	grant, VA benefit or employer assistance? If yes, how much:
Ш	Ш	If the student withdrew from classes, did they receive a refund of educational expenses?
		Has the student or parents claimed the American Opportunity Tax Credit in a prior tax year? If yes,
		how many years:
Yes	No	Head of Household – Not Married and claiming a dependent
		Are you claiming head of household? If yes, please check the following:
		Never Married Divorced/Separated
		☐ Widowed ☐ Married, but lived apart for last 6 months of the year
		If <b>separated or divorced</b> , do you have documentation to support claiming HOH (divorce decree or separation agreement)? Yes No
		If, married but living apart for the last 6 months of the year, check the box next to any of the
		following to verify maintaining more than half the cost of your home (you do not need to provide
		us with these documents)?
		Lease agreement Letter from social services
		Utility bills Other (write in):
Yes	No	Earned Income Tax Credit (EITC - Income Limit approx. \$55,000)
$\overline{\Box}$		Do you receive any non-taxable support or income? If yes, please check the following:
ш	ш	Family support Housing assistance Other (write in):
		Food stamps Childcare assistance
		Are you self-employed? If yes, answer the following questions:
		Do you maintain separate bank accounts (personal & business)? Yes No
		Do you have any 1099-Misc forms to support your income? Yes No No
		Do you have documentation to show that your child lived with you for more than half the year (school
		records, medical records, or daycare record)? (Please circle at least one)
		Were either you or your spouse a nonresident alien for any part of the year?
		Was your primary residence in the United States for more than half the year?
Yes	No	All Must Answer
		Were any of these credits disallowed or reduced in a prior year?
_		
Taxnave	r Signa	ature: Date: