

## Questionnaire

### Personal Information

Y N

Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any <u>bank accounts</u> that have been used to direct deposit (or direct debit)? Act # _____ Rtg # _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or any dependents receive an Identity Protection PIN ( <u>IP PIN</u> ) from the IRS or have you been a victim of identity theft? <u>Attach the IRS letter.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

### COVID-19 Information

Y N

Did you receive an Economic Impact Payment (EIP3) as reported on Notice 1444?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Advance Child Tax Credit (CTC) payments in July, August, September, October, November, and/or December? If so, enter amounts: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>

### Miscellaneous Information

Y N

Did you make <u>gifts</u> of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Are you self-employed and did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any <u>bartering</u> transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a <u>household employee</u> during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make <u>energy efficient improvements</u> to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a <u>foreign trust</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a <u>foreign country</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a <u>foreign entity</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

### Dependent Information

Y N

Were there any changes in dependents from the prior year? If yes, explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>

## Questionnaire

### Dependent Information cont.

Y N

Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

### Health Care Information

Y N

Did you have qualifying <u>health care coverage</u> , such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? <u>Attach form 1095-A.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and <u>share a policy with anyone who is not included in your family?</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? <u>Attach form(s) 5498-QA.</u>	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? <u>Attach any Form(s) 1099-H you received.</u>	<input type="checkbox"/>	<input type="checkbox"/>

### Income Information

Y N

Did you receive any unemployment or disability benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any self-employment income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any virtual currencies transactions during the year (including from an airdrop or a hard fork, or use virtual currencies to pay for goods or services)?	<input type="checkbox"/>	<input type="checkbox"/>

### Purchases, Sales and Debt Information

Y N

Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>

## Questionnaire

### Purchases, Sales and Debt Information cont.

Y N

Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year, or refinance a loan? If so, please provide escrow statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage, student loan(s), or credit card debt? <u>Attach form 1099-C.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

### Retirement Information

Y N

Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster or COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any 2020 qualified disaster retirement plan distributions, did you repay any of the distributions in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

### Education Information

Y N

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? <u>Attach Form(s) 1098-T</u> and receipts for qualified tuition and related expenses.	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

### Itemized Deduction Information

Y N

Did you incur a <u>casualty or theft</u> loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket <u>medical</u> expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or non-cash charitable <u>contributions</u> (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Cash total: _____ Non-cash total: _____		
Dates & Organizations if over \$250: _____		

## Questionnaire

### **Itemized Deduction Information cont.**

	Y	N
Did you donate a vehicle or boat during the year? Attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay <u>real estate taxes</u> for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any <u>mortgage interest</u> on an existing home loan? <u>Attach all Form(s) 1098.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>