**Trillion**

**Tax Questionnaire**

Taxpayer: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_SSN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: Married\_\_\_\_\_\_\_ Divorced\_\_\_\_\_\_\_ Single\_\_\_\_\_\_\_

Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_\_\_\_, if “NO” please state your country (and provide a copy of your visa) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have health insurance? \_\_\_\_ Yes or \_\_\_\_ No

Did you purchase health insurance through Marketplace? \_\_\_\_ Yes or \_\_\_\_ No. If yes, please provide a copy of the completed 1095A form you received.

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| **Employer information**  Please attach all (taxpayer’s and spouse’s) W-2s and 1099 forms received for the year.  Are you and/or spouse self-employed? \_\_\_\_\_\_.  If yes, please provide proper documentation regarding the business. |

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| **Other income**  Was there any other income received such as social security benefits, interest income, etc? \_\_\_\_\_\_\_\_  If yes, please provide all 1099’s (miscellaneous, interest, etc). |

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| **Dependent information**  Do you have any dependents? \_\_\_\_\_\_\_.  If yes, please complete the following information for each dependent.  Live with Paid > Name Relationship DOB SSN# you ½ support  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ |

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| **Dependent information (cont’d)**  Did you incur any childcare expenses during the year? \_\_\_\_\_\_  If yes, please provide the following information regarding the childcare provider:  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID# or SS# of provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Renting vs. Owning**  Did you rent or own your current residence: Own\_\_\_\_\_ Rent\_\_\_\_\_\_\_ Lived with someone\_\_\_\_\_\_ If you own, please provide a copy of your mortgage company’s 1098 statement.  Did you purchase you home in current year? Yes\_\_\_\_ or No\_\_\_\_\_  If yes, please provide a copy of your HUD – 1 statement.  Did you refinance your mortgage in the current year? Yes\_\_\_\_\_ or No\_\_\_\_\_\_\_  If yes, please provide a copy of your HUD – 1 statement.  Did you sell your home in the current year? Yes\_\_\_\_ or No\_\_\_\_\_  If yes, please provide a copy of your HUD – 1 statement.  If you rent, please provide: Landlord’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  #of months rented\_\_\_\_\_\_\_\_\_\_ Amount paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **IRA and other retirement withdraws or contributions**  Did you contribute to an IRA, 401(k), 403(b), or any other retirement plan during the current year? Yes\_\_\_\_ or No\_\_\_\_\_ If yes, please provide a copy of the documentation to support this contribution.  Did you withdraw from an IRA, 401(k), 403(b), or any other retirement plan during the current year? Yes\_\_\_\_ or No\_\_\_\_\_ If yes, please provide a copy of you 1099R statement. |

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| **Charitable Contributions**  Did you make any charitable contributions in the current year? Yes\_\_\_\_ or No\_\_\_\_\_  If yes, please provide a copy of the documentation to support this contribution.  Organization Address Item(s) contributed $value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |

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| **Stocks and bonds**  Do you own any stocks or bonds? Yes\_\_\_\_\_ or No\_\_\_\_\_  If yes, did you sell any in the current year? Yes\_\_\_\_\_ or No\_\_\_\_\_\_  If yes, please provide a 1099B and the date purchased each of the stocks or bonds sold. |

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| **Rental property**  Do you own rental property? Yes\_\_\_\_ or No\_\_\_\_\_  If yes, please provide all supporting documentation regarding this rental property. |

Please provide name of bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ checking \_\_\_\_ or savings \_\_\_\_\_ bank routing#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BY SIGNING THIS QUESTIONNAIRE, YOU ARE STATING THE INFORMATION SHOWN ABOVE IS COMPLETE, ACCURATE AND NOT MISLEADING IN ANY WAY.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Signature Date