

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
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Taxpayer Phone Spouse Phone

Mailing Address

Second Address

Email Address Secondary Email

County School District City TWP/Boro PSD Code

Bank Routing Account C ☐ S ☐

Additional Information

Signature Date

Confidential Client Questionnaire

	YES	NO
Do you own your home?	☐	☐
Are you a surviving spouse?	☐	☐
Did anyone receive, sell, send, or exchange any financial interest in a digital asset?	☐	☐
Do you wish \$3 to go to the Presidential Election Campaign?	☐	☐
Does your spouse wish \$3 to go to the Presidential Election Campaign?	☐	☐
Do you have an adoption credit from a previous year that is being carried forward?	☐	☐
Has anyone received a letter from the IRS regarding the child tax credit, earned income credit or other issue? (if yes, see Lloyd)	☐	☐
Did anyone make a gift of more than \$19,000 to any individual? (if yes, see Lloyd)	☐	☐
Does anyone have foreign income or accounts in a foreign country? (if yes, see Lloyd)	☐	☐
Does anyone have health care coverage through the government marketplace (Pennie)? If yes, Is form 1095A included in the tax information documents?	☐	☐
Did anyone sell their primary residence last year? (Include Sale of Asset Worksheet)	☐	☐
Did anyone make contributions to a 529 education plan? (Document info on next page)	☐	☐
Did anyone make contributions to an ABLE plan for a disabled person? (Document info on next page)	☐	☐
Has anyone been informed that they are required to file an IRS identity pin on the tax return? (Document info on next page)	☐	☐
Is anyone paying or receiving alimony from a divorce prior to 12/31/2018? (Document info on next page)	☐	☐
Did anyone receive taxable tips? (Document info on next page)	☐	☐
Did anyone receive overtime pay on their W2 or 1099? (Document info on next page)	☐	☐
Did anyone buy a new American made car in 2025 which you are paying interest? (Document info on next page)	☐	☐

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** _____

Confidential Client Questionnaire

Contributions to 529 Education Plan

Beneficiary Name _____ SS# _____ Contribution _____
Beneficiary Name _____ SS# _____ Contribution _____

Contributions to Able Plan

Beneficiary Name _____ SS# _____ Contribution _____
Beneficiary Name _____ SS# _____ Contribution _____

IRS Identity Pin Numbers

Person's name requiring Pin _____ Pin # (5 digits) _____
Person's name requiring Pin _____ Pin # (5 digits) _____
Person's name requiring Pin _____ Pin # (5 digits) _____

Alimony Paid or Received (Divorce Prior to 12/31/2018)

Person's name receiving Alimony _____ SS# _____ Amount _____
Person's name paying Alimony _____ SS# _____ Amount _____

Qualified Tip Deduction (Paystubs required) (Maximum amount is \$25,000 per return)

Person's name receiving tips _____ Tip amount Job 1 _____
Tip amount Job 2 _____
Total Tips _____
Person's name receiving tips _____ Tip amount Job 1 _____
Tip amount Job 2 _____
Total Tips _____

Qualified Overtime Deduction (Paystubs required) (Max amount is \$25,000 MFJ or \$12,500)

Person's name receiving overtime _____ Overtime amount Job 1 _____
Overtime amount Job 2 _____
(1/3 of total is deductible) Total Overtime _____
Person's name receiving overtime _____ Overtime amount Job 1 _____
Overtime amount Job 2 _____
(1/3 of total is deductible) Total Overtime _____

Car Loan Interest Deduction (American made Car Purchased after 1/1/2025 - \$10,000 max)

Date Purchased _____ VIN _____ Interest amount paid _____
Date Purchased _____ VIN _____ Interest amount paid _____

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Name: _____

Income Information

Type Of Income	Taxpayer	Spouse	Type Of Income	Taxpayer	Spouse
W2			1099MISC		
1099 Combined Statement			SS		
1099I			W2G		
1099D			K-1		
1099G Unemployment			1099K		
1099G Refund			Schedule C-Business Form		
1099R			Schedule E-Rental Form		
1099C/A			Schedule E-Royalties		
1099B			Schedule F-Farm		
1099NEC			Other Income		

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/MSA Contributions		
Qualified Reservist Expense			Attorney Fees for Work or Discrimination		
Teacher Expense \$300 Max			Other Adjustments to Income		

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Name: _____

Standard and/or Itemized Deductions

1) Single \$15,750 2) MFJ \$31,500 3) MFS \$15,750 4) HOH \$23,625 5) SS \$31,500

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 (0.21)		Charity Mileage	
Testing		Other	
Other			

Taxes (\$40,000 max)	Amount	Miscellaneous Deduct	Amount
Property Taxes		Gambling Losses Offsetting W2G's (90% for 2026 and later years)	
Personal Prop Tax			
Sales Tax		Union Dues (PA State Only)	
Local Service Tax		Work Clothing (PA State Only)	
Unemployment Tax		Work Tools (PA Only)	
Other		Other (use PA UE form)	

Interest	Amount	Interest	Amount
Mortgage Int 1098		Investment Acct Int	
Seller Fin Mortgage		Other	
Seller Paid Points			

Estimated 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					

Confidential Client Questionnaire

Name: _____

Credits

Daycare Credit Form 2441				
Child's Name	Daycare Name / Address	EIN#	Amount Paid	Employer Paid (Box 10 w2)

Education Credits Form 8863	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	

Confidential Client Questionnaire

Name: _____

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 \$17,281 credit is refundable up to \$5,000 remainder carries 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 \$79,000 MFJ, HOH \$59,250 all others \$39,500.
Taxpayer or Spouse Name	Amount Paid (IRA, 401k etc.)	

HOW ARE YOU PAYING

Client Name _____ Phone # _____

Base Tax Return Price \$ _____

Additional Forms	# Schedules	Schedule Price	
Schedule C	_____	_____	\$ _____
Schedule E	_____	_____	\$ _____
Schedule F	_____	_____	\$ _____
Additional Work	_____	_____	\$ _____
Santa Barbara Funding (\$50)			\$ _____
Refund Date Credit Card Payment Fee (\$20)			\$ _____
Portal Fee (\$25)			\$ _____

Discounts (See below) Type Discount _____ \$ _____

Total Tax Return Preparation Price \$ _____

Payment Information

Pay Today _____ Pay on Pickup _____ Santa Barbara Funding _____

Hold Check _____ Date to Hold Check _____

Refund Date Credit Card Payment _____

Name On Card _____

Card Number _____ Exp Date _____ CVV ____ Zip Code ____

Signature _____

Pricing Guide

Base return	\$180	Loyalty Discount 2 to 5 Years	\$35
Custom Discount (any amount)	\$??	Loyalty Discount 5 Plus Years	\$45
Dependent Discount	\$140	Schedule C (per business)	\$75 (???)
Federal Only Discount	\$80	Schedule E (per property)	\$40 (???)
Friends & Family Discount	\$100	Schedule F (per farm)	\$75 (???)
Loyalty Discount 1 Year	\$25	Property Tax Rebate Return	\$40