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 Name ______ Routing ______ Account ______ ☐ C ☐ S

Additional Information

______

______

Signature ______ Date ______

Confidential Client Questionnaire

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			Alimony Amount Received		

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		
Qualified Reservist Expense			Alimony Paid to Whom	SSN	Amount Prior to 2018
Teacher Expense					

Confidential Client Questionnaire

Name:____

Itemized Deductions

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 (0.22)		Charity Mileage	
Testing		Other	
Other			

Taxes ($10000 max)	Amount	Miscellaneous Deduct	Amount	
Property Taxes		Gambling Losses Offsetting W2G's		
Personal Prop Tax		Attorney Fees		
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
Mortgage Int 1098	
Seller Fin Mortgage	
Seller Paid Points	
Investment Acct Int	
Other	

Payments

Prior Year Est Payment	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Prior Year Refund Applied
IRS					
State					
Local					
Other					

Confidential Client Questionnaire

Name:____

Credits

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

Education Credits Form 8663	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 Total Combined Credits maximum is $3200. All credits limited to 30% of item cost.	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.
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	$16,810	Credit will	Carry 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 $57,375 all others $38,250.
Taxpayer or Spouse Name	**Amount Paid (IRA, 401k etc.)**	

Questionnaire

Do you own your home? ☐ Yes ☐ No

Did you make gifts of more than $18,000 to any individual? ☐ Yes ☐ No

Did you receive, sell, send, or exchange any financial interest in any digital asset? ☐ Yes ☐ No

Do you have any foreign income or accounts in a foreign country? ☐ Yes ☐ No

Do you make contributions to a 529 education plan? ☐ Yes ☐ No
If so, Name ____________________ Amount ______ SSN _________

Do you make contributions to an ABLE plan for a disabled person? ☐ Yes ☐ No
If so, Name ____________________ Amount ______ SSN _________

Do you or anyone on this tax return have an IRS Identity pin letter? ☐ Yes ☐ No

Did you receive or pay alimony? ☐ Yes ☐ No

(Date of divorce must be prior to 12/31/2018) Date of Divorce ___/___/___

Are you a surviving spouse? ☐ Yes ☐ No

Do you wish $3 to go to the Presidential Election Campaign? ☐ Yes ☐ No

Do you have health care coverage with a government Marketplace (Pennie)? ☐ Yes ☐ No

Do you have form 1095A? ☐ Yes ☐ No

Do you have an adoption credit from a previous year that is being carried forward? ☐ Yes ☐ No

Did you sell your primary residence last year? ☐ Yes ☐ No

Are you a first-time home buyer repayment client? ☐ Yes ☐ No

Have you received a letter from the IRS about the child tax or earned income credit? ☐ Yes ☐ No

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** ____________________

HOW ARE YOU PAYING

Client Name ____ **Phone #** ______________________

Basic Tax Return Price $ _________

Additional Forms	**# Schedules**	**Schedule $**	
Schedule C	____	$_______	$ _________
Schedule E	____	$_______	$ _________
Schedule F	____	$_______	$ _________
Additional Work	____	$_______	$ _________
PA Schedule UE (full sheet)	____	$_______	$ _________
Bank Draft Fee ($40)			$__________
Portal Fee ($20)			$__________
Discounts	______________		$ _________

Total Tax Preparation Price $ _________

Paying for another client???

Name ____________________________________ $__________

Name ____________________________________ $__________

Total Price $ _________

Payment Information

☐ **Pay Today** ☐ **Pay on Pickup** ☐ **Hold Check until (Date)** ________

☐ **Refund Date Debit (Complete Bank Info or Credit Card Info)** ☐ **Santa Barbara Funding**

Pricing Guide

Base return	$160	**Loyalty Discount 2 to 5 Years**	$30
Custom Discount(any amount)	$??	**Loyalty Discount 5 Plus Years**	$40
Dependent Discount	$125	**Schedule C (per business)**	$75 (???)
Federal Only Discount	$85	**Schedule E (per property)**	$40 (???)
Friends & Family Discount	$85	**Schedule F (per farm)**	$75 (???)
Loyalty Discount 1 Year	$20	**Property Tax Rebate Return**	$35