

Confidential Client Questionnaire

Thank you for selecting Wood Accounting Services LLC to assist you with the preparation of your tax return. Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

Taxpayer Name DOB SSN

Gender M F Blind? Y N Disabled? Y N Job Title DOD

Driver's License State Issue Date Exp Date

Dependent on another return? Y N Name SSN

Spouse Name DOB SSN

Gender M F Blind? Y N Disabled? Y N Job Title DOD

Driver's License State Issue Date Exp Date

Dependents	DOB	SSN	Relation	Disabled?		Lived With?		Student?	
				Y	N	Y	N	Y	N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Primary Telephone Alternate Telephone

Mailing Address

Physical Address

Email Address

County School District City/TWP/Boro PSD Code

Bank Name Routing# Account# C S

Additional Information

Signature

Date

Name _____

Income	Taxpayer	Spouse
W2		
1099I		
1099D		
1099G		
1099R		
1099C/A		
1099B		
1099NEC		
1099Misc		
SS		
W2G		
K-1		
Other		
Schedule C- Business Form		
Schedule E- Rental Form		
Schedule F- Farm Form		
Alimony Amount Received		

Adjustments	Taxpayer	Spouse
IRA/Pension Contribution		
Student Loan Interest		
Qualified Reservist Expense		
Teacher Expense		
Housing Allowance		
Self Employed Health Ins		
HSA		
Charity Cash		
Alimony Paid To Whom	SSN	Amount

Prior 2018

Property Tax or Rent Rebate			
	Y/N	Non-Taxable Income	Amount
First Time Applying		Alimony	
Taxpayer Over 65		Disability Benefits	
Spouse Over 65		Workers Comp	
Disabled Over 18		Public Asst Cash	
Widow Over 50		Long Term Care Ins	
Annual Rent Paid			
Property Tax Paid			

Deductions	Amount	
Medical Insurance		
Co-Pays		
Prescriptions		
Medical Miles		
Testing		
Property Taxes		
Personal Property Tax		
Sales Tax		
Mortgage Interest 1098		
Seller Finance Mortgage		
Other		
Charity Cash		
Charity Property Donations		
Charity Mileage		
Gambling Losses w/ W2G		
	Taxpayer	Spouse
LST		
PAUC		
Union Dues		
Clothing		
Tools		
*Other work expenses use Form UE-1		

Payments	Taxpayer	Spouse
IRS Estimated Payments		
State Estimated Payments		
Local Estimated Payments		
IRS Refund Applied		
State Refund Applied		
Local Refund Applied		
Unreported Tips		
First Time Home Buyer Repayment		
Other		

Credits				
Child's Name	Daycare Name	EIN#		Amount
				Additional Item
Education Credit	Student Name	1098T Y/N	Additional Items Cost	
Energy Credit- (10-30%, \$500 Lifetime Max)	Item			Amount
Alternate Energy Only				

Questionnaire

Do you own your home?

Yes No

Did you make gifts of more than \$16,000 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 listed on this tax return have an IRS identity pin letter?

Yes No

Did you receive or pay alimony?

Yes No

If yes what was the date of the divorce (must be prior to 12/31/2018)?

__/__/__

Are you a surviving spouse?

Yes No

Do you wish \$3 to go to the Presidential Election Campaign?

Yes No

Did you have health care coverage with a government Marketplace?

Yes No

(Do you have form 1095A?)

Yes No

Do you have any expenses incurred for an adoption?

Yes No

(Is the adopted child a "Special Needs" child?)

Yes No

Did you sell your primary residence last year?

Yes No

Did you take advantage of the COVID-19 3-year rule during the 2020 tax year?

___ Yes ___ No

Client acknowledges the receipt of the Informational Disclosure Packet and any other pertinent information as printed in office or via email, if an email is provided.

Signature _____

Date _____

Notes: _____

Exit Interview

Client Signature _____ Clerks Initials _____ Date _____

HOW ARE YOU PAYING

Client Name _____ Phone # _____

___ Pay today

___ Hold Check for specific date

___ Pay upon pickup

___ Refund date deposit (Bank draft or Credit Card) **\$25 fee applies** Bank Fees \$ _____

Bank Name _____ Checking

Routing # _____ Savings

Account # _____

Credit/Debit Card # _____

Expiration Date _____ CVV _____

Name _____

___ Paying for another client Name _____ Amount \$ _____

Basic Tax Preparation Price \$ _____

Additional Forms or Schedules \$ _____

Client Discounts \$ _____

Tax Return Preparation Price \$ _____

Total Price to be Paid \$ _____

Refund Tracking Information:

SSN _____ Filing Status # _____ Refund Amount \$ _____

Bank Draft or Credit Card Authorization

I authorize Wood Accounting Services LLC to initiate either an electronic debit or to create and process a demand draft against my bank account or credit/debit card for my tax preparation fee. Should my refund not be deposited as a result of garnishment Wood Accounting Services LLC may trigger the debit upon notification of such event. I understand that as a courtesy to me, Wood Accounting Services LLC will attempt to contact me prior to debiting the payment; however, my verbal consent is not needed in order to draft the funds. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Signature _____