



To better accommodate our clients and address any tax preparation issues. Please fill out the below questionnaire
 Feel free to contact us with any questions regarding this form or your tax needs.

Are you a returning QMJ Tax Services client? Yes No

If yes, please update any applicable fields. If no, please complete form in its entirety to the best of your knowledge.

Client Information: (All clients must complete this section)

Primary Taxpayer Name: _____

Spouse Name: _____

Date of Birth: _____

Spouse Date of Birth: _____

SSN or TIN: _____

Spouse SSN or TIN: _____

Occupation: _____

Spouse Occupation: _____

Marital Status: Single Married Separated Widowed Student (Dependent)

Address: _____

Address (if different): _____

City, State, Zip: _____

Phone: _____

Preferred Contact Method: Call Text Email

Email: _____

Taxpayer ID Type: _____ Exp. Date: _____

Spouse ID Type: _____ Exp. Date: _____

Identification Number: _____

Identification Number: _____

State of Issuance: _____

State of Issuance: _____

Date of Issuance: _____

Date of Issuance: _____

Can you be claimed as a dependent by someone? Yes No

Are you an active member or the spouse/dependent of an active member of the military? Yes No

Would you like to donate \$3 to the presidential campaign fund? Yes No

Dependents* (or person living in your household)

Name	Relationship	Date of Birth	SSN or TIN	Full-Time Student	Disabled

Income:

(Check all that apply & include document)

- Employer (W-2)
- Self-Employment Income
- Interest (1099-Int)
- Social Security/Retirement
- Dividends (1099-Div)
- Rental Property Income
- Stock or Mutual Fund Sale (1099-B)
- Unemployment

Expenses:

(Check all that apply & include document)

- Self-Employment Expenses
- Un-reimbursed expenses by your employer*
- Education
- Rental Property Expenses
- Medical/Dental Expenses
- Union Dues

Credit & Deductions:

(Check all that apply & include document)

- Donate cash or goods to charity
- Pays student loan interest
- Pays childcare expenses
- Pays mortgage
- Makes IRA contribution
- Made a major taxable purchase
- Pays property taxes
- Pays real estate taxes

Health Insurance:

(Check all that apply & include document)

Were you or any members of your household:

- Covered by a qualified private or government health insurance plan
- Enrolled in a health insurance plan through the federal or state marketplace
- Not insured

Miscellaneous:

(Check all that apply & include document)

- Sell a home
- Took an IRA or 401(k) distributions
- Paid/Received alimony
- Adopted a child
- Suffered catastrophic loss
- Gambling winnings/losses

Follow Up

How would you prefer to review and approve your tax return?

Tax Professional Complete The Section Below:

Legal Disclaimers

Client received Privacy Policy, Consent to Use and Consent to Disclose Service Provider documents, and the documents were explained and executed as applicable.

- Yes
- No

Did the client review and sign the Client Engagement Agreement?

- Yes
- No