



**BOOKKEEPING
TAXES
PAYROLL
BUSINESS + COMPUTER CONSULTING**

924 JEFFERSON ST KERRVILLE TX 78028 | KBS@KERRBSI.COM | 830-257-7733

Tax Preparation Questionnaire

Your Name	Drivers License. #	
	DL Issue Date / /	DL Expiration Date / /
Spouses Name	Drivers License. #	
	DL Issue Date / /	DL Expiration Date / /
Mailing Address	Best Number to Reach you () -	
	E-mail Address	
Is this address different from last year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you want direct deposit of refund please provide banking information (you may attach a voided check)	Routing # Account #	

		Yes	No	N/A
1	Was there any change in your marital status during the past year?			
2	Was there any additional income that you received that you have not provided to us?			
3	Did you have any changes, withdrawals, transfers or additions to your retirement accounts that you have not already provided us with documentation of?			
4	Did you and all of your dependents have health insurance for all of 2017?			
6	Did you obtain Health Insurance through healthcare.gov (Obamacare)? If yes, please make sure that have included the 1095-A with the information you provided to us.			
7	Have you previously received a notice from the IRS indicating that the Earned Income Tax Credit, the Child Tax Credit or the American Opportunity Credit has been disallowed?			
8	Was there any change in the members of your household in the past year? (New child or someone move in or out) If so for each please provide			
Dependent 1 _____ DOB _____ Relationship _____				
Dependent 2 _____ DOB _____ Relationship _____				



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The Following Questions are only for Clients that Are Claiming Dependents in 2017

		Yes	No	N/A
1	Are any of your dependents over 19 and under 24 AND were they a full-time student for at least 5 months of the year? If Yes, which dependent _____			
2	Were any of your dependents permanently and totally disabled? If Yes, which dependent _____			
3	Can any of your dependents be claimed as a dependent by anyone else?			
4	Did each dependent live with you for more than half of the year?			
5	Can any of your dependents be claimed as a dependent by anyone else?			
6	Is there a signed Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent. (If so, please attach a copy)			
7	During the past year, who paid for your household expenses such as rent, groceries and utilities? _____			
8	Could you provide documentation to substantiate income, dependent residency, age and relationship if required during an audit?			

The Following Questions are only for Clients that report their business income on their Individual Tax Return

		Yes	No	N/A
1	Was there any change in the structure of your business or business ownership during the year?			
2	Does your spouse also participate in the business?			
3	Do you maintain separate bank accounts for your business and personal transactions?			



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		Yes	No	N/A
4	Did you provide KBS with copies of the monthly statements for all of your business bank accounts? If no, please do so.			
5	Do you have documentation such as cancelled checks and vendor receipts that you can present, if asked to support deductions or expenses claimed?			
6	If you carry inventory, have you taken appropriate steps to verify its accuracy and valuation such as performing an annual physical inventory count.			
7	Did you pay individuals for services in excess of \$600?			
	If yes, did you issue or will issue 1099's to all of those individuals?			
8	Do you use a vehicle for business purposes? If yes please provide the following for each vehicle used in business – make and model, date placed in service, total miles and business miles.			
9	If you use a vehicle in business, do you have a daily log to substantiate business use?			
10	Are there any business expenses that you did not provide to us?			
11	If you claim meal and entertainment expenses, do you have clear records that identify each expense, date, location and business purpose?			
12	Did you purchase any equipment? If yes, please provide us with a listing identifying what was purchased, amount paid and date of purchase.			

The Following Questions are only for Clients that Operate a Farm or Ranch

		Yes	No	N/A
1	What is your principal crop or activity? _____			
2	Did you pay individuals for services in excess of \$600?			
	If yes, did you issue or will issue 1099's to all of those individuals?			
3	Do you use a vehicle for farm and ranch purposes? If yes please provide the following for each vehicle used for farm and ranch purposes – make and model, date placed in service, total miles and farm and ranch miles.			
4	If you use a vehicle for farm & ranch purposes, do you have a daily log to substantiate business use?			



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The Following Questions are only for Clients that Own Rental Property

		Yes	No	N/A
1	Did you pay individuals for services in excess of \$600?			
	If yes did you issue or will issue 1099's to all of those individuals?			
2	Do you use a vehicle as part of your rental business? If yes please provide the following for each vehicle used – make and model, date placed in service, total miles and business miles.			
3	If you use a vehicle in your rental business, do you have a daily log to substantiate business use?			
4	Did you purchase any equipment, major appliances or make major repairs? If yes, please provide us with a listing identifying what was purchased, amount paid and date of transaction.			

LLC's

List All LLC's Owned that you want KBS to file the Annual Franchise and Public Information Reports. If there have been changes in ownership, registered agent or mailing address since the prior filing please provide these changes.

Your signature signifies your agreement that this information is accurate and complete to the best of your knowledge.

Taxpayer Signature

Printed Name

Date