

# CLIENT TAX PREPARATION QUESTIONNAIRE 2022

These are questions we would normally ask you while sitting with us during preparation. Please read carefully.

FULL LEGAL NAME	SOC SEC #	DATE OF BIRTH	OCCUPATION IN 2022
TP _____			
SP _____			
Street Address	TP CELL PHONE #	TP EMAIL	
City, State, Zip	SP CELL PHONE #	SP EMAIL	

**YES**  **NO**  CHECK IF THE FOLLOWING APPLY DURING **2022**:

DID YOU OR YOUR SPOUSE RECEIVE AN IRS PIN DUE TO IDENTITY THEFT? (PLEASE PROVIDE DOCUMENTS)

DID YOUR MARITAL STATUS CHANGE (HOW SO) \_\_\_\_\_

Did you and your spouse live in SEPARATE households for the entire year? \_\_\_\_\_ For the last 6 months? \_\_\_\_\_

DID YOUR ADDRESS CHANGE? IF YOU MOVED TO OR FROM ANOTHER STATE; WHERE? \_\_\_\_\_ DATE OF MOVE? \_\_\_\_\_

DO YOU LIVE INSIDE THE CITY LIMITS OF SAINT LOUIS CITY DURING PART OR ALL OF 2022? MONTHS IN CITY \_\_\_\_\_

DID YOU **LOSE** ANY OF THE DEPENDENTS LISTED ON YOUR 2022 TAX RETURN?

Which dependents did you lose? \_\_\_\_\_ Why? \_\_\_\_\_

Which dependents did you lose? \_\_\_\_\_ Why? \_\_\_\_\_

DID ANY OF YOUR DEPENDENTS LIVE IN YOUR HOME FOR LESS THAN 6 MONTHS OF 2022? (NOT INCLUDING TIME AWAY FOR SCHOOL)

If yes, where did they live when not in your home? Are you still claiming him/her as a dependent?

\_\_\_\_\_

DID YOU **ADD** ANY DEPENDENTS IN 2022?

Name	Relationship	Birth Date	Social Security #	Months in Home
_____				

IS IT POSSIBLE THAT A DIFFERENT TAXPAYER MIGHT CLAIM ANY OF YOUR DEPENDENTS? EXPLAIN

\_\_\_\_\_

DID YOUR DEPENDENT UNDER 13 USE DAYCARE, SUMMER **DAY** CAMPS OR AFTER SCHOOL PROGRAMS?

YOU ARE **REQUIRED** TO PROVIDE THE FULL NAME, ADDRESS, FEDERAL ID NUMBER OR SOCIAL SECURITY # OF THE PROVIDER

Provider (Name, Address, <b>EIN</b> or <b>SSN</b> )	\$ Amount Paid	Dependent Served
_____		
_____		

DID YOU MAKE ESTIMATED QUARTERLY TAX PAYMENTS, 1040-ES?

FEDERAL	DATE PAID	AMOUNT	STATE	DATE PAID	AMOUNT
1ST Q			1ST Q		
2ND Q			2ND Q		
3RD Q			3RD Q		
4TH Q			4TH Q		

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DID YOU OR YOUR SPOUSE CONTRIBUTE TO A TRADITIONAL IRA OR ROTH IRA (NOT AN EMPLOYER'S PLAN)?

	TRADITIONAL IRA	\$ AMOUNT	ROTH IRA	\$ AMOUNT
TAXPAYER	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
SPOUSE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU WITHDRAW MONEY FROM A PENSION PLAN, 401(K), OR IRA?

401K \_\_\_\_\_ IRA \_\_\_\_\_ ROTH IRA \_\_\_\_\_ SIMPLE \_\_\_\_\_ SEP \_\_\_\_\_ 403B \_\_\_\_\_ 457 \_\_\_\_\_ OTHER \_\_\_\_\_

Be sure to enclose all of the 1099R forms.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE OR PAY ALIMONY/MAINTENANCE? \$ \_\_\_\_\_ /PER MONTH NUMBER OF MONTHS \_\_\_\_\_

DATE OF SETTLEMENT \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OTHER PARTIES SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
THIS HAS NOTHING TO DO WITH CHILD SUPPORT

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU OR YOUR SPOUSE TAKE COLLEGE COURSES? **PLEASE PROVIDE 1098-T.** Spent on **JUST** books & supplies \$ \_\_\_\_\_

Did you receive any reimbursements for the EDUCATION EXPENSES from your employer or the governemnt? Explain

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOUR DEPENDENT GO TO COLLEGE/TRADE SCHOOLS? **PLEASE PROVIDE 1098-T.** Spent on **JUST** books & supplies \$ \_\_\_\_\_  
 AMOUNTS SPENT ON ROOM AND BOARD IS NOT PART OF THIS CALULATION. ONLY BOOKS, SUPPLIES, & RELATED FEES.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU CONTRIBUTE TO A 529 ACCOUNT (COLLEGE FUND)? \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU HAVE ANY DISTRIBUTIONS FROM A 529 ACCOUNT? IF **YES** PLEASE PROVIDE ALL 1099-Q's ISSUED.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SELL STOCKS/BONDS/MUTUAL FUNDS, OTHER THAN IN AN IRA, 401(K), OR PENSION FUND?

**PLEASE PROVIDE SALE INFORMATION (INCLUDING ALL COST BASIS' FOR ALL TRANSACTION) (Broker 1099B)**

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SHORT SALE A PROPERTY, FILE A BANKRUPTCY, OR HAD DEBT FORGIVEN? Explain

IF YOU RECEIVED A 1099-A OR 1099-C PLEASE PROVIDE THOSE FORMS

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU PURCHASE REAL ESTATE?

ADDRESS OF PROPERTY \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Purchase \$ \_\_\_\_\_ Type of Use (Rental? Vacation? Home? Etc.) \_\_\_\_\_

**Provide Closing Statements for each purchase. (Also referred to as HUD-1 or ALTA statement). Ask your real estate agent or title company for a copy.**

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SELL REAL ESTATE?

ADDRESS OF PROPERTY \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Date of Sale \_\_\_\_\_ Purchase \$ \_\_\_\_\_ Sale \$ \_\_\_\_\_ Type of Use (Rental? Vacation? Home? Etc.) \_\_\_\_\_

**Provide Closing Statements for each purchase and sale. (Also referred to as HUD-1 or ALTA statement). Ask your real estate agent or title company for a copy.**

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INVEST IN A **NEW** BUSINESS VENTURE? If YES, please contact our office to discuss what might be needed.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INHERIT REAL ESTATE, STOCKS, BONDS, OR IRAs? Do you expect to receive a K-1 from the estate or trust?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU HAVE AN INTEREST OR SIGNATURE AUTHORITY OVER A FOREIGN BANK OR INVESTMENT TYPE ACCOUNT DURING ANY TIME IN 2022?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE A DISTRIBUTION FROM, OR WERE YOU THE GRANTOR OF, OR TRANSFEROR TO, A FOREIGN TRUST OR DID YOU HAVE AN INTEREST IN ANY FOREIGN ASSETS OR ACCOUNTS.

<input type="checkbox"/>	<input type="checkbox"/>
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DID THE TOTAL BALANCES OF ALL FOREIGN ACCOUNTS EQUAL OR EXCEED \$10,000 AT ANY TIME DURING THE YEAR?

(PENALTY FOR FAILING TO REPORT FOREIGN ACCOUNTS IS \$10,000 PER ACCOUNT PER YEAR!)

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE, SELL, EXCHANGE, OR OTHERWISE DISPOSE OF ANY FINANCIAL INTEREST IN ANY VIRTUAL CURRENCY? (I.E., BITCOIN)

YOU ARE REQUIRED BY LAW TO REPORT THE GAINS FOLLOWING SIMILAR RULES FOR STOCK SALES.

<input type="checkbox"/>	<input type="checkbox"/>
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MEDICAL EXPENSES (OTHER THAN MEDICAL INSURANCE) UNREIMBURSE BY INSURANCE OR HSA \$ \_\_\_\_\_  
 (Doctors, dentists, therapy, medical devices, home alterations, hospitals, medical travel, etc.)

<input type="checkbox"/>	<input type="checkbox"/>
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TOTAL MEDICAL INSURANCE PREMIUMS (OTHER THAN MEDICARE AND OTHER THAN THOSE PAID THROUGH PAYROLL DEDUCTION WITH PRE TAX DOLLARS) \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU ENGAGE THE SERVICES OF ANY HOUSEHOLD EMPLOYEES? (PLEASE PROVIDE PAYROLL DOCUMENTS AND SCHEDULE H)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MEDICARE PREMIUM THAT WERE **NOT** PAID THRU SOCIAL SECURITY OR RAILROAD RETIREMENT DEDUCTIONS \$ \_\_\_\_\_

DID YOU REFINANCE YOUR PRIMARY RESIDENCE IN 2022. IF YES PLEASE PROVIDE CLOSING DISCLOSURE DOCS.

IF YES, DID YOU TAKE OUR ANY CASH TO USE ON THINGS OTHER THEN THE HOUSE? I.E. BUY A CAR OR PAY CREDIT CARDS?

PLEASE PROVIDE DETAILS \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU ARE OVER 70, DID YOU CONTRIBUTE TO A CHARITABLE ORGANIZATION DIRECTLY FROM AN IRA ORGANIZATION AMOUNT

\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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CONTRIBUTIONS TO CHARITY: **MONETARY** Checks & Cash \$ \_\_\_\_\_

You are required to have records to prove contributions and letters from organizations for any contribution over \$250

<input type="checkbox"/>	<input type="checkbox"/>
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CONTRIBUTIONS TO CHARITY: **NONCASH**

LIST THE ORGANIZATIONS YOU CONTRIBUTED TO AND THE **DOLLAR VALUE** OF THE GOODS DONATED.

	ORGANIZATION AND ADDRESS	DATE OF CONTRIBUTION	DISCRPTION OF DONATED GOODS	FAIR MARKET VALUE / THRIFT SHOP VALUE
#1				
#2				
#3				
#4				

Helpful sites for valuing items: check websites of Donation Calculator.Com or satruck.org/home/donation value guide

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INCUR UNREIMBURSED EXPENSES DOING CHARITABLE VOLUTEER WORK?

Total cost of goods, office supplies, travel, meeting expenses, etc. \_\_\_\_\_

Total miles driven for charitable work \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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**IF YOU PARTICIPATED IN THE AFFORDABLE CARE ACT (OBAMACARE) YOU MUST PROVIDE A FORM 1095-A.**

You cannot file the TAX RETURN without this form. The return will NOT get processed and you will receive a notice from the IRS.

<input type="checkbox"/>	<input type="checkbox"/>
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HSA - DID YOU MAKE ANY CONTRIBUTIONS TO A HAS PLAN OUTSIDE OF WORK (NOT PAID THROUGH PAYROLL)? \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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HSA - WAS ALL OF THE DISTRIBUTION ACTUALLY USED FOR MEDICAL PURPOSES?

<input type="checkbox"/>	<input type="checkbox"/>
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**SELF-EMPLOYED INDIVIDUALS: YOU MAY RECEIVE A NEW TYPE OF 1099. 1099-NEC (NON EMPLOYEE COMPENSATION)**

If you need worksheets to help your organize and prepare you income and expenses by category, please call us.

<input type="checkbox"/>	<input type="checkbox"/>
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RENTAL REAL ESTATE OWNERS: If you need worksheets to help you organize and prepare your income and expenses, call us.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU DO ENERGY EFFICIENT IMPROVEMENTS TO YOUR HOME? PLEASE PROVIDE \$ AMOUNT FOR EACH

SOLAR \$ \_\_\_\_\_ FURNACE 96%+ \$ \_\_\_\_\_ AC SEER 16+ \$ \_\_\_\_\_ WINDOWS \$ \_\_\_\_\_

EXTERIOR DOORS \$ \_\_\_\_\_ INSULATION \$ \_\_\_\_\_ WATER HEATER/BOILER 90% + EFF. \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU PURCHASE A **NEW** HYBRID PLUG IN OR ALL ELECTRIC VEHICLE? COST \$ \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ VIN \_\_\_\_\_

PLEASE, DO NOT HESITATE TO CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THIS FORM OR QUESTIONS GENERATED FROM FILLING OUT THIS FORM.

**BE SURE TO INCLUDE ALL OF YOUR:**

**W2s**

**INTEREST INCOME 1099's**

**DIVIDEND INCOME 1099's**

**STOCK SALES 1099B BROKER STATEMENTS**

**PENSION/IRA 1099R's**

**GAMBLING W2-G's**

**SOCIAL SECURITY SSA-1099's**

**MORTGAGE INTEREST STATEMENTS**

**UNEMPLOYMENT COMPENSATION / 1099G**

**ANY OTHER 1099's**

**K-1's FROM PARTNERSHIPS / S-CORPS / TRUSTS / ESTATES**

**REAL ESTATE & PERSONAL PROPERTY TAX PAYMENTS**

WHAT STATES ARE BEING FILED OTHER THEN MISSOURI? This information will need to be seperately stated if you need an extension for time to file.

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DO YOU EXPECT TO HAVE TO FILE A RETURN FOR W-2 WAGES EARNED IN THE CITY OF SAINT LOUIS OR KANSAS CITY?

SAINT LOUIS CITY    Y / N                      KANSAS CITY        Y / N

DO YOU EXPECT TO HAVE TO FILE A RETURN FOR BUSINESS INCOME NOT ON A W-2 IN THE CITY OF SAINT LOUIS OR KANSAS CITY?

SAINT LOUIS CITY    Y / N                      KANSAS CITY        Y / N

DO YOU HAVE ANY QUESTIONS, COMMENTS OR CONCERNS FOR US FOR YOUR **2022** RETURN?

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**PLEASE PROVIDE A COPY OF A BLANK CHECK** OR YOU CAN JUST FILL IN THE SPACES BELOW TO PROVIDE YOUR BANK NAME, ROUTING NUMBER, AND ACCOUNT NUMBER IF YOUR ACCOUNT HAS NOT CHANGED SINCE YOU PROVIDED A CHECK TO US IN PRIOR YEARS. IF YOUR ACCOUNT CHANGED, PLEASE PROVIDE A VOIDED CHECK OR A COPY OF A

NAME OF BANK \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

BY SIGNING THE BELOW YOU ACKNOWLEDGE THIS INFORMATION TO BE TRUE AND CORRECT IN PREPARING YOUR TAX RETURN.

SIGNATURE OF PERSON COMPLETING QUESTIONAIRE

DATE: \_\_\_\_\_

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TAXPAYER

SPOUSE (IF APPLICABLE)