

CLIENT QUESTIONNAIRE

PART 1 – TAXPAYER INFORMATION

TAXPAYER INFORMATION	TAXPAYER	SPOUSE
Name		
Social Security Number		
Date of Birth		
Date of Death		
Occupation		
Are you a dependent of someone else?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you a United States Citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

PERSONAL CONTACT INFORMATION	TAXPAYER	SPOUSE
Personal Email Address		
Personal Phone		

Preferred Contact Method If Questions: Phone Call Email

WORK CONTACT INFORMATION	TAXPAYER	SPOUSE
Do not provide this information unless we can use these as a method of contact.		
Work Email Address		
Work Phone		

ADDRESS INFORMATION		
Street address:		
City:	State:	Zip:
Please provide a mailing address below if you do not want the above residential address listed on your return.		
Mailing address:		
City:	State:	Zip:

PART 2 – TAX RETURN DELIVERY METHOD

Upon completion of your tax return, how would you like your tax return delivered to you?

- Meet With Tax Professional
 Pick Up At Front Desk – No Appt
 Mail Tax Return
 Portal/Digital Copy - (please provide personal email address in Part 1 above).

If you will be receiving your return electronically, do you want a hard copy mailed to you? Y N

PART 3 – STATE RESIDENCY & WORKED INFORMATION

What states did you reside or work in during the tax year?

STATE:	STATE:	STATE:
<input type="checkbox"/> Full Year <input type="checkbox"/> Part Year	<input type="checkbox"/> Full Year <input type="checkbox"/> Part Year	<input type="checkbox"/> Full Year <input type="checkbox"/> Part Year
Dates If Part Year:	Dates If Part Year:	Dates If Part Year:

PART 4 – FILING STATUS

- Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widower
 Single

PART 5 – DEPENDENTS & CREDIT QUESTIONS

Please enter the following information or answer the following questions to determine your eligibility to claim your dependent as well as to determine your eligibility for certain tax credits.

DEPENDENT INFORMATION	#1	#2	#3	#4
Name				
Social Security Number				
Birth Date				
Lived With You More Than 6 Months	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you provide more than ½ of their support as defined below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did they earn more than \$4150?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Has valid SS# and Birth Cert	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Permanently Disabled?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, do they get SSI?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If you are not married, does the other biological parent live with you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
What is their income?				
If you are not married, does a significant other or other individual living in your home contribute towards the cost of keeping up your home?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
What is their income?				
Are they a foster child or adopted?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If both parents live together than the child by default has to go to the parent with the higher income unless Form 8332 is received for the child tax credit.				

Support/Cost of maintaining your home is defined as the cost of keeping up a home such as rent, mortgage interest, property taxes, insurance, repairs, utilities, and groceries. Support is NOT defined as the cost of clothing, education, medical treatment, vacations, life insurance or transportation.

If the child did not live with you for more than six months and you did not provide over half the support, what form can you provide allowing you to claim the child? IRS Form 8332, Divorce Decree, Custody Agreement

Have you ever have had the child tax credit disallowed? Y N

Note: The child tax credit phase out is \$400,000 for filer that are Married Filing Joint and \$200,000 for all other filing statuses.

PART 6 – BANK ACCOUNT INFORMATION FOR DIRECT DEPOSIT AND ELECTRONIC PAYMENT FOR TAXES DUE

Bank Name	Routing #	Account #
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Do you want your refunds directly deposited in the account listed above? Y N

If no, Checks Preferred For Refunds or Roll Over To Next Year

Do you want to electronically pay your taxes due from the account listed above? Y N Date: _____

PART 7 – GENERAL QUESTIONS

Please check the appropriate box and include all necessary details and documentation.

Yes No

Personal Information

Did your marital status change during the year?

Did your address change from last year?

Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?
If yes, attach the IRS letter.

Did you reside in or operate a business in a Federally declared disaster area?

Dependent Information

Were there any changes in dependents from the prior year?

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim
of identity theft? If yes, attach the IRS letter.

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?

Did you sell, exchange, or purchase any assets used in your trade or business?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you sell, exchange, or purchase any real estate during the year?

Did you purchase or sell a principal residence during the year?

Did you refinance a principal residence or second home this year?

Did you sell an existing business, rental, or other property this year?

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?

Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such
as from investment accounts, partnerships or a foreign employer?

Did you receive any income from property sold prior to this year?

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

Did you receive tip income not reported to your employer this year?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or
services, or you are holding virtual currencies as an investment?

Retirement Information

Are you an active participant in a pension or retirement plan?

Did you receive any Social Security benefits during the year?

Did you make any withdrawals or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified
retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses.

Did anyone in your family receive a scholarship of any kind during the year?
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

Did you make any withdrawals from an education savings or 529 Plan account?

Did you pay any student loan interest this year?

Health Care Information

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
If yes, attach any Form(s) 1095-A you received.

Miscellaneous Information

Did you have a financial interest in or signature authority over a financial account such as a bank account,
securities account, or brokerage account, located in a foreign country?

PART 8 – EARNED INCOME CREDIT (May Not Apply To All Taxpayers)

If your earned income and adjusted gross income are less than the following please complete the questions below:

Filing Status	0 Qualifying Children	1 Qualifying Children	2 Qualifying Children	3 Qualifying Children
Single, Head of Household, Widowed	\$15,270	\$40,320	\$45,802	\$49,194
Married Filing Jointly	\$20,950	\$46,010	\$51,492	\$54,884

Note: Your investment income must also be less the \$3,450 for the year to qualify for the earned income credit.

EIC Questions If You Have Dependents	Dependent	Dependent	Dependent
Name			
Child's relationship to you			
Did the child live with you in the United States for over half of the year? If no, please answer questions below.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. Are you divorced/separated from other biological parent for the dependent listed?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Was or is the child kidnapped?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Were there temporary absences? If yes, explain?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Was the child born this year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Did the child die this year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
What documents can you provide to prove that your child lived with you in the USA for more than half the year? <input type="checkbox"/> School Records <input type="checkbox"/> Medical Records <input type="checkbox"/> Letter <input type="checkbox"/> Social Service Records <input type="checkbox"/> Daycare Records <input type="checkbox"/> Daycare Provider Info <input type="checkbox"/> Other			
Could another person, other than your spouse, state that the child lived with them for over half the year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. What is their relationship to child?			
Did the child provide over half of their own support during the tax year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Does the child have a valid SSN that allows them to work?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the child your son, daughter, stepchild, foster child, sibling, step-sibling, half-sibling or a descendant of any of them (grandchild, niece or nephew)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. Can you provide a birth certificate that verifies your relationship to the child?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If the other biological parent is not living with the child answer the following:			
1. Did the child live or stay with the other biological parent during the tax year?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. If yes to #1, how many days?			
3. Is there are legal child custody agreement in place?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Is the child adopted or in adoption process?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. If yes to #4, what is the child adoption status?	<input type="checkbox"/> Pending <input type="checkbox"/> Final	<input type="checkbox"/> Pending <input type="checkbox"/> Final	<input type="checkbox"/> Pending <input type="checkbox"/> Final
6. If #5 is pending, do you have a letter from an authorized adoption agency?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the child a foster child?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
1. If yes, do you have a letter from an authorized placement agency or court document?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If both parents live together than the child by default has to go to the parent with the higher income for EIC purposes.			
If the child lived with you for less than 6 months can you provide us with a signed Form 8332 in order to claim the child on your return since you not considered the custodial parent? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Has this credit ever been disallowed? <input type="checkbox"/> Y <input type="checkbox"/> N			

PART 9 – Client Responsibilities

Any purposeful omission of any income can result in us refusing to prepare your tax return. Have you reported all sources of revenue (see below that you received during the tax year)? Y N

- Other unreported income includes, but is not limited to the sale of bitcoin, unreported tips, cash payments for work performed, jury duty, election judge, alimony, and sales of assets previously or currently listed on a depreciation schedule of a business, farm, or rental property, or other unreported taxable income.

Any purposeful misstatement of your deductions can result in us refusing to prepare your tax return. Have you claimed any deductions for which you cannot provide documentation for upon request? Y N