

RUIZ & CO., P.A.
NEW CLIENT TAX QUESTIONNAIRE
TAX YEAR _____
(Please Print)

TAXPAYER INFORMATION														
Taxpayer Last Name:		First:	Middle:	Suffix:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital Status:							
					<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Single	<input type="checkbox"/> Married	<input type="checkbox"/> Div	<input type="checkbox"/> Sep	<input type="checkbox"/> Widow			
Social Security Number:		Date of Birth:	Age:	Occupation:		Home Phone:		Cell Phone:						
Email Address:					Preferred Method of Contact:									
					Home Phone		<input type="checkbox"/>	Cell Phone		<input type="checkbox"/>	Email	<input type="checkbox"/>	Text	<input type="checkbox"/>
Street Address:							Apt. #:							
City:			State:			Zip Code:								
Did your marital status change during the year?				<input type="checkbox"/> Y	<input type="checkbox"/> N	Did your address change during the year?				<input type="checkbox"/> Y	<input type="checkbox"/> N			

SPOUSE INFORMATION										
Spouse Last Name:		First:	Middle:	Suffix:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss				
					<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.				
Social Security Number:		Date of Birth:	Age:	Occupation:		Cell Phone:				

DEPENDENTS (CHILDREN AND OTHERS)										
Name (Last, First)	Relationship	Date of Birth mm/dd/yyyy	Social Security Number	Months Lived With You	Full-Time Student		Did You Provide More Than Half of the Support?			
					<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	<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	<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
					<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

• Do you provide a home for or help support anyone else, not listed above?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Were there any births, deaths, marriages, divorces or adoptions in your immediate family in 2020 or 2021? (If yes, list details in "Other Information" Section on page 3)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Could you be claimed as a dependent on another person's tax return for current tax year?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• If requested by the IRS, do you have documentation (i.e. receipts, records) to substantiate your eligibility for the Child Tax Credit, Earned Income Tax Credit and/or Head of Household Filing Status?	<input type="checkbox"/> Y	<input type="checkbox"/> N

INCOME INFORMATION		
• Did you receive any income from employment as an employee or independent contractor? (If yes, attach Form W-2 and/or 1099-NEC)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive any Unemployment Compensation? (If yes, attach 1099-G)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive any Social Security benefits? (If yes, attach Form SSA-1099)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you sell any Stocks/Investments? (If yes, attach 1099-B)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive Interest Income from a savings account or dividends from mutual funds/investments? (If yes, attach Form 1099-INT and/or 1099-DIV)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you have any gambling winnings or losses, including lottery, bingo and raffles? (If yes, attach W2-G)	<input type="checkbox"/> Y	<input type="checkbox"/> N

RETIREMENT INFORMATION

• Did you or your spouse receive payments/distributions from a retirement plan such as a pension, 401K, IRA? (If yes, attach Form 1099-R)	<input type="checkbox"/> Y	<input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>
• Did you make any contributions to a retirement plan such as a pension, 401K, IRA, SEP, SIMPLE IRA?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive a total distribution from a 401K plan, IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/> Y	<input type="checkbox"/> N

HEALTH INFORMATION

• Did you purchase health insurance from the Healthcare.gov Marketplace? (If yes, attach Form 1095-A)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account? (If yes, attach Form 1099-SA and Form 5498-SA)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you/ spouse/dependent incur a substantial amount of unreimbursed medical expenses?	<input type="checkbox"/> Y	<input type="checkbox"/> N

HOUSING INFORMATION

• Do you own a home? (If yes, attach Form 1098 – Mortgage Interest and 2020 Property Tax Statement)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you rent? If yes and total household income is less than \$60,000, answer the following:	<input type="checkbox"/> Y	<input type="checkbox"/> N
a. Name and address of Landlord:		
b. Monthly rent paid:		
c. Number of months rented:		
d. Is Heat included in your rent payment?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you sell and/or purchase a home?? (If yes, attach Closing Disclosure & 1099-S)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you receive rent from real estate or other property? (If yes, attach support for income and expenses)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Was your principal home or rental property foreclosed? (If yes, attach 1099A or 1099C)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you make any energy efficient improvements to your home? (If yes, list amount _____)		

CHILD AND DEPENDENT CARE

• Did you receive dependent care benefits from your employer?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you pay any child/dependent care expenses for a child under 13 years old or costs to care for a handicapped individual? If yes, complete the following:	<input type="checkbox"/> Y	<input type="checkbox"/> N
Name of Child Care Provider:	Provider EIN/Social Security Number:	
Provider Address	Amount Paid to Provider	
	\$	

EDUCATION

• Did you, your spouse or a dependent incur any tuition, fees or book expenses that were required to attend college, university or vocational school? (If yes, attach 1098-T and support for expenses)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you, your spouse or a dependent receive scholarships or grants for higher education?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you, your spouse or dependent receive a distribution from a 529 Plan or Education Savings Plan? (If yes, attach Form 1099-Q.)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you make any contributions to a 529 Plan or Education Savings Plan? (Attach support)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you pay any Student Loan Interest? (If yes, attach Form 1098-E)	<input type="checkbox"/> Y	<input type="checkbox"/> N

ITEMIZED DEDUCTIONS

Note: The IRS allows taxpayers to reduce their income by taking the higher of the Standard Deduction or Itemized Deductions.

• Did you make charitable contributions? If yes, attach receipts or acknowledgements from charity, cancelled check or other proof)	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you use your vehicle to provide volunteer services to a charity?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• Did you pay state taxes on new vehicle purchased or monthly lease?	<input type="checkbox"/> Y	<input type="checkbox"/> N
• List your vehicle registration fees. \$ _____		
• Did you owe State or Local taxes when you filed your prior year tax return? If yes, please list amount paid in ___/___/___: \$ _____	<input type="checkbox"/> Y	<input type="checkbox"/> N

MISCELLANEOUS QUESTIONS

	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Did you file for Bankruptcy? If yes, state which Chapter. _____ 	<input type="checkbox"/> Y	<input type="checkbox"/> N

BUSINESS INFORMATION

Note: Complete this section if you are an independent contractor and received a 1099-NEC, 1099-MISC or own a small business.

<ul style="list-style-type: none"> Date you started your business: / / 		
<ul style="list-style-type: none"> Did you materially participate in this business? 	<input type="checkbox"/> Y	<input type="checkbox"/> N
<ul style="list-style-type: none"> Did you pay estimated taxes? 	<input type="checkbox"/> Y	<input type="checkbox"/> N
<ul style="list-style-type: none"> Do you have records to support your business expenses? If yes, please attach receipts or list of expenses 	<input type="checkbox"/> Y	<input type="checkbox"/> N
<ul style="list-style-type: none"> Did you use your vehicle for your business? 	<input type="checkbox"/> Y	<input type="checkbox"/> N
<ul style="list-style-type: none"> Do you have written evidence to support your vehicle expenses? Please list the following: 	<input type="checkbox"/> Y	<input type="checkbox"/> N
Business Miles Driven current tax Yr	Commuting Miles Driven	Other Miles Driven

FILING QUESTIONS

<ul style="list-style-type: none"> Were you notified/audited by either the IRS or a State or Local taxing authority? 	<input type="checkbox"/> Y	<input type="checkbox"/> N
<ul style="list-style-type: none"> The IRS is able to deposit refunds directly into up to (3) taxpayer's accounts. If you receive a refund, would you like a direct deposit? 	<input type="checkbox"/> Y	<input type="checkbox"/> N
<ul style="list-style-type: none"> If yes, please provide the following information: 		
Name of Bank	Bank Routing Number	Bank Account Number
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Select type of Tax Return Copy for your personal files:		<input type="checkbox"/> Electronic Copy <input type="checkbox"/> Paper Copy with Folder
How did you hear about Ruiz & Co., P.A.?		
<input type="checkbox"/> Family/Friend (List Name):		
<input type="checkbox"/> Google/Website	<input type="checkbox"/> FaceBook	<input type="checkbox"/> Other

QUESTIONS, COMMENTS AND OTHER INFORMATION
