



Client Name: \_\_\_\_\_

Tax Year: \_\_\_\_\_

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## TAX QUESTIONNAIRE

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have children over 18 that may claim themselves? If so, are they in school?
<input type="checkbox"/>	<input type="checkbox"/>	If you are getting a refund, do you want direct deposit?
<input type="checkbox"/>	<input type="checkbox"/>	If you owe money, do you want the payment to come directly out of your bank account?
<input type="checkbox"/>	<input type="checkbox"/>	If you pay estimates, do you want the payments to come directly out of your bank account?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have stocks, bonds, or any other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, purchase, or refinance a home? If so, please provide your FINAL closing statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse or a dependent incur any tuition expenses? If so, please provide form 1098-T.
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an Educational Savings Account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan? If so, what was the reason for the distribution?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your Traditional, SEP, or Simple IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have health insurance through the marketplace? If so, please provide form 1095-A.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have financial interest or authority over any foreign accounts?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during the year, did you receive, sell or exchange virtual currency?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an IRS theft protection PIN?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?