

CLIENT INFORMATION SHEET

** We are asking that all of our clients fill this out as we have implemented a new software. This will help us ensure that all of your information is current and up-to-date. Thank you in advance for your attention to this matter.**

TAXPAYER NAME: _____
SPOUSE NAME: _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____

Taxpayer Phone: _____ Taxpayer Email: _____

Taxpayer Social Security Number: _____
Taxpayer Date of Birth: _____ Taxpayer Occupation: _____

Spouse Phone: _____ Spouse Email: _____

Spouse Social Security Number: _____
Spouse Date of Birth: _____ Spouse Occupation: _____

Preferred Method of Contact: Email _____ Phone _____ Text _____ Mail _____

Would you like a client portal? Yes _____ Client Copy of Return: Paper _____ Portal _____

Refund Type: Check _____ Direct Deposit _____ (attach voided check)

Whom may we thank for referring you to us? _____

DEPENDENTS:

NAME	BIRTHDATE	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include a copy of your driver's license (for both taxpayer and spouse) and Social Security cards for all taxpayers and dependents.

Office Use Only:
Voided check on file _____ Driver's License on file _____ Social Security Cards on file _____
Engagement Letter _____ If new client, prior year return on file _____ Client created in QBO _____
Paper file created _____ Delivery Method _____ Questionnaire _____

Questions (Page 1 of 5)

The following questions pertain to the 2018 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

Yes No

- | | | |
|---|-------|-------|
| Did your marital status change? | _____ | _____ |
| Are you married? | _____ | _____ |
| If Yes, do you and your spouse want to file separate returns? | _____ | _____ |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | _____ | _____ |
| Can you or your spouse be claimed as a dependent by another taxpayer? | _____ | _____ |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | _____ | _____ |
| Have you or your spouse been a victim of identity theft and have you contacted the IRS? | _____ | _____ |
| If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse | | |

Dependents:

- | | | |
|--|-------|-------|
| Were there any changes in dependents from the prior year?
Note: Include non-child dependents for whom you provided more than half the support | _____ | _____ |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | _____ | _____ |
| Do you have any children under age 18 with unearned income more than \$1,050? | _____ | _____ |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? | _____ | _____ |
| Did you adopt a child or begin adoption proceedings? | _____ | _____ |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | _____ | _____ |

Healthcare:

- | | | |
|--|-------|-------|
| Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? | _____ | _____ |
| If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage. | | |
| If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemptions apply. | | |
| Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? | _____ | _____ |
| Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? | _____ | _____ |
| Did you apply for an exemption through the Marketplace? | | |
| If Yes, provide the Exemption Certificate Number. _____ | _____ | _____ |
| Are any of your dependents required to file a tax return? | _____ | _____ |

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Healthcare (continued):

Yes No

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?

Were you eligible for employer-sponsored healthcare coverage?

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?

If you received a distribution from an HSA, include all Forms 1099-SA.

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?

If you received a distribution from an MSA, include all Forms 1099-SA.

Did you or your spouse receive any distributions from long-term care insurance contracts?

If Yes, include Form 1099-LTC.

If you or your spouse are self-employed, are you eligible to be covered under an employer's health plan at another job?

If Yes, how many months were you covered? _____

If you or your spouse are self-employed, are you eligible to be covered under an employer's long-term care plan at another job?

If Yes, how many months were you covered? _____

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?

Education:

Did you or your spouse pay any student loan interest?

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?

If Yes, include all Forms 1099-Q.

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses?

Did you or your spouse make any large purchases, such as motor vehicles and boats?

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.

_____ Gallons _____ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditions, or water heaters?

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Investments:

Yes No

Did you or your spouse have any debts canceled, forgiven or refinanced? _____ _____

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? _____ _____

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? _____ _____

Did you or your spouse sell, exchange, or purchase any real estate? _____ _____

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? _____ _____

Did you or your spouse engage in any put or call transactions? _____ _____

If Yes, provide the transaction details.

Did you or your spouse close any open short sales? _____ _____

Did you or your spouse sell any securities not reported on Form 1099-B? _____ _____

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? _____ _____

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? _____ _____

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? _____ _____

Did you or your spouse retire or change jobs? _____ _____

Did you or your spouse receive deferred, retirement or severance compensation? _____ _____

If Yes, enter the date received (Mo/Da/Yr). _____

Personal Residence:

Did your address change? _____ _____

If Yes, provide the new address. _____ _____

If Yes, did you move to a different home because of a change in the location of your job? _____ _____

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____ _____

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? _____ _____

Are your total mortgages on your first and/or second residence greater than \$1,000,000? _____ _____

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Did you or your spouse take out a home equity loan? _____ _____

Did you or your spouse have an outstanding home equity loan at the end of the year? _____ _____

If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? _____ _____

Did you or your mortgagee receive mortgage assistance payments? _____ _____

If Yes, include all Forms 1098-MA. _____ _____

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Sale of Your Home:

Yes No

Did you sell your home?

Did you receive Form 1099-S?

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you or your spouse ever rent out the property?

Did you or your spouse ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of the sale, the residence was owned by the: _____ Taxpayer _____ Spouse _____ Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual?

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?

Did you or your spouse make any gifts to a trust for any amount?

Did you or your spouse have a life insurance trust?

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?

Did you or your spouse create or transfer money or property to a foreign trust?

Did you or your spouse own any foreign financial assets?

Questions (Page 5 of 5)

Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Did you or your spouse receive unreported tip income of \$20 or more in any month?

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

Did you or your spouse engage in any bartering transactions?

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

Additional state pages have been included at the back of the organizer and should be reviewed.