

J Leon & Associates Client Questionnaire

Please complete this form to help us prepare your tax return accurately.

Filing Status: Single ___ Married filing Joint ___ HOH ___ Married filing Separately ___

Taxpayer Information:

Name: _____ Social Security Number: _____ Date of birth: _____

DL# _____ Issue date: _____ Exp date: _____ Email: _____

Phone: _____ Company/Carrier: _____ Occupation: _____

Address: _____

Direct Deposit Bank Info: Routing Number: _____ Account Number: _____

Spouse Information:

Name: _____ Social Security Number: _____ Date of birth: _____

DL# _____ Issue date: _____ Exp date: _____ Email: _____

Phone: _____ Company/Carrier: _____ Occupation: _____

Dependents:

Name: _____ Social Security Number: _____ Date of birth: _____

Relationship: _____ Daycare: Y or N College Student: Y or N (1098Tuition) Y or N

Name: _____ Social Security Number: _____ Date of birth: _____

Relationship: _____ Daycare: Y or N College Student: Y or N (1098Tuition) Y or N

Name: _____ Social Security Number: _____ Date of birth: _____

Relationship: _____ Daycare: Y or N College Student: Y or N (1098Tuition) Y or N

Daycare Provider Info: Name, Phone, Address, Social Security Number and Amount paid.

Deductions: Student Loan Interest (**Need 1098E**) ___ Tuition (**Need 1098T**) ___ Childcare ___

Mortgage Interest (**Need 1098**) ___ Property Taxes ___ (**Need amount**) Donations ___

Medical Expenses ___ IRA ___ HSA ___ Vehicle Interest ___ (Amount Paid, Year, Make and Model)

Health Insurance: All Year Y or N

Covered California (**Need 1095A**) ___ Employer ___ State/IEHP ___

Taxpayer Questions:

Home: Sold ___ (**Need Purchase price and date**) Bought ___

Estimates to IRS or State: Y or N (**Need amounts and dates paid to which entity**)

Sold Stocks: Y or N Did you receive any unemployment: Y or N (**Need 1098G**)

INITIALS _____