



TAX QUESTIONNAIRE

TAXPAYER:

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_

SPOUSE:

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

HOME ADDRESS:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ School District: \_\_\_\_\_ District Code: \_\_\_\_\_

DEPENDENTS:

Name (as it appears on the SS Card): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Lives w/ You? \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Lives w/ You? \_\_\_\_\_

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Social Security #: \_\_\_\_\_ Lives w/ You? \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Lives w/ You? \_\_\_\_\_

*If we did not prepare your returns for the last three years, please provide a copy of those returns.*



TAXPAYER: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

TAX YEAR: \_\_\_\_\_

Questions

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

**PERSONAL INFORMATION**

Did your marital status change during the year?	YES		NO	
If yes, explain:				
Did you submit copies of both Taxpayer and Spouse drivers license?	YES		NO	
Did you submit copies of school records and/or birth certificates for all dependents?	YES		NO	
marriage?	YES		NO	
Did you change your address from last year?	YES		NO	
Can you be claimed as a dependent by another taxpayer? (such as a parent?)	YES		NO	
Did you change your bank account that has been used for direct deposit (or direct debit) funds from (or to) to the IRS during the tax year?	YES		NO	
Is bank account a Savings: _____ Checking: _____				
Routing #: _____ Account #: _____				
Were all members of your household covered with health insurance all 12 months? (Please attach forms if applicable)	YES		NO	

**DEPENDENT INFORMATION**

Were there any changes in your dependents from the prior year?	YES		NO	
If yes, explain:				
Do you have any children under the age of 19 or a full-time student under the age of 24?	YES		NO	
Do you have dependents who must file a tax return?	YES		NO	
Did you provide over 50% support for any person other than your dependent children during the year?	YES		NO	
Did you pay for child care while you worked or looked for work?	YES		NO	
Did you pay any expenses related to the adoption of a child(ren) during the year?	YES		NO	
If you are divorced or separated with child(ren), do you have a divorce decree or a MSA which establishes custodial responsibilities pertaining to the filing of a tax return?	YES		NO	

**PURCHASES, SALES & DEBT INFORMATION**

Did you start a new business or purchase rental property during the year?	YES		NO	
Did you acquire a new or additional interest in a partnership or S Corporation?	YES		NO	
Did you sell, exchange, or purchase any real estate during the year?	YES		NO	
Did you foreclose or abandon a principal residence during the year?	YES		NO	
Did you acquire or dispose of any stock during the year?	YES		NO	
Did you take out a home equity loan this year?	YES		NO	
Did you refinance your principal residence or second home this year?	YES		NO	
Did you sell an existing business, rental, or other property this year?	YES		NO	
Did you incur any non-business bad debts this year?	YES		NO	
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loans?	YES		NO	
Did you purchase a qualified plug-in electric vehicle or qualified fuel cell vehicle this year?	YES		NO	
Did you pay any student loan interest this year?	YES		NO	

<b>INCOME INFORMATION</b>					
Did you submit all W2's and 1099's?	YES			NO	
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as investment accounts or partnerships?	YES			NO	
Did you receive any income from property sold prior to this year?	YES			NO	
Did you receive any lump-sum payments from a pension, profit sharing or 401K plan?	YES			NO	
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401K or other qualified retirement plan?	YES			NO	
Did you make any withdrawals from an education savings or 529 plan account?	YES			NO	
Did you receive any distributions from a Health Savings Account (HSA), Archer, MSA, or Medicare advantage MSA this year?	YES			NO	
Did you receive Social Security Benefits during the year?	YES			NO	
Did you receive tip income not reported to/by your employer this year?	YES			NO	
Did any of your life insurance policies mature, or did you surrender any policies?	YES			NO	
Did you cash any Series EE or Series I U.S. Savings Bonds issued after 1989?	YES			NO	
Did you receive any awards, prizes, hobby income, gambling, or lottery winnings this year?	YES			NO	
Do you expect a large fluctuation in income, deductions, or withholding next year?	YES			NO	

<b>ITEMIZED DEDUCTION INFORMATION</b>					
Did you incur a casualty or theft loss or any condemnation awards during the year?	YES			NO	
Did you pay any out-of-pocket medical expenses (co-pays, perscriptions, etc.)?	YES			NO	
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	YES			NO	
Did you use your car during working hours for a W-2 job, for any purpose other than commuting?	YES			NO	
Did you work out of town for any part of the year?	YES			NO	
Did you have any expenses related to seeking a new job during the year?	YES			NO	
Did you make any major purchases during the year (cars, boats, etc)?	YES			NO	
Do you own a time-share property?	YES			NO	
Did you submit all 1098's & proof of property taxes paid?	YES			NO	
<b>MISCELLANEOUS INFORMATION</b>					
Did you have any educational expenses during the year on behalf of yourself, your spouse or dependents?	YES			NO	
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401K, or other qualified retirement plan?	YES			NO	
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	YES			NO	
Did you make any contributions to a Health Savings Account (HSA) or Archer MSA?	YES			NO	
Did you pay health care or long-term care premiums for yourself or your family?	YES			NO	
Did you pay any COBRA health care coverage continuation premiums?	YES			NO	
If you are a business owner, did you pay health insurance premiums for your employees this year?	YES			NO	
Did you utilize an area in your home for business purposes?	YES			NO	
Did you retire or change jobs this year?	YES			NO	
Did you incur moving costs because of a job change?	YES			NO	
Did you or anyone in your family attend a post-secondary school (college) during the year?	YES			NO	
Did you pay an individual as a household employee during the year?	YES			NO	
Did you make any energy efficient improvements in your main home this year (windows, ac unit, roof, etc)?	YES			NO	
Did you receive correspondence from the State or the IRS during the year?	YES			NO	
If yes, explain:					
Did you receive an Identity Protection PIN from the IRS or have you been a victim of identity theft?	YES			NO	
If yes, please attach IRS letter.					