

New Client Questionnaire Form

Date: _____
Filing for tax year: _____
Interviewer Initials _____

Personal Information

First Name: _____ MI _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ Date of Death: _____

Cell Phone Number: _____ Email: _____

Home Phone Number: _____ Preferred method of contact: email call

Job Title: _____

Spouse's First Name: _____ MI _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ Date of Death: _____

Cell Phone Number: _____ Email: _____

Home Phone Number: _____ Preferred method of contact: email call

Job Title: _____

Marital status as of Dec 31? single married divorced widowed separated

Please include a copy of a social security card as well as valid driver's license or photo ID for each taxpayer.

Address: _____

City: _____ State: _____ Zip Code: _____

Can anyone claim your or your spouse as a dependent? Yes No Unsure

Dependent Information

First, MI, Last Name	Student?	Date of Birth	Social Security #	Relationship	Months in the home
_____	yes no	_____	_____	_____	_____
_____	yes no	_____	_____	_____	_____
_____	yes no	_____	_____	_____	_____
_____	yes no	_____	_____	_____	_____

Did you provide more than half of the support for the dependents listed above? Yes No

Could any of these dependents be claimed on someone else's tax return? Yes No

If requested by the IRS, do you have documentation to substantiate your eligibility for any credits or HOH filing status such as grocery, utility or rent receipts? Yes No

Please include a copy of social security cards for each dependent.

Do you have an Identity Protection PIN? Yes No If yes, include the notice from the IRS.

Did you purchase Health Insurance through the Marketplace (healthcare.gov)? Yes No If yes, include 1095A.

Did you receive/sell/dispose/exchange any virtual currency or digital asset this past year? Yes No

Did you or your spouse participate in a Health Saving Account (HSA) this past year? Yes No If yes, include 1099-SA

Did you pay for any child or dependent care expenses this past year? Yes No Please list provider and amount paid.

Name: _____ Address: _____

Amount paid \$ _____ ID Number: _____

Income

Please check all of the following that you and/or your spouse received this past year:

1. W-2 Income Please include all W2's How many W2's do you have for this past year? _____
2. Income from interest and/or dividends Please include 1099-INT, 1099-DIV
3. Income from the sale of stocks or bonds Please include 1099-B
4. Social security or railroad benefits Please include SSA-1099 or RRB-1099
5. Gambling winnings Please include W2-G
6. Unemployment benefits Please Include 1099-G
7. Retirement income or payments from a pension or IRA Please include 1099-R
8. Income from rental property
9. Income from self-employment Please include 1099-MISC, 1099-NEC or a list of income
10. Income from a partnership or corporation Please include Form K-1
11. Income from a foreign source
12. Income from a farm

If you received a 1099 or are filing self-employment, is your business S-Corp, C-Corp, LLC or Partnership?

Office Use

W2

INT

DIV

1099B

SS/RRB

W2G

1099G

1099R

MISC

NEC

K1

WKST A

WKST E

WKST F

WKST C

Expenses

Please check all of the following that you and/or your spouse paid this past year:

1. Alimony
2. College or post-secondary school for yourself, spouse or dependent
3. Supplies used as an eligible educator such as teacher, teacher's aide, counselor, etc
4. Student loan interest Please include form 1098-E
5. Expenses related to self-employment Please include a list of all business expenses including mileage
6. Expenses related to rental income Please include a list of all rental expenses including mileage
7. Expenses related to farm income Please include a list of all farm expenses including mileage

Life Events

Please check all of the following events that pertain to you and/or your spouse this past year?

1. Have a credit card, student loan or mortgage debt cancelled Please include 1099-C or 1099-A
2. Adopt a child
3. Purchase and install energy-efficient home items such as windows, doors, furnace, insulation, etc.
4. Make estimated tax payments to cover self-employment income Please include amounts and date paid
5. Home Mortgage Interest Please include Form 1098

Refund/Balance Due Information

How do you want any refund sent to you?

- Direct Deposit (takes a 7-10 days)

Name of Financial Institution: _____

Account Number: _____ Checking Savings

- Paper Check mailed to your address (takes several weeks)

If you have a balance due, would you like to make a payment directly from your bank account? Yes No

We will contact you to get this information if you have a balance due.

Any taxes due may be paid by check with a printed voucher provided by us or online or by direct payment.

It is the taxpayer's responsibility to make payments before the April due date. Filing an extension does NOT extend time to pay.

May we speak to someone other than yourself or leave a message on your voicemail or answering machine? Yes No

Who may we speak with? _____ Relationship _____

If you normally itemize or file "long form", please ask for our Schedule A worksheet.

If you own a business or receive a 1099 for self-employment, please ask for our Schedule C worksheet.

If you received rental income, please ask for our Schedule E worksheet.

If you own a farm, please ask for our Schedule F worksheet.

Taxpayer Initials _____