

Existing Client Questionnaire

GENERAL INFORMATION:

| | |
|---------------------------------|--------------------|
| Taxpayer Name: _____ | Spouse Name: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |
| Occupation: _____ | Occupation: _____ |
| Address: _____ | |
| _____ | |
| Is this a new address? Yes / No | |

Please circle the main contact for your tax return: Taxpayer -or- Spouse

What is your preferred method of contact?: Phone / E-mail (circle one)

Have you had any changes in your filing status? (Example: New child, marriage, divorce, new address, etc.)

Explain: _____

BANKING:

Is your direct deposit information the same as last year? Yes / No

If different, we need the following information:

Bank Name: _____

Routing Number _____ Circle One: Checking -or- Savings

Account Number: _____

(Please provide a voided check NOT a deposit slip)

I do not want direct deposit, I would prefer a paper check: Yes / No

DEPENDENTS:

| | Name | Age | Grade (K-12) |
|--------------|------|-----|--------------|
| Dependent #1 | | | |
| Dependent #2 | | | |
| Dependent #3 | | | |
| Dependent #4 | | | |

Do any of your dependents have W-2 income? Yes / No (circle one)

Do any of your dependents attend a daycare or private school? Yes / No (circle one)

(If yes, please supply tuition stmts & Grade)

HEALTH/DENTAL INSURANCE INFO:

How many months in the tax year did you have health insurance? _____ (Fill Out information below)

| Insured Person(s) | Name | # of Months Insured |
|-------------------|------|---------------------|
| Taxpayer | | |
| Spouse | | |
| Dependent #1 | | |
| Dependent #2 | | |
| Dependent #3 | | |
| Dependent #4 | | |

Did you have insurance through your employer? _____ (Yes or No)

Did you pay for Cobra Health Insurance? _____ (Yes or No) If yes, how much did you pay last year? \$ _____

Did you have Marketplace Insurance? _____ (Yes or No) If yes, we need a Form 1095 for your tax preparation.

If you had Medicare, did you also have a Supplement? _____ (Yes or No) If yes, how much did you pay last year? \$ _____

Existing Client Questionnaire

Taxpayer Last Name

INCOME:

Yes

No

| | | |
|---|--|--|
| Did you receive social security benefits, unemployment or disability pay? (Please circle all that apply) | | |
| Do you own your own business? | | |
| Do you own a rental property? | | |
| Did you buy or sell any stocks, bonds or other investment property? | | |
| Did you receive child support? | | |
| Did you pay or receive Alimony? (circle one) (Need social security #, name & amount you rec'vd or paid) | | |

INVESTMENTS:

Yes

No

| | | |
|--|--|--|
| Did you or will you contribute to an IRA or ROTH IRA (outside of your employer)? (Please give detail) | | |
| Did you take a distribution from ANY retirement account? | | |
| Did you make any contributions to or take a distribution from an HSA (Health Savings Account)? | | |
| Did you contribute to an EdVest Account? | | |

ITEMIZING:

Yes

No

| | | |
|---|--|--|
| Do you have a mortgage loan, home equity loan or a camper loan? (Circle all that apply) | | |
| Did you pay property taxes on your <u>main</u> home? | | |
| Did you purchase, sell or re-finance your home? (please circle one) (If yes, need closing statement) | | |
| Do you pay property taxes or mortgage interest on a <u>second</u> home or land? (circle all that apply) | | |
| Do you have charitable contributions? | | |

MISCELLANEOUS & OTHER DEDUCTIONS:

Yes

No

| | | |
|---|--|--|
| Do you, or any of your dependents, have college tuition, college books purchased or student loan interest? (Please circle all that apply) | | |
| Did you pay rent? If yes, need amount paid \$ _____/month | | |
| If you paid rent, was heat included? | | |
| Did you make any estimated federal or state tax payments? (These are payments applied to the current year that you sent a check in for; does NOT include payment plans or money taken from your paycheck) | | |
| Did you make any Internet, mail order, or other out-of-state purchases that you did NOT pay Sales Tax on? | | |

Taxpayer OR Spouse Signature & Date