



Annual Tax Client Questionnaire

~Taxpayer Information~

Name:
Phone:
Email:
Occupation:
Social Security # (if new):
Date of Birth (if new):
Address:
How did you hear about us:

~Spouse Information~

Name:
Phone:
Email:
Occupation:
Social Security # (if new):
Date of Birth (if new):
Referred by:

If you are a NEW client, we need:

- A copy of your prior year tax return and a depreciation schedule if you have a rental property or a business
- A copy of Taxpayer and Spouse Driver's License & Social Security Cards for EVERYONE on the return

Would you prefer Direct Deposit of your refund? Yes ~ No (circle one) Same DD as last year? Yes ~ No

- If yes, please attach a voided check (not a deposit slip)

~Dependent Information~

Please include: Name, Age, Date of Birth & Social Security # (if new) and if claimed this year

#1
#2
#3

Please circle any that apply to your dependents:

- o Daycare Costs ~ Please provide: Daycare name, address, EIN or Social Security Number and cost
o Private School ~ Please provide: age of student, name of school and tuition cost is needed
o College Costs ~ Please provide: 1098T and cost of books purchased, not rented, from school only
o W2 Income ~(if we are preparing a tax return for your dependent, please also complete the Dependent Questionnaire for each dependent)

~Stimulus Information~

- Did you receive a stimulus payment in 2021? Yes ~ No (circle one)
o What was the Date Received & Payment amount?
o If yes, we NEED the Letter #6475 that was mail to you in January from the IRS.

~ACTC - Advance Child Tax Credit~

- Did you receive Advance Child Tax Credit Payments in 2021? Yes ~ No (circle one)
o If yes, we NEED the Letter#6419 that was mailed to you and/or your spouse in January from the IRS.

~Health Insurance Information~

- Did you have Medicare as your health insurance? Yes ~ No (circle one)
- How much did you pay for Supplemental health insurance in additional to Medicare? \$
- How much did you pay for Dental / Vision insurance (not thru your employer)? \$
- How much did you pay for Cobra insurance? \$
- Did you pay for Long Term Care Insurance? Yes ~ No (circle one) If yes, Amount Paid \$
- Did you receive health insurance through the Marketplace? Yes ~ No (circle one)
o If yes, please provide a Form 1095-A from the Marketplace



Annual Tax Client Questionnaire (con't)

~Income Information~

- **Did you receive Social Security benefits? Yes ~ No (circle one)**
 - o If yes, we need your Form SSA-1099 from the Social Security Administration
- **Did you receive state and/or federal unemployment Last Year? Yes ~ No (circle one)**
 - o If yes, please provide your 1099G from that state
- **Did you receive Alimony? Yes ~ No (circle one)**
 - o If the decree is dated PRIOR to January 1, 2019, please provide the amount received and the name and social security number of the payor
- **Do you own a rental property? Yes ~ No (circle one)**
 - o If yes, please provide all income and expenses
 - Go to our website, Forms & print and fill out the Schedule E checklist for each property
- **Do you own business that is NOT a corporation or partnership? Yes ~ No (circle one)**
 - o If yes, please provide all income and expenses
 - Go to our website, Forms & print and fill out the Schedule C checklist for each business

~Investment Information~

- **Did you sell any stocks or mutual funds? Yes ~ No (circle one)**
 - o If yes, please provide the 1099B from your investment company
- **Did you take a distribution from a retirement account? Yes ~ No (circle one)**
 - o If yes, please provide the 1099R received from the payor
- **Did you contribute to a Roth IRA? Yes ~ No (circle one)**
 - o If yes, please provide the amount and if it was paid by the taxpayer or spouse
- **Did you contribute to a Traditional IRA? Yes ~ No (circle one)**
 - o If yes, please provide the amount and if it was paid by the taxpayer or spouse
- **Did you make any contributions to an HSA account that was NOT deducted from your paycheck?**
 - o If yes, what was the amount? \$_____ Was it a single or family account? _____

~Miscellaneous Information~

- **Did you make federal or state quarterly, estimated payments? Yes ~ No (circle one)** If yes, please provide the date and amount for each payment and whether it was to the IRS or your state
- **Did you purchase or sell any virtual currency? Yes ~ No (circle one)**
- **Did you make any internet or out-of-state purchases with zero sales tax paid? Yes ~ No (circle one)**
- **If you paid rent: How much did you pay? \$_____ Was heat included? Yes ~ No (circle one)**
 - o Note: If your gross income was less than \$24,680, you will need to get a WI Rent Certificate filled out by your landlord
 - Go to our website, Forms & print and fill out the 2021 WI Rent Certificate for each landlord
 - Note, if you receive child support and use a Rent Certificate, please provide support rec'd
- **Did you pay Alimony? Yes ~ No (circle one)**
 - o If the decree is dated PRIOR to January 1, 2019, please provide the amount paid and the name and social security number of the recipient
- **Did you contribute to an EdVest or State College Savings Account? Yes ~ No (circle one)**
 - o If yes, please provide name of child and amount paid
- **Did you purchase, refinance or sell a home? Yes ~ No (circle one)**
 - o If yes, please provide Settlement Statement for the Purchase AND the Sale
- **Do you own a home? Yes ~ No (circle one)**
 - o Please provide mortgage interest and real estate taxes paid
- **Did you have at least \$300 of Cash Charitable Contributions? Yes ~ No (circle one)**

Signature & Date of Person Completing Questionnaire