



Annual Tax Client Questionnaire

~Taxpayer Information~

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

~Spouse Information~

Name: _____
 Phone#: _____
 Email: _____
 Occupation: _____
 Social Security# (if new client): _____
 Date of Birth (if new client): _____

Contact Phone # for Pick Up: _____ **Text or Phone Call** (circle one)

If you are a **NEW** client, we need:

- **Prior year tax return**
 - o Depreciation schedule if you have a rental property or a business
- **Taxpayer and Spouse Driver's License & Social Security Cards for *EVERYONE* on the return**

Direct Deposit Information? (wait time to get a check is approx. 6-8 weeks or more)

- **Same Direct Deposit as last year? Yes or No** (circle one)
- If it is **NOT** the same bank or account number as last year, please attach a voided check including Routing & Account #s (not a deposit slip)

~Dependent Information~

| <u>Name</u> | <u>Age</u> | <u>DOB</u> | <u>Social Security#</u> | <u>Claimed this Year</u> |
|-------------|------------|------------|-------------------------|------------------------------|
| _____ | _____ | _____ | _____ | Yes ~ No (circle one) |
| _____ | _____ | _____ | _____ | Yes ~ No (circle one) |
| _____ | _____ | _____ | _____ | Yes ~ No (circle one) |

Please circle any that apply to your dependents:

- o **Daycare Costs** ~ Daycare name, address, EIN or Social Security Number and cost
- o **Private School** ~ Name of student, name of school and tuition cost is needed
- o **College Costs** ~ 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, complete the Dependent Questionnaire
- o **EdVest or State College Savings Account Investment? Yes ~ No** (circle one)
 - Provide name of child, age and amount paid



Annual Tax Client Questionnaire (con't)

~Health Long-Term Care Insurance Information~

- Did you have Medicare as your health insurance? Yes ~ No (circle one)
- Annual Premium for Supplemental Health insurance \$ _____
- Annual Premium for Dental/Vision Ins (not through your employer)? \$ _____
- How much did you pay for Cobra insurance? \$ _____
- Premium for Long Term Care Insurance? \$ _____
- Did you receive health insurance through the Marketplace? Yes ~ No (circle one)
o Provide a Form 1095-A from the Marketplace

~Income Information~

- DID YOU:

- o Receive Social Security benefits? Yes ~ No (circle one)
- Provide Form SSA-1099 from the Social Security Administration
o Receive unemployment? Yes ~ No (circle one)
- Provide your 1099G received from that State
o Receive Alimony? Yes ~ No (circle one)
- If the decree is dated PRIOR to January 1, 2019, provide:
- Payor Name: _____
- Payor Social Security number: _____
o Sell any stocks or mutual funds? Yes ~ No (circle one)
- Provide the 1099B from your investment company
o Take a Distribution from a Retirement Account? Yes ~ No (circle one)
- Provide your 1099R received from the financial institution
o Take a Distribution from your HSA? Yes ~ No (circle one)
- Provide your 1099SA from the HSA bank
o Sell any Virtual Currency? Yes ~ No (circle one)
- Provide Form 8949 or similar sales information
o Get Paid any Overtime in 2025? Yes ~ No (circle one)
- Provide last pay stub paid in 2025
o Win a Lottery or hand pay at a Casino? Yes ~ No (circle one)
- Provide W2G you received at the time of the win

- DO YOU OWN:

- o a Rental Property? Yes ~ No (circle one)
- Provide all income and expenses
o a business that is NOT a corporation or partnership? Yes ~ No (circle one)
- Provide all income and expenses
o a Home? Yes ~ No (circle one)
- Provide Mortgage Interest and Real Estate Tax payments



Annual Tax Client Questionnaire (con't)

~Expense Information~

- DID YOU:

- o Contribute to a Roth IRA? Yes ~ No (circle one)
Taxpayer \$ Spouse \$
o Contribute to a Traditional IRA? Yes ~ No (circle one)
Taxpayer \$ Spouse \$
o Contribute to a HSA Account? Yes ~ No (circle one)
Family Account: \$
Single Account: \$
o Pay Alimony? Yes ~ No (circle one) \$
If the decree is dated PRIOR to January 1, 2019, provide:
Recipient Name:
Recipient Social Security number:
o Make Quarterly Estimated Tax Payments?
IRS Estimated Payments? Yes ~ No (circle one)
Qtr 1 - Date Paid \$
Qtr 2 - Date Paid \$
Qtr 3 - Date Paid \$
Qtr 4 - Date Paid \$
State Estimated Payments? Yes ~ No (circle one)
State Paid to:
Qtr 1 - Date Paid \$
Qtr 2 - Date Paid \$
Qtr 3 - Date Paid \$
Qtr 4 - Date Paid \$
o Pay Rent for your Housing? Yes ~ No (circle one)
Amount Paid: \$
Was Heat Included: Yes ~ No (circle one)
If your income was less than \$24,680, fill out a rent certificate and, if applicable, provide child support \$\$ rec'd
o Did you purchase a new Vehicle by financing it? Yes ~ No (circle one)
If yes, provide the VIN# and annual loan statement showing year-to-date interest paid.