

Tax Questionnaire

Please indicate your filing status: Single Head of Household Qualifying Widow
 Married filing jointly Married filing separately

Primary Taxpayer (if married, must be the same as previous year): _____

Blind Disabled Birthdate: _____ Social Security number: _____

Taxpayers ID # _____ Expiration Date: _____ Issue Date: _____

Spouse: Blind Disabled

Name: _____ Birthdate: _____ Social Security #: _____

Spouses ID # _____ Expiration Date: _____ Issue Date: _____

List your current address:

Did you receive any notices from the IRS this past year? Yes No

Healthcare 1095 form must be submitted with other tax documents unless there was no health coverage

Did you participate in the Marketplace Healthcare plans this year? Yes No

Did you have health insurance through an employer? Yes No
For how many months? _____

Did you have any time during the year with no health insurance? Yes No

How many people were included in your health plan, include those who may be on your health plan but not on your taxes. _____

▶▶▶▶▶ With this completed form please include all income information (W-2s or 1099s) or any other sources of income prior to meeting with tax preparer. ◀◀◀◀◀

Please check relevant questions and fill in appropriate sections:

Do you have any dependents? (fill out Section A) Yes No

Did you receive any rental income from property? (fill out Section B) Yes No

Do you have self-employment income or expense? (fill out Section C) Yes No

Did you or someone in your household attend college? (fill out Section D) Yes No

Do you have any investments? (fill out Section E) Yes No

Did you pay interest on a student loan this past year? (include Form 1098) Yes No

Were there any births, adoptions or deaths in the family? Yes No

Did you have childcare or private education expenses? (miscellaneous) Yes No

Section A - Dependents

Do you have any dependents? If so, how many? _____

Please list names, birthdates, social security numbers and relationships of everyone you are claiming.

Name	Birthdate	Social Security #	Relationship	Blind	Disabled
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Section B - Rental Property

How many rental properties do you currently have? _____

Please indicate the following information:

Property Type	Address	Date Purchased/ Put into Service	Cost

Was any Real estate sold (home, vacation property, bare land, etc)? Yes No
If yes, please indicate the following:

Description	Selling Price	Date Purchased	Cost

Section C - Self Employment Income

When did you start your business? _____

What is your business classification? _____

Do you have your income, receipts, transactions, etc recorded in QuickBooks? Yes No

Do you have to issue or have you issued 1099s to contractors? Yes No

Did you have employees for this year? Yes No

Do you need a template to compile income & expenses for your business? Yes No

If yes, please indicate your email: _____

Section D - College *Please include 1098 form with tax documents if you have any college attendees.*

Name of College attendees: _____ First year of attendance: _____

Name of College attendees: _____ First year of attendance: _____

Section E - Investments

Were there any investments sold? Yes No

If yes, please indicate the following:

Name	Cost	Date Aquired	Date Sold	Selling Price

Do you have an IRA?

 Yes No

If yes, please indicate the following:

Contributions for this past year	Amount	Roth	Regular
Taxpayer		<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>	<input type="checkbox"/>

If there were withdrawals from IRA please include form 1099-R in documents.

List the reasons for withdrawals: _____

Investment Expenses

Item Amount

Investment interest paid _____

Safe deposit box rent _____

Tax preparation fee _____

Other _____

Miscellaneous

Please list any of the following sources of income:

Source	Amount
State Income Tax Refund	_____
Commissions	_____
Unreported Tips	_____
Installment sales payments received	_____
Alimony Received	_____
Scholarships or grants	_____
Unemployment Compensation	_____
Worker's Compensation	_____
Disability Income	_____
Other _____	_____

Please fill in the following sections for the appropriate expenses:

Medical Expense (insurance, drugs, equipment, nursing, hospital, doctors, etc)

List Type	Amount
_____	_____
_____	_____
_____	_____

Taxes Paid (other than on W-2 wage statements)

Type of Tax	Amount
Federal income tax estimates (Form 1040 ES)	_____
State income tax	_____
Real estate tax	_____
Personal Property Tax	_____
Other _____	_____

Interest Paid

Mortgage paid to _____	Amount: _____
Investment interest paid to _____	Amount: _____

Child or Dependent Care Expenses

Did someone in your household need childcare/dependent care expenses? Yes No

If so, please provide the following information:

Child receiving care: _____

Name and address of daycare/individual _____

EIN or SSN of caregiver _____

Amount of Childcare expenses paid to caregiver _____

Child receiving care: _____

Name and address of daycare/individual _____

EIN or SSN of caregiver _____

Amount of Childcare expenses paid to caregiver _____

Casualty or Theft Loss

Did you have property stolen or damaged by storm, water, fire or accident this past year? Yes No

Please list details: _____

Charitable Contributions: *Paid by cash or check*

Organization	Amount
_____	_____
_____	_____
_____	_____

Moving Expenses (job related)

Did you move this past year due to change in job locations? Yes No

Please list details: _____

Employment Related Expenses (not reimbursed)

Did you buy tools, uniforms, licenses or pay dues or educational expenses in relation to your work this past year? Yes No

Please list details: _____

Refund/Payments

If you are receiving a refund:

Would you like your refund to be direct deposited? Yes No

If yes, please fill out the following:

Routing Number: _____ Account Number: _____

Would you like a check mailed to you?

If you owe: Yes No

Would you like your payment to be taken directly from your bank account? Yes No

If yes, please fill out the following:

Routing Number: _____ Account Number: _____

Date payment should be taken from account: _____

▶▶▶▶▶ Necessary Forms to be included with taxes: ◀◀◀◀◀

- Any W2s from your job
- 1099s from any contracted jobs
- 1098
- 1099-INT from banks showing interest earned
- Schedule K1 from S-corp or Partnership