

CLIENT QUESTIONNAIRE

NEW CLIENT? YES / NO - NEW CLIENTS (PROVIDE PRIOR YEAR'S RETURN)

TAXPAYER _____
Name Social Security Number Date of Birth (if new) Occupation

SPOUSE _____
Name Social Security Number Date of Birth (if new) Occupation

FILING STATUS _____ HEAD OF HOUSEHOLD? YES / NO (H.O.H. Worksheet)

MAILING ADDRESS _____

SCHOOL DISTRICT _____ TOWNSHIP/BOROUGH _____

IF YOU MOVED PROVIDE PRIOR ADDRESS _____ MOVE DATE _____

PHONE(S) _____

EMAIL(S) _____

DEPENDENTS

DEPENDENT NAME	D.O.B	S.S.N.	LIVES WITH?	# OF MONTHS	8332	TIE BREAKER RULES (IF APPLICABLE):
_____	_____	_____	YES / NO	_____	YES / NO / N/A	GROSS INCOME OF OTHER PERSON \$ _____
_____	_____	_____	YES / NO	_____	YES / NO / N/A	HOW MANY DAYS DID THEY LIVE WITH OTHER PERSON? _____
_____	_____	_____	YES / NO	_____	YES / NO / N/A	
_____	_____	_____	YES / NO	_____	YES / NO / N/A	

INCOME (Fill In All That Apply)

<small>(# Means Number of Forms)</small>	TAXPAYER	SPOUSE			
WAGES W-2 #	_____	_____	SALE OF <small>(Home, Land, Properties)</small> _____		
W-2 G (GAMBLING) #	_____	_____	TAXPAYER	SPOUSE	
INTEREST-1099 INT #	_____	_____	UNEMPLOYMENT	YES / NO	YES / NO
DIVIDEND 1099 DIV #	_____	_____	STATE REFUND	YES / NO	YES / NO
STOCK/BONDS 1099B #	_____	_____	LOCAL REFUND	YES / NO	YES / NO
PENSION/IRA #	_____	_____	DEBT 1099C / 1099A	\$ _____	DEBT FORGIVEN? _____
PENSION/IRA W/H	W/H \$ _____	W/H \$ _____	TAX EXEMPT INT	YES / NO	YES / NO
SOCIAL SECURITY	_____	_____	WORKERS COMP	YES / NO	YES / NO
SOCIAL SECURITY W/H	W/H \$ _____	W/H \$ _____	K-1 # _____	JURY _____	PRIZE, LOTTERY, OTHER _____
ALIMONY RECEIVED	\$ _____	\$ _____	ANY OTHER INCOME FROM OTHER SOURCES? <small>(Tips, Raffles, Rentals, Etc.)</small> YES / NO		
			IF YES EXPLAIN: _____		

ADJUSTMENTS TO INCOME

	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE	
EARLY WITHDRAWAL PENALTY	\$ _____	\$ _____	IRA CONTRIBUTION	\$ _____	\$ _____
STUDENT LOAN INTEREST	\$ _____	\$ _____	ROTH CONTRIBUTION	\$ _____	\$ _____
ALIMONY PAID \$ _____	DIVORCE DATE _____		CONVERTED ROTH	\$ _____	\$ _____
EX NAME _____	SSN _____		EDUCATION IRA	\$ _____	\$ _____ # OF CHILDREN _____
<small>(Include Divorce Decree Copy)</small>			COLLEGE 529 PLAN	\$ _____	\$ _____
SEP <small>(Do Not Include Employer Contributions)</small> TP \$ _____	SP \$ _____		1099-Q	\$ _____	\$ _____

	TAXPAYER	SPOUSE			
SELF EMPLOYED	_____	_____	MILAGE _____	LOG: YES / NO	3RD PARTY: YES / NO
FARM	_____	_____	MILAGE _____	LOG: YES / NO	3RD PARTY: YES / NO
RENTALS	_____	_____	MILAGE _____	LOG: YES / NO	3RD PARTY: YES / NO
HOME OFFICE	_____	_____			

FBAR

	TAXPAYER	SPOUSE		TAXPAYER	SPOUSE
DO YOU HAVE RELATIVES IN A FOREIGN COUNTRY?	YES / NO	YES / NO	DO YOU HAVE A PENSION IN A FOREIGN COUNTRY?	YES / NO	YES / NO
DO YOU HAVE PROPERTY IN A FOREIGN COUNTRY?	YES / NO	YES / NO	HAVE YOU DONE ANY ONLINE GAMBLING?	YES / NO	YES / NO
DO YOU HAVE BANK ACCTS IN A FOREIGN COUNTRY?	YES / NO	YES / NO	ARE YOU DEALING IN ANY CRYPTOCURRENCY?	YES / NO	YES / NO

CREDITS

DAY CARE NAME _____
DAY CARE EIN # _____ PAID \$ _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
AMERICAN OPP. CREDIT (IRS - 886-H-AOC) _____

EDUCATION CREDIT YES / NO YEARS TAKEN _____
STUDENT LOAN PAYMENT YES / NO
ACCOUNT HISTORY YES / NO
1098-T, BOOKS, ETC. YES / NO

ITEMIZED DEDUCTIONS

HSA USED FOR MEDICAL EXPENSES? YES / NO
MEDICAL INSURANCE (PAID FOR) \$ _____
RX \$ _____
OTHER MEDICAL BILLS \$ _____
MEDICAL MILES # _____
STATE TAXES PAID \$ _____
LOCAL TAXES PAID \$ _____

CHARITY DONATIONS \$ _____ (Documentation Required)
CHURCH DONATIONS \$ _____ (Documentation Required)
NON-CASH DONATIONS \$ _____ (Documentation Required)
CHARITY MILES _____
LARGE ITEM SALES TAX (Auto, Etc.) _____
DONATED LARGE ITEMS (Make, Model, & Year) _____

1098 # _____
MORTGAGE INTEREST \$ _____
IF HOME EQUITY, WHAT WAS USED AS COLLATERAL? _____
WHAT WERE THE MORTGAGE/HOME EQUITY FUNDS USED FOR? _____
REAL ESTATE TAXES \$ _____

SECOND HOME _____ SECURED BY? _____
LUXURY VEHICLE _____ SALES TAX PD? \$ _____
CAMPER _____ SECURED BY? _____
BOAT _____ SALES TAX PD? \$ _____
RV _____ SECURED BY? _____

FIRST TIME HOME BUYER REPAYMENT YES / NO

RESIDENTIAL ENERGY CREDIT ITEMS (Solar) _____

HEALTH SAVINGS ACCOUNT

H.S.A. DISTRIBUTIONS

FULL AMOUNT WAS USED FOR
QUALIFIED MEDICAL EXPENSES:
YES / NO

H.S.A. CONTRIBUTIONS

EMPLOYER (AMOUNT) \$ _____
EMPLOYEE (PRE-TAX) \$ _____
SELF CONTRIBUTION (POST-TAX) \$ _____

MARKETPLACE INSURANCE

DID YOU HAVE MARKETPLACE INSURANCE? YES / NO
DID YOU RECEIVE A PREMIUM TAX CREDIT? YES / NO

PART YEAR RESIDENCE (Did You Move During the Year? If Yes, Fill Out Below)

DATES: FROM _____ TO _____ TOWNSHIP _____ SCHOOL DISTRICT _____
DATES: FROM _____ TO _____ TOWNSHIP _____ SCHOOL DISTRICT _____
DATES: FROM _____ TO _____ TOWNSHIP _____ SCHOOL DISTRICT _____

ESTIMATED PAYMENTS (Did You Make Estimated Payments? If Yes, Fill Out Below)

	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
FEDERAL	\$ _____	\$ _____	\$ _____	\$ _____
STATE	\$ _____	\$ _____	\$ _____	\$ _____
LOCAL	\$ _____	\$ _____	\$ _____	\$ _____

DIRECT DEPOSIT

IF A REFUND IS DUE, DO YOU WANT DIRECT DEPOSIT? YES / NO

BANK NAME _____

Please provide a voided check for routing and account numbers, and a driver's license to photocopy.

SIGNATURES REQUIRED FOR INCOME TAX COMPLETION

TAX PAYER SIGNATURE: _____ DATE: _____

TAX PAYER SIGNATURE: _____ DATE: _____

NOTES (Other notes or questions for us list below. Use back of form(s) for additional notes or any questions.)

NOT REQUIRED FOR TAX RETURN PREP

	<u>TAXPAYER</u>	<u>SPOUSE</u>	<u>COPY ON FILE</u>	
LIFE INSURANCE	YES / NO	YES / NO	YES / NO	
DURABLE POA	YES / NO	YES / NO	YES / NO	NAME OF POA _____
MEDICAL POA	YES / NO	YES / NO	YES / NO	NAME OF POA _____
LIVING WILL	YES / NO	YES / NO	YES / NO	TRUSTEE _____
REGULAR WILL	YES / NO	YES / NO	YES / NO	EXECUTOR _____
RETIREMENT ACCTS	YES / NO	YES / NO	YES / NO	
LIVING TRUST	YES / NO	YES / NO	YES / NO	TRUSTEE NAME _____
STOCKS	YES / NO	YES / NO	YES / NO	
IRE-TRADITIONAL	YES / NO	YES / NO	YES / NO	
IRA-ROTH	YES / NO	YES / NO	YES / NO	
BONDS <i>(When Mature)</i>	YES / NO	YES / NO	YES / NO	WHEN MATURE _____
ATTORNEY	YES / NO	YES / NO	YES / NO	NAME _____
BROKERAGE FIRM	YES / NO	YES / NO	YES / NO	NAME _____

PERSON WE GO TO IF TAXPAYER DIES OR BECOMES MENTALLY UNABLE TO MAKE DECISIONS

NAME _____

PHONE _____

ANYONE YOU DO NOT WANT US TO CONTACT? YES / NO

IF YES, WHO? _____