

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: SINGLE MFJ MFS HOH RETIREMENT DATE? (If retired provide) _____

MAILING ADDRESS _____

SCHOOL DISTRICT _____ TOWNSHIP/BOROUGH _____

IF YOU MOVED PROVIDE PRIOR ADDRESS _____ MOVE DATE _____

PHONE(S) _____

EMAIL(S) _____

INCOME (Fill In All That Apply)

(# Means Number of Forms)

	TAXPAYER	SPOUSE
WAGES W-2 #	_____	_____
W-2 G (GAMBLING) #	_____	_____
INTEREST-1099 INT #	_____	_____
DIVIDEND 1099 DIV #	_____	_____
STOCK/BONDS 1099B #	_____	_____
PENSION/IRA #	_____	_____
PENSION/IRA W/H	W/H \$ _____	W/H \$ _____
SOCIAL SECURITY	_____	_____
SOCIAL SECURITY W/H	W/H \$ _____	W/H \$ _____
ALIMONY RECEIVED	\$ _____	\$ _____

SALE OF (Home, Land, Properties) _____			
	TAXPAYER	SPOUSE	
UNEMPLOYMENT	YES / NO	YES / NO	TAXES WITHHELD? _____
STATE REFUND	YES / NO	YES / NO	
LOCAL REFUND	YES / NO	YES / NO	
DEBT 1099C / 1099A	\$ _____		DEBT FORGIVEN? _____
TAX EXEMPT INT	YES / NO	YES / NO	
WORKERS COMP	YES / NO	YES / NO	
K-1 # _____	JURY _____		PRIZE, LOTTERY, OTHER _____

ANY OTHER INCOME FROM OTHER SOURCES? (Tips, Raffles, Rentals, Etc.) YES / NO

IF YES EXPLAIN: _____

ADJUSTMENTS TO INCOME

	TAXPAYER	SPOUSE
EARLY WITHDRAWAL PENALTY	\$ _____	\$ _____
STUDENT LOAN INTEREST	\$ _____	\$ _____
ALIMONY PAID \$ _____	DIVORCE DATE _____	
EX NAME _____	SSN _____	
<small>(Include Divorce Decree Copy)</small>		
SEP <small>(Do Not Include Employer Contributions)</small>	TP \$ _____	SP \$ _____

	TAXPAYER	SPOUSE
IRA CONTRIBUTION	\$ _____	\$ _____
ROTH CONTRIBUTION	\$ _____	\$ _____
CONVERTED ROTH	\$ _____	\$ _____
EDUCATION IRA	\$ _____	\$ _____
COLLEGE 529 PLAN	\$ _____	\$ _____
1099-Q	\$ _____	\$ _____
UNION DUES	\$ _____	\$ _____
		# OF CHILDREN _____

	TAXPAYER	SPOUSE		LOG:	3RD PARTY:
SELF EMPLOYED	_____	_____	MILAGE _____	YES / NO	YES / NO
FARM	_____	_____	MILAGE _____	YES / NO	YES / NO
RENTALS	_____	_____	MILAGE _____	YES / NO	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
DID YOU RECEIVE, SELL, EXCHANGE OR ACQUIRE ANY FINANCIAL INTEREST IN ANY VIRTUAL CURRENCY OR BITCOIN?				YES / NO	YES / NO

CREDITS

	TAXPAYER	SPOUSE	YEAR TAKEN
AMERICAN OPP CREDIT	\$ _____	\$ _____	_____
EDUCATION CREDIT	\$ _____	\$ _____	_____
STUDENT LOAN PAYMT	\$ _____	\$ _____	_____

ACCOUNT HISTORY	YES / NO
1098-T, BOOKS, ETC.	YES / NO
SOLAR ENERGY IMPROVEMENTS	YES / NO
ENERGY CREDITS (windows, doors, heating/AC, hot water heater improvemnets) Receipts Needed	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 \$ _____

CASH CHARITY/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	\$ _____	\$ _____	\$ _____	\$ _____

STIMULUS (EIP PAYMENT)

DID YOU RECEIVE THE THIRD ROUND? _____ AMOUNT _____ DATE RECEIVED _____ METHOD: DIRECT DEPOSIT CHECK DEBITCARD

DID YOU RECEIVE IRS NOTICE 1444-C? YES / NO

ARMED SERVICES MEMBER FOR ANY PART OF 2020? YES / NO

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 (Please write Notes or Questions on the back of this form.)

DEPENDENTS

DEPENDENT NAME	D.O.B	S.S.N.	LIVES WITH?	# OF MONTHS	8332
_____	_____	_____	YES / NO	_____	YES / NO / N/A
_____	_____	_____	YES / NO	_____	YES / NO / N/A
_____	_____	_____	YES / NO	_____	YES / NO / N/A
_____	_____	_____	YES / NO	_____	YES / NO / N/A

DEPENDENTS CREDITS

DAYCARE NAME _____
DAY CARE EIN # _____ PAID \$ _____
STREET ADDRESS _____
CITY, STATE, ZIP _____

TIE BREAKER RULES (IF APPLICABLE):

GROSS INCOME OF OTHER PERSON \$ _____
HOW MANY DAYS DID THEY LIVE WITH OTHER PERSON? _____

ADVANCE CHILD TAX CREDIT PAYMENT INFO

DO YOU HAVE LETTER 6419 FROM THE IRS LISTING THE AMOUNT OF THE ADVANCE CHILD TAX CREDIT DISBURSED TO YOU IN 2021? YES / NO
(If you file a joint return for 2021, we will need the 6419 letters from BOTH taxpayers! If not included in tax prep documents please fill in the following COMPLETELY)

	AMOUNT RECD		AMOUNT RECD	
JULY	_____	OCTOBER	_____	<input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> CHECK
AUGUST	_____	NOVEMBER	_____	
SEPTEMBER	_____	DECEMBER	_____	

DEPENDENTS NOTES

NOT REQUIRED FOR TAX RETURN PREP

	TAXPAYER	SPOUSE	COPY ON FILE	
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? _____