

CLIENT QUESTIONNAIRE

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

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	\$ _____	\$ _____	# OF CHILDREN _____
COLLEGE 529 PLAN	\$ _____	\$ _____	
1099-Q	\$ _____	\$ _____	
UNION DUES	\$ _____	\$ _____	

	TAXPAYER	SPOUSE	JAN-JUNE	JULY-DEC	TOTAL MILEAGE	
SELF EMPLOYED	_____	_____				
FARM	_____	_____	MILAGE _____	_____	_____	LOG: YES / NO 3RD PARTY: YES / NO
RENTALS	_____	_____	MILAGE _____	_____	_____	LOG: YES / NO 3RD PARTY: YES / NO
HOME OFFICE	_____	_____	MILAGE _____	_____	_____	LOG: YES / NO 3RD PARTY: YES / NO
MODEL & DATE PLACED IN SERVICE _____						

FBAR/DIGITAL ASSET/CRYPTOCURRENCY

	TAXPAYER	SPOUSE		TAXPAYER	SPOUSE
DO YOU HAVE PROPERTY IN A FOREIGN COUNTRY?	YES / NO	YES / NO		DO YOU HAVE A PENSION IN A FOREIGN COUNTRY?	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

AT ANY TIME DURING 2022, DID YOU: (A) RECEIVE (AS A REWARD, AWARD OR PAYMENT FOR PROPERTY OR SERVICES);
 OR (B) SELL, EXCHANGE, GIFT OR OTHERWISE DISPOSE OF A DIGITAL ASSET (OR A FINANCIAL INTEREST IN A DIGITAL ASSET)?

YES / NO YES / NO

RETIREMENT ACCOUNT

DID YOU TAKE AN EARLY DISTRIBUTION FROM A RETIREMENT ACCOUNT IN 2020 THAT WAS SPREAD OVER 3 YEARS REPORTING? YES / NO

DID YOU PAY ANY OF THAT BACK IN THE LAST 3 YEARS? YES / NO AMOUNTS _____ DATES _____

CREDITS

	TAXPAYER	SPOUSE	YEARS TAKEN		YES / NO
AMERICAN OPP CREDIT	\$ _____	\$ _____	_____	ACCOUNT HISTORY	
EDUCATION CREDIT	\$ _____	\$ _____	_____	1098-T, BOOKS, ETC.	YES / NO
STUDENT LOAN PAYMT	\$ _____	\$ _____	_____	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	CASH CHARITY/CHURCH DONATIONS \$ _____ (Documentation Required)
MEDICAL INSURANCE (PAID FOR) \$ _____	NON-CASH DONATIONS \$ _____ (Documentation Required)
RX \$ _____	CHARITY MILES _____
OTHER MEDICAL BILLS \$ _____	LARGE ITEM SALES TAX (Auto, Etc.) _____
MEDICAL MILES # _____	DONATED LARGE ITEMS (Make, Model, & Year) _____
STATE TAXES PAID \$ _____	
LOCAL TAXES PAID \$ _____	
1098 # _____	SECOND HOME _____ SECURED BY? _____
MORTGAGE INTEREST \$ _____	LUXURY VEHICLE _____ SALES TAX PD? \$ _____
IF HOME EQUITY, WHAT WAS USED AS COLLATERAL? _____	CAMPER _____ SECURED BY? _____
WHAT WERE THE MORTGAGE/HOME EQUITY FUNDS USED FOR? _____	BOAT _____ SALES TAX PD? \$ _____
REAL ESTATE TAXES \$ _____	RV _____ SECURED BY? _____
FIRST TIME HOME BUYER REPAYMENT YES / NO	

HEALTH SAVINGS ACCOUNT

H.S.A. DISTRIBUTIONS	H.S.A. CONTRIBUTIONS
FULL AMOUNT WAS USED FOR QUALIFIED MEDICAL EXPENSES: YES / NO	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.

ELECTRONIC COPY

IF YOU WOULD PREFER AN ELECTRONIC COPY TO A PAPER COPY PLEASE CHECK HERE _____.

(ONE CAN BE UPLOADED TO A SECURE PORTAL THAT YOU CAN ACCESS WITH A PASSWORD YOU CREATE THROUGH A LINK THAT WE SEND YOU.)

