CLIENT QUESTIONNAIRE

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

TAXPAYER	Nam			Ci-lCit-Nik		Data of Direk (if your)	O a vera tila e
SPOUSE		2		Social Security Number		Date of Birth (if new)	Occupation
31 003E	Nam	2		Social Security Number		Date of Birth (if new)	Occupation
FILING STATUS: 🗆 SI	NGLE □ MFJ □	MFS □ HOH	RETIREMENT DATE?	(Can impact taxability)			
MAILING ADDRESS							
SCHOOL DISTRICT				_ TOWNSHIP/BO	ROUGH		
IF YOU MOVED PROVII	DE PRIOR ADDRESS	5				MOVE D	PATE
PHONE(S)							
EMAIL(S)							
			INCOME	(Fill In All That App	oly)		
(# Means Number of Forms)	TAXPAYER	SPOUSE	SALE OF (F	Home, Land, Properties)			
WAGES W-2 #			_	TAXPAYER	<u>SPOUSE</u>		
W-2 G (GAMBLING) #			UNEMPLOY			TAXES WITHHELD?	
INTEREST-1099 INT #			STATE REFU				
DIVIDEND 1099 DIV #			LOCAL REF		O YES / NO	DERT E	ODCIVENS
STOCK/BONDS 1099B#			DEBT 10990		O YES / NO	DERI FO	ORGIVEN?
PENSION/IRA #			TAX EXEMP				
PENSION/IRA W/H	W/H \$	W/H \$	WORKERS (DDIZE LOTTEDV	OTHER
SOCIAL SECURITY			K-1#		JRT	PRIZE, LOTTERT,	OTHER
SOCIAL SECURITY W/H	W/H \$	W/H \$	_ ANY OTH	ER INCOME FROM	OTHER SOURCE	S? (Tips, Raffles, Rentals, Etc.)	YES / NO
ALIMONY RECEIVED	\$	\$		PLAIN:			
			ADJUSTME	NTS TO INCO	OME		
	TAXPAY	ER SPO			TAXPAYER	SPOUSE	
EARLY WITHDRAWAL PEN	ALTY \$	\$	IR	A CONTRIBUTION	\$	\$	_
STUDENT LOAN INTEREST	г \$	\$	R0	OTH CONTRIBUTION	\$	\$	_
ALIMONY PAID \$	DIVORCE	DATE		ONVERTED ROTH	\$	\$	_
EX NAME		SSN	E	DUCATION IRA	\$	\$	# OF CHILDREN
(Include Divorce Decree Cop			C	OLLEGE 529 PLAN	\$	\$	_
SEP (Do Not Include Employer	Contributions) TP \$	SP \$		099-Q	\$	\$	_
			U	NION DUES	\$	\$	_
TAXE	PAYER SPOL	SE	BUSIN	IESS PERSONA	AL TOTAL MIL	<u>EAGE</u>	
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 PLAC	ED IN SERVICE			
			/a.a.				
			/DIGITAL ASS	SET/CRYPTO	CURRENCY	Y	
		TAXPAYER	SPOUSE				TAXPAYER SPOUSE

YES / NO

YES / NO

YES / NO

YES / NO

DO YOU HAVE A PENSION IN A FOREIGN COUNTRY?

ARE YOU DEALING IN ANY CRYPTOCURRENCY?

DO YOU HAVE PROPERTY IN A FOREIGN COUNTRY?

DO YOU HAVE BANK ACCTS IN A FOREIGN COUNTRY?

YES / NO

YES / NO

YES / NO

YES / NO

			CRE	DITS				
TA	<u>XPAYER</u>	SPOUSE	YEARS TAKEN	SOLAR ENERG	GY IMPROVEMENTS	YES / NO		
AMERICAN OPP CREDIT \$	\$_				DITS (windows,doors, heating/AC,	YES / NO		
EDUCATION CREDIT \$	\$_				ot water heator improvemnets) eceipts Needed			
STUDENT LOAN PAYMT \$	\$_			DID YOU PUR	CHASE AN EV (Electronic Vehicle)?			
	/ NO			VIN #				
1098-T, BOOKS, ETC. YES					AND COPIES OF BILL OF SALE REQUIRED			
			ITEMIZED D	PEDUCTIO	NS			
HSA USED FOR MEDICAL EXPENSES	? YES / NO		CASH CHARITY/CHURCH DONATIONS \$ (Documents			(Documentation Required)		
MEDICAL INSURANCE (PAID FOR) \$			NON-CASH DO	ONATIONS \$		_ (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 \$								
EOCAL TAXES PAID \$				SECOND HOM	E	_ SECURED BY?	·	
1098 #				LUXURY VEHIC	CLE	SALES TAX PD? \$		
MORTGAGE INTEREST \$						SECURED BY?		
IF HOME EQUITY, WHAT WAS USED	AS COLLATERAL? _					SALES TAX PD? \$		
WHAT WERE THE MORTGAGE/HOMI	E EQUITY FUNDS U	SED FOR?				_ SECURED BY?		
REAL ESTATE TAXES \$								
FIRST TIME HOME BUYER REPAYMEN								
HEALTH	SAVINGS	ACCOUNT			MARKETPL	ACE INSU	JRANCE	
H.S.A. DISTRIBUTIONS		H.S.A. C	ONTRIBUTIONS					
FULL AMOUNT WAS USED FOR	`	ER (AMOUNT) \$			DID YOU HAVE MARKET	PLACE INSURAN	ICE? YES / NO	
QUALIFIED MEDICAL EXPENSES	LIVII LOTE				DID YOU RECEIVE A PRE	MIUM TAX CRED	OIT? YES / NO	
YES / NO			-TAX) \$					
	PART	YEAR RES	IDENCE (Did)	ou Move During	the Year? If Yes, Fill Out Below)			
DATES: FROM	то	TO TOWNSHIP			SCHOOL DISTRICT			
DATES: FROM	то	TO TOWNSHIP			SCHOOL DISTRICT			
DATES: FROM	то	TO	OWNSHIP	SCHOOL DISTRICT				
	FSTIM	ATFD PAYN	MENTS (Did You	Make Estimated	l Payments? If Yes, Fill Out Belov	w)		
		1ST QUARTE			QUARTER 4TH QUARTER			
	FEDERAL	\$	\$	\$	\$	_		
	STATE	\$	\$	\$	\$			
	LOCAL	\$	\$	\$	<u>\$</u>	_		
			DIRECT	DEPOSIT				
		S DUE, DO YOU WA!	NT DIRECT DEPOSIT?	YES / NO				
			uting and account num	bers, and a driver's li	icense to photocopy.			
			ELECTRO	NIC COPY				
IF YOU WOULD PREFER AN ELECTRO	ONIC COPY TO A PAI	PER COPY PLEASE (CHECK HERE					
(ONE CAN BE UPLOADED TO A SECU	JRE PORTAL THAT Y	OU CAN ACCESS W	TH A PASSWORD YOU	J CREATE THROUGI	H A LINK THAT WE SEND YOU.)			
	SIGN	ATURES RE	QUIRED FO	R INCOME	TAX COMPLETION			
TAX PAYER SIGNATURE:								
					DATE.			
TAX PAYER SIGNATURE:				DATE:				

	DEPENDEN	NTS	
DEPENDENT NAME	RELATIONSHIP (son, daughter, etc.) D.O.B	<u>S.S.N.</u>	LIVES WITH? # OF MONTHS
			YES / NO
	DEPENDENTS C	REDITS	
DAYCARE NAME			
DAY CARE EIN #	PAID \$		
STREET ADDRESS			
CITY, STATE, ZIP			
		V 01=110=10110	
	FOR SHARED CUSTOD	Y SITUATIONS	
GROSS INCOME OF OTHER PERSON \$	<u> </u>		(TIE BREAKER RULES
HOW MANY OVERNIGHTS DID YOUR	DEPENDENT STAY WITH YOU THIS TAX YEAR?	HOW MANY OVERNIGHTS WITH THE C	THER PERSON?
OO YOU HAVE AN 8332 ON FILE FOR	ANY YEARS? YES / NO IF SO, PLEASE PROVIDE A COPY OF IT.		
	HEAD OF HOUSEHOLD	FILING STATUS	
F YOU WERE ASKED BY THE IRS, CAN EXAMPLES: RENT, MORTGAGE, GROO	I YOU PROVIDE PROOF OF KEEPING UP HOUSEHOLD FOR YOU & YO CERY RECEIPTS, UTILITIES)	UR DEPENDENT? YES / NO	
DID ANYONE ELSE LIVE WITH YOU?	YES / NO		
IAME?	RELATIONSHIP		
IAME?			
IAME?	RELATIONSHIP		
AD ANY ONE TIEL TAN YOUNG LABOR	OVE LIVING EXPENSES? YES / NO IF SO WHAT PORTION / PERCEN		
	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 (When Mature)	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	I WE GO TO I	IF TAXPAYER	R DIES OR BI	ECOMES MENTALLY UNABLE TO MAKE DECISIONS		
NAME						
BUONE						
PHONE						
ANYONE YOU DO NOT	WANT US TO CONTA	ACT? YES / NO				
IF YES, WHO?						
		NOTES	(Please write Note	es or Questions on the back of this form.)		