## **CLIENT QUESTIONNAIRE**

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

TAXPAYER							
	Nar	ne	Social S	ecurity Number		Date of Birth (if new)	Occupation
SPOUSE	Nar	ne	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			то	WNSHIP/BORO	UGH		
IF YOU MOVED PROVI	DE PRIOR ADDRES	SS				MOVE DA	ATE
PHONE(S)							
EMAIL(S)							
			INCOME (Fill In	All That Apply)	)		
(# Means Number of Forms)	<b>TAXPAYER</b>	SPOUSE	SALE OF (Home, La	nd, Properties)			
WAGES W-2 #		_	_	TAXPAYER	SPOUSE		
W-2 G (GAMBLING) #		_	UNEMPLOYMENT	YES / NO	YES / NO	TAXES WITHHELD?	
INTEREST-1099 INT #			STATE REFUND	YES / NO	YES / NO		
DIVIDEND 1099 DIV #			LOCAL REFUND	YES / NO	YES / NO		
STOCK/BONDS 1099B#		_	DEBT 1099C / 1099i			DEBT FC	RGIVEN?
PENSION/IRA #			TAX EXEMPT INT	YES / NO	YES / NO		
PENSION/IRA W/H	W/H \$	W/H \$	WORKERS COMP	YES / NO	YES / NO	20175 1 077501	OT. 150
SOCIAL SECURITY			K-1#	JURY	(	PRIZE, LOTTERY,	OTHER
SOCIAL SECURITY W/H	W/H \$	W/H \$	ANY OTHER INC	OME EROM OT	HEB CUITECES	? (Tips, Raffles, Rentals, Etc.)	VES / NO
ALIMONY RECEIVED	\$	\$	_ IF YES EXPLAIN: _				ILS / NO
			ADJUSTMENTS				
	TAXPA	YER SPO		TO INCOM	TAXPAYER	SPOUSE	
EARLY WITH DRAWAL DEAL			IDA CONT	RIBUTION	\$		
EARLY WITHDRAWAL PENALTY \$ \$			POTU CON	POTIL CONTRIBUTION C			-
STUDENT LOAN INTEREST \$ \$ALIMONY PAID \$ DIVORCE DATE				CONVERTED ROTH \$			_
EX NAME	Divolice		EDUCATION IRA \$			# OF CHILDREN	
(Include Divorce Decree Cop			COLLEGE 529 PLAN \$				
SEP (Do Not Include Employer	1099-Q		\$	\$	_		
			UNION DI	JES	\$	\$	_
ТАХІ	PAYER SPO	USE	BUSINESS	PERSONAL	TOTAL MILE	AGE	
			<u>503INE53</u>	TERSORAL	TOTAL	<del>NOL</del>	
SELF EMPLOYED FARM			MIL ACE			LOG: YES	/ NO 2DD DARTY, VEC / NO
	MILAGE			LOG: YES			
RENTALS MILAGE M							NO 3RD PARTY: YES / NO
THO ME OF FICE			MODEL & DATE PLACED IN SEI	RVICE		LOG. 1E3	NO SIDIANTI. ILS / NO
			ODEL & DAILT LACED IN SE				
			/DIGITAL ASSET/	CRYPTOC	URRENCY		
		TAYDAVED	SPOUSE				TAYDAVED SPOUSE

YES / NO

YES / NO

DO YOU HAVE PROPERTY IN A FOREIGN COUNTRY?

DO YOU HAVE BANK ACCTS IN A FOREIGN COUNTRY?

YES / NO

DO YOU HAVE A PENSION IN A FOREIGN COUNTRY?

ARE YOU DEALING IN ANY CRYPTOCURRENCY?

			CRE	DITS				
	TAXPAYER	SPOUSE	YEARS TAKEN	SOLAR ENER	GY IMPROVEME	NTS	YES / NO	
AMERICAN OPP CREDIT \$	\$_					loors, heating/AC,	YES / NO	
EDUCATION CREDIT \$	\$_			ho		not water heator improvemnets) Receipts Needed		
STUDENT LOAN PAYMT \$	\$_				•	Electronic Vehicle)?		
ACCOUNT HISTORY YI	ES / NO			VIN #				
1098-T, BOOKS, ETC. YI	ES / NO			AND COPIES	OF BILL OF SAL	E REQUIRED		
			TEMIZED D	EDUCTIO	NS			
HSA USED FOR MEDICAL EXPENS	SES? YES / NO			CASH CHARIT	Y/CHURCH DO	NATIONS \$		_ (Documentation Required,
MEDICAL INSURANCE (PAID FOR) \$				NON-CASH DONATIONS \$ (Documentation			(Documentation Required	
RX \$				CHARITY MILES				
OTHER MEDICAL BILLS \$				LARGE ITEM SALES TAX (Auto, Etc.)				
MEDICAL MILES #				DONATED LAF	RGE ITEMS (Mak	e, Model, & Year)		
STATE TAXES PAID \$								
LOCAL TAXES PAID \$				SECOND HOM	IE		_ SECURED BY?	
1098 #				LUXURY VEHIC	CLE		_ SALES TAX PD?	\$
MORTGAGE INTEREST \$				CAMPER			_ SECURED BY?	
IF HOME EQUITY, WHAT WAS USE	D AS COLLATERAL? _			BOAT			_ SALES TAX PD?	\$
WHAT WERE THE MORTGAGE/HO	ME EQUITY FUNDS U	SED FOR?		RV			_ SECURED BY?	
REAL ESTATE TAXES \$				]				
FIRST TIME HOME BUYER REPAYM	MENT YES / NO							
HEALT	TH SAVINGS	ACCOUNT				MARKETPL	ACE INSU	RANCE
H.S.A. DISTRIBUTIONS			NTRIBUTIONS					
	FMPI OYE	R (AMOUNT) \$			DID	YOU HAVE MARKET	PLACE INSURANC	E? YES / NO
FULL AMOUNT WAS USED F QUALIFIED MEDICAL EXPENS	OK	EMPLOYER (AMOUNT) \$ EMPLOYEE (PRE-TAX) \$						
YES / NO		SELF CONTRIBUTION (POST-TAX) \$						
	PART	YEAR RESI	DENCE (Did )	ou Move Durina	the Year? If Ye	es Fill Out Relow)		
		TO TOWNSHIP						
					SCHOOL DISTRICT SCHOOL DISTRICT			
DATES: FROM	10	100	VNSHIP		_ 3CHOOL DIS	TRICT		
	ESTIMA	ATED PAYM	ENTS (Did You	Make Estimated	l Payments? If	Yes, Fill Out Belov	w)	
		1ST QUARTER	2ND QUA	RTER 3RD	QUARTER	4TH QUARTER	R	
	FEDERAL	\$	\$	\$		\$	_	
	STATE	\$	\$	\$		\$	_	
	LOCAL	\$	\$	<u>\$</u>		\$	_	
			DIRECT	DEPOSIT				
	IF A REFUND IS	DUE, DO YOU WANT	DIRECT DEPOSIT?	YES / NO				
	Please provide a	voided check for rout	ing and account num	bers, and a driver's li	icense to photoco	ору.		
			ELECTRO	NIC COPY				
IE VOLUMOLII D PREEER AN ELECT	PONIC CORV TO A DAI	DED CODY DI EASE CL						
IF YOU WOULD PREFER AN ELECT						WE CEND ((CLL))		
(ONE CAN BE UPLOADED TO A SE	CURE PORTAL THAT Y	OU CAN ACCESS WIT	H A PASSWORD YOU	CREATE THROUG	H A LINK THAT I	WE SEND YOU.)		
	- CICN	ATURES RE	OLUBED EA	D INCOME	TAV CO	MDLETION		
		ATURES RE			TAX CO			
TAX PAYER SIGNATURE:						DATE: _		
TAX PAYER SIGNATURE:						DATE: _		

DEPENDENTS						
DEPENDENT NAME	RELATIONSHIP (son, daughter, etc.) D.O.B	<u>S.S.N.</u>	LIVES WITH? # OF MONTHS			
			YES / NO			
			YES / NO			
			YES / NO			
			YES / NO			
	DEPENDENTS (	CREDITS				
DAYCADE NAME	3-1-10-11					
	PAID \$					
	FOR SHARED CUSTOD	Y SITUATIONS				
GROSS INCOME OF OTHER PERSON \$			(TIE BREAKER RULES)			
HOW MANY OVERNIGHTS DID YOUR	DEPENDENT STAY WITH YOU THIS TAX YEAR?	HOW MANY OVERNIGHTS WITH THE C	OTHER PERSON?			
DO YOU HAVE AN 8332 ON FILE FOR A	ANY YEARS? YES / NO IF SO, PLEASE PROVIDE A COPY OF IT.					
	HEAD OF HOUSEHOLD	FILING STATUS				
IF YOU WERE ASKED BY THE IRS, CAN (EXAMPLES: RENT, MORTGAGE, GROC	YOU PROVIDE PROOF OF KEEPING UP HOUSEHOLD FOR YOU & YO ERY RECEIPTS, UTILITIES)	UR DEPENDENT? YES / NO				
DID ANYONE ELSE LIVE WITH YOU?	YES / NO		_			
	RELATIONSHIP					
	RELATIONSHIP					
DID ANYONE HELP PAY FOR THE ABO	VE LIVING EXPENSES? YES / NO IF SO WHAT PORTION / PERCEI					
	DEPENDENTS	NOTES				

NOT REQUIRED FOR TAX RETURN PREP						
	<u>TAXPAYER</u>	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	F TAXPAYER	R DIES OR BI	ECOMES MENTALLY UNABLE TO MAKE DECISIONS		
NAME						
PHONE						
ANYONE YOU DO NOT	WANT US TO CONTA	ACT? YES / NO				
IEVES WILES						
IF YES, WHO?						
		NOTES	(Please write Note	es or Questions on the back of this form.)		
	_					