



### Individual Tax Questionnaire

The questionnaire is needed **before** we are able to start your tax return. Please check the appropriate box and include all necessary details and documentation.

#### **Taxpayer - REQUIRED**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### **Spouse**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### **Primary Address Information - REQUIRED**

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Do you:  Rent  Own

#### **General Information - REQUIRED**

- Marital Status at the end of the tax year?  
 Single  Married  Separated  Divorced (Final Date: \_\_\_\_\_)
- If Married, did you live apart from your spouse for the last 6 months of the tax year?  
 Yes  No
- Can anyone else claim you as a dependent on their tax returns? (i.e. Parents)  
 Yes  No
- Did you have health insurance through the Marketplace?  
 Yes (Form 1095 A Required)  No

#### **General Dependent Information – REQUIRED if you have dependents**

- Did you receive the ACTC?  Yes (Letter 6419 from IRS)  No
- Are you claiming a child between 19 and 23 years of age, who was a student for more than five calendar months of the tax year? Please list the school and months attended.  
\_\_\_\_\_  
\_\_\_\_\_
- Are you claiming a child who lived with any other adult relative for more than half the tax year? List each relative, their relationship to the child and their income for the last tax year.  
\_\_\_\_\_  
\_\_\_\_\_
- Do you claim any dependents that do not live with you for the year?  Yes  No  
If yes, # of months in home \_\_\_\_\_

**Dependent 1 Information**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Dependent: \_\_\_\_\_ Months in home: \_\_\_\_\_

- Did you provide over half of the financial support for this dependent?  
     Yes     No
- Can anyone other than you qualify to claim this dependent?  
     Yes     No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

\_\_\_\_\_  
\_\_\_\_\_

**Dependent 2 Information**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Dependent: \_\_\_\_\_ Months in home: \_\_\_\_\_

- Did you provide over half of the financial support for this dependent?  
     Yes     No
- Can anyone other than you qualify to claim this dependent?  
     Yes     No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

\_\_\_\_\_  
\_\_\_\_\_

**Dependent 3 Information**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Dependent: \_\_\_\_\_ Months in home: \_\_\_\_\_

- Did you provide over half of the financial support for this dependent?  
     Yes     No
- Can anyone other than you qualify to claim this dependent?  
     Yes     No
- If childcare is paid for this dependent, please provide name of provider, address, ID number, and amount paid?

\_\_\_\_\_  
\_\_\_\_\_

**Crypto Currency and Foreign Income - REQUIRED**

- Did you buy, sell or invest in any Crypto Currency?  
\_ Yes \_ No
- Did you have foreign income or signature authority on a foreign account?  
\_ Yes \_ No
- Did you have foreign accounts or investments which had an aggregate value of over \$10,000?  
\_ Yes \_ No
- Do you have any foreign accounts where the aggregate value was higher than \$50,000 on the last day of the tax year OR the aggregate value exceeded \$75,000 at any point in the tax year?  
\_ Yes \_ No

**Sources of Income - REQUIRED**

Please check all your sources of income:

- Wages (W2)       Interest (1099 INT)       Social Security (SSA-1099)       Dividends (1099 DIV)
- Stocks/Asset Sales (1099 B)       Partnerships and S Corporations (K1 Forms)       Rental Income
- Canceled Debt       Gambling (Win/Loss Statement)       Alimony Received (Provide Divorce Decree)
- Farming (Profit and Loss & Balance Sheet)       Taxable offsets of state and local taxes
- Self Employment (Profit and Loss & Balance Sheet)       Distributions from Retirement Accounts (1099 R)
- Social Security, Pension or IRA (1099 R)       Amount received for 3<sup>rd</sup> Stimulus: \$ \_\_\_\_\_

**Deductions**

Please check the applicable deductions:

- Medical Expenses       Charitable Contributions       Property Taxes       Mortgage Interest
- Student Loan Interest       Educator Expenses       Health Savings Account Contribution
- Retirement Accounts       PMI       Tuition       IRA Contribution (Roth or Traditional)
- Alimony Paid (Provide Divorce Decree, Name and Social Security Number of Recipient)
- Estimated Taxes Paid \_ No \_ Yes:
- Federal: Date \_\_\_\_\_ Amount \$ \_\_\_\_\_
- State:   Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Direct Deposit**

- If you are entitled a refund, would you like direct deposit?  
     Yes     No
- If yes, please answer the following:

Name of Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Direct Debit**

- Would you like taxes paid to be through direct debit?  
     Yes     No
- For?  
     Federal     State
- Name of Financial Institution \_\_\_\_\_  
    Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
- What date do you want to pay Federal (can't be later than 4/15) \_\_\_\_\_
- What date do you want to pay State (can't be later than 4/15) \_\_\_\_\_

**Tax Return Copy Choices - REQUIRED**

- Do you want a physical copy of your tax return? (\$25 additional charge)  
     Yes     No
- If yes, how would you like to get your physical copy of the return?  
     Mail (\$25 additional charge)  
     Pick Up at Office (If you want this option, we will send you a link when it is ready to schedule the pick-up time)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date