

New Client Questionnaire

DATE _____

Please complete each field to the best of your ability, before submitting back to your tax preparer.

TAXPAYER INFORMATION					SECTION 1
Last Name		First Name		Middle	Suffix <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Date of Birth	
Social Security Number		Age	Occupation	Home Phone Number	Cell Phone Number
Email Address					
Street Address					Apt #
City			State	Zip Code	
Did your marital status change this past year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did your address change this past year?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

SPOUSE INFORMATION					SECTION 2
Last Name		First Name		Middle	Suffix <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Social Security Number		Date of Birth	Age	Occupation	Cell Phone Number

DEPENDENTS – CHILDREN AND OTHERS						SECTION 3
Name (Last, First)	Relationship	Date of Birth (mm/dd/yyyy)	Social Security Number	Number of months this person lived with you:	Full-Time Student	Did you provide more than half of the support?
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you provide a home for or help support anyone else, not listed above?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were there any births, deaths, marriages, divorces, or adoptions that occurred in your immediate family this past year? If so, please list details in the "other information" section at the end of this document.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could you be claimed as a dependent on another person's tax return?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If requested by the IRS, do you have documentation (receipts/records/etc.) to substantiate your eligibility for any applicable credits and/or head of household filing status?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

INCOME INFORMATION		SECTION 4
Did you receive any income from employment as an employee or independent contractor this past year? If yes, please attach Form W-2 and/or 1099-NEC.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any unemployment compensation this past year? If yes, please attach 1099-G.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any social security benefits this past year? If yes, please attach Form SSA-1099.		<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME INFORMATION (CONTINUED)		SECTION 4	
Did you sell any stocks or investments this past year? If yes, please attach Form 1099-B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you receive interest income from a savings account or dividends from mutual funds or investments? If yes, please attach Form 1099-INT and/or 1099-DIV.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you have any gambling winnings or losses (includes lottery/bingo/raffles) this past year? If yes, please attach W2-G.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you receive/sell/exchange/dispose of any virtual currency this past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

RETIREMENT INFORMATION		SECTION 5	
Did you or your spouse receive payments or distributions from a retirement plan (pension/401K/IRA) in the past year? Or do you plan to in the coming year? If yes, please attach Form 1099-R.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you receive distribution from a retirement plan to pay medical bills for higher education, or to purchase a home this past year? If yes, please list reason: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you make contributions to a retirement plan (pension/401K/IRA/SEP/SIMPLE) this past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

HEALTH INFORMATION		SECTION 6	
Did you purchase health insurance from Healthcare.gov this past year? If yes, please attach Form 1095-A.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you or your spouse participate in a Health Savings Account (HSA) or other medical savings account this past year? If yes, please attach Form 1099-SA and Form 5498-SA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you, your spouse, or your dependent(s) incur a substantial amount of reimbursed medical expenses this past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

HOUSING INFORMATION		SECTION 7	
Do you currently own a home? If yes, please attach Form 1098 (Mortgage Interest and Property Tax Statement).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you rent this past year? If yes, and your total household income is less than \$63,000, please answer the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name and Address of Landlord:	Monthly Rent Paid Last Year:		
	Number of Months Rented:		
	Is heat included in your monthly rent payment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you sell and/or purchase a home last year or this year? If yes, please attach the Closing Disclosure and Form 1099-S.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you receive rent from real estate or other property this past year? If yes, please attach support for income and expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was your principal home or rental property foreclosed on last year or this year? If yes, please attach 1099A or 1099C.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you make any energy efficient improvements to your home last year? If yes, please list the total amount and what improvements you made: \$ _____ , _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

CHILD AND DEPENDENT CARE		SECTION 8	
Did you receive dependent care benefits from your employer last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay any child or dependent care expenses this past year for a child under the age of 13 years old, or costs to care for a handicapped individual? If yes, please complete the following fields:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of Child Care Provider	Provider EIN/Social Security Number		
Provider Address	Amount Paid to Provider		

EDUCATION		SECTION 9	
Did you, your spouse, and/or a dependent incur any tuition, fees, or book expenses that were required to attend college/university/vocational school last year? If yes, please attach Form 1098-T and supporting documentation for these expenses.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you, your spouse, and/or a dependent receive scholarships/grants for higher education this past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you, your spouse, and/or your dependent receive a distribution from a 529 plan or education savings plan this past year? If yes, please attach Form 1099-Q.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you make any contributions to a 529 plan or education savings plan this past year? If yes, please attach supporting documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay any student loan interest this past year? If yes, please attach Form 1098-E.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ITEMIZED DEDUCTIONS		SECTION 10	
Did you make any charitable contributions this past year? If yes, please attach receipts/acknowledgements from charity/any other proof you can provide.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you use your vehicle to provide volunteer services to a charity? If yes, please explain further: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay state taxes on a new vehicle purchased or leased this past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List your vehicle registration fees: \$_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you owe state or local taxes when you filed your income tax return last year? If yes, please list amount paid: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MISC. QUESTIONS		SECTION 11	
Did you purchase a new plug-in electric vehicle this past year? Or do you plan to buy one this year? If so, please list the make/model/VIN/purchase date/cost of vehicle below:			

BUSINESS INFORMATION		SECTION 12	
<i>Please complete this section if you received a 1099-NEC, 1099-MISC., 1099-K, or own a small business.</i>			
Date you started your business			
Did you materially participate in this business this past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay estimated taxes last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have records to support your business expenses? If yes, please attach all receipts/supporting documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you use your vehicle for your business last year? If yes, please explain usage: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have written evidence to support your vehicle expenses? If yes, please complete the following fields:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business Miles Driven	Commuting Miles Driven	Other Miles Driven	
Jan. 1 – June 30:	July 1 – Dec. 31:		

FILING QUESTIONS		SECTION 13	
Did you receive/request a six-digit Identity Protection PIN number from the IRS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
The IRS can deposit refunds directly into up to (3) taxpayer's accounts. If you receive a refund, would you like a direct deposit? If yes, please be sure to complete the fields below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bank Name	Routing Number	Account Number	Type of Account (Savings / Checking / Other)
			(Savings / Checking / Other)
Select type of tax return copy you'd like for your personal record:	<input type="checkbox"/> Electronic	<input type="checkbox"/> Paper Copy	

