

# Tax Questionnaire - Client Information Sheet

Date: \_\_\_\_\_

**DROP-OFFS:** If you own a Business or Rental Property, it is best that you make an appointment with the receptionist to have your taxes prepared due to the volume of information and questions that would need addressing. Thank you.

**Taxpayer's Name:** \_\_\_\_\_

(Exactly as it appears on your Social Security Card):

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Taxpayer's Occupation: \_\_\_\_\_

Home/Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

(Exactly as it appears on your Social Security Card):

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Home/Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Number: \_\_\_\_\_

**Please check your filing status:**

Single \_\_\_\_\_ (Can anyone else claim you as a dependent on their return?) YES NO

Head of Household \_\_\_\_\_ (Not married, or separated, from your spouse, the LAST 6-months of the year)

Married Filing Joint \_\_\_\_\_ Married Filing Separate \_\_\_\_\_ (If married filing separate we need spouse's social security number and full name)

Spouse's Full Name: \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_

Qualifying Widow(er) with dependent child \_\_\_\_\_

**Dependent Information: (We will need to make copies of Social Security Cards, please present them to us at this time)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

(Exactly as it appears on Social Security Card)

(Exactly as it appears on Social Security Card)

Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

(Month, day and year)

(Month, day and year)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How many months did this dependent(s) live with you last year? \_\_\_\_\_

Can anyone else claim this dependent(s)? YES NO

**Is there any childcare expense to claim, please list them on the lines below?**

Name and Address of Daycare: \_\_\_\_\_

EIN (Employer Identification Number) of Daycare or SS# (if it's an individual person): \_\_\_\_\_

Amount: \_\_\_\_\_

**Student Loan Information:**

Any interest paid on a student loan? If so, amount paid last year: \_\_\_\_\_

**Tuition Expenses:** If you, your spouse, or any of your dependents attended a secondary school, we need the name, address and amount that you paid for education last year. If paid by loans, this also counts. We also need to know what year they were attending.

Name of the School: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Tuition: \_\_\_\_\_

\*To qualify for the Hope Credit you, your spouse, or the dependents must be a FULL-TIME student.\*

**Did you or your spouse put money into an IRA for last year? Or will you by April 15<sup>th</sup> of this year?** YES NO

If so, how much? \_\_\_\_\_

**Additional Questions:** *Did you or your spouse receive any of the following?*

**Unemployment** YES NO

**Gambling Winnings** YES NO

**Any 1099(A-C-S-Misc.) forms** - YES NO

**Did you pay rent?** (possible renters credit) YES NO

**Do you own a home?** YES NO

If so, do you have a mortgage? YES NO

**Do you own your own business?** YES NO

**Do you own rental property?** YES NO

**Do you have any interest earned from a bank account that you did not get a 1099-INT from?** YES NO

**Did you purchase any energy upgrades for your home?** (Not all upgrades qualify for tax credits) YES NO

Solar Electric/Water Heating Small Wind Energy Geothermal Heat Pump Furnace/Boiler

Exterior Doors/Windows/Skylights Metal or Asphalt Roof Insulation Central Air/Fan

**Did you have health insurance for the entire year?** YES NO

**\*Be prepared to provide health insurance information in accordance with the "ACA" Affordable Care Act\***

**If receiving a refund, how would you like your refund processed?**

Mailed: \_\_\_\_\_ Direct Deposited: \_\_\_\_\_

If Direct Deposited:

Will the account be a **Checking** or **Savings** account? (Please circle choice)

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**E-Collect**—The charge for our preparation is deducted from your refund amount plus the additional fees the bank will charge. Your refund can be directly deposited into a bank account or the check will be processed in our office.

