## Client Tax Questionnaire

## 1. Personal Information

|  | Name | Email | Phone | Date of Birth |
| :--- | :---: | :---: | :---: | :---: |
| Taxpayer |  |  |  |  |
| Spouse |  |  |  |  |
|  | Street Address |  | City | State |

## 2. Direct Deposit / Electronic Withdrawal

Would you like to have your refund(s) directly deposited into your account?


No

Would you like to have your balance due(s) electronically withdrawn from your account?


## ACCOUNT

Name of financial institution

Financial Institution Routing Transit Number

Your account number

## 3. Please answer the following questions

Any questions answered Yes will likely require you to provide additional detailded information.

1. Would you like to receive a paper copy of the return in addition to the electronic (PDF) copy?

2. Did you receive any correspondence from the IRS or State Department of Taxation? If so, please provide a copy.
 No
3. Have you or your spouse been a victim of identity theft and been given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.


No
$\qquad$ Taxpayer $\qquad$ Spouse
4. Are you self-employed? If so, please complete Sch C organizer pages.


No
5. Did you receive rent from real estate or other property? If so, please complete Sch E $\quad \square$ Yes $\square$ No organizer pages.
6. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?

7. Were there any changes in dependents from the prior year?


Yes

8. Did you have any children under the age of 23 years old with unearned income of more than $\$ 1,100$ ?

9. Did you give a gift of more than $\$ 15,000$ to one or more people?
 Yes
No
10. If you paid rent, how much did you pay? What is your landlord's name?
11. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? If so, please provide details.
12. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school?
13. Did you have any debts canceled, forgiven, or refinanced? If so, please provide details.

14. Did you have healthcare coverage (health insurance) for you, your spouse and dependents? If yes, include Forms 1095-A, 1095-B, 1095-C or 1099-HC.

15. Did you or your spouse have any transaction pertaining to a HSA/MSA?
16. Did you purchase a new alternative technology vehicle or electric vehicle?

17. Did you install any alternative energy equipment to your residence such as solar water heaters, or solar panels?Did you install any energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners? If so, please provide details.
18. Do you have a foreign bank account, trust, or business? If so, please provide details.
19. Did you own $\$ 50,000$ or more in foreign financial assets?
20. Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?
 No
21. Did you or your spouse pay in excess of $\$ 1,000$ in any quarter, or $\$ 2,200$ during the year for domestic services performed in or around your home to individuals who could be considered household employees?
22. Did you or your spouse sell, exchange or purchase any real estate? If so, please include closing statements.
23. Did you incur any commuting to work costs such as E-Z Pass tolls, commuter or T passes? If so, what amount for
$\qquad$ Taxpayer $\qquad$ Spouse

Comments:

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.
$\overline{\text { Taxpayer }} \overline{\text { Date }} \overline{\text { Spouse }} \overline{\text { Date }}$

