

# Income Tax Questionnaire

Date: \_\_\_/\_\_\_/\_\_\_  Returning  New (if new please fill in all lines)

## Client Information:

**Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_  
**Soc. Sec. #:** \_\_\_-\_\_\_-\_\_\_ **Marital Status** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Work Phone:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
**Cell Phone:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_ **E-mail** \_\_\_\_\_  
**Spouse:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_  
**Soc. Sec. #:** \_\_\_-\_\_\_-\_\_\_  
**Occupation:** \_\_\_\_\_  
**Work Phone:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
**Cell Phone:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_ **E-mail** \_\_\_\_\_  
**Home Phone:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_ **Best Time to Call:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

## Dependants you are claiming: **(if claiming children must fill out Due Diligence) (also need proof of residency)**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_  
**Relationship:** \_\_\_\_\_ **Months lived in your home this year:** \_\_\_  
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**Name:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_  
**Relationship:** \_\_\_\_\_ **Months lived in your home this year:** \_\_\_

## College Students **1098-T's** & printout of student account required & **Books & Supplies** (including computers) total \_\_\_\_\_ (must have slips)

**Name:** \_\_\_\_\_ **Current Year** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Full Time or Part Time**  
**Name:** \_\_\_\_\_ **Current Year** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Full Time or Part Time**  
**Name:** \_\_\_\_\_ **Current Year** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Full Time or Part Time**

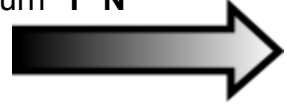
## Dependants graduated from college or high school during last 2 years? **Y or N**

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

## Dependants married in the last year? **Y or N**

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

Did you have health insurance coverage on all claimed on tax return **Y N**  
(need 1095 B or C)



Did you buy health insurance? \_\_\_\_\_

Did you receive premium assistance? \_\_\_\_\_ need 1095A  
(to calculate credit? Or payback?)

Would you like direct deposit? **Y or N** (if yes provide void check or copy of check)

Same account as last year? **Y or N**

Would you like your tax prep. fee deducted from your refund? **Y or N**  
(has additional fee)

Did you contribute to an IRA?

Traditional: Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

ROTH: Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

Unemployment? **Y or N**

Social Security: husband \_\_\_\_\_ wife \_\_\_\_\_

No. of W2's: \_\_\_\_\_ No. of 1099's: \_\_\_\_\_

Did you make estimates? Fed: \_\_\_\_\_ State: \_\_\_\_\_ Local: \_\_\_\_\_ (attach detail) Do you want to apply any overpayments? **Y or N**

Property Tax Rebate: \_\_\_\_\_ (need paid property tax receipts)

PACE: \_\_\_\_\_

Did you move last year? **Y or N**

Old School District: \_\_\_\_\_ Local: \_\_\_\_\_ date moved \_\_\_/\_\_\_/\_\_\_

New School District: \_\_\_\_\_ Local: \_\_\_\_\_

**New Home:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ (need copy of closing statement)

Did you receive first time home buyer credit in 2008? **Y or N**

Did you add residential energy efficient improvements? (circle all that apply) need \$

**Already used full \$500. Credit in past since 2006. Y or N**

Outside Doors      Ext. Windows Skylights      Furnace

Central Air      Insulation      Heat Pump      Hot water boiler/heater

Metal roofing      Main air circulation fan      Solar electric/water heater

Wind energy      Fuel cells

**Would you like us to help you with investments or retirement planning Y N**

**Notes:**

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Taken by: \_\_\_\_\_