



Client Intake Questionnaire

You will need:

1. Tax forms such as W2s, 1099s, 1098s, 1095s
2. Social Security cards or ITIN letters for all persons on your tax return. (unless given previously)
3. Picture ID for you and spouse (unless given previously and not expired)

New clients please provide prior year tax return.

If you need more space, please use the notes section.

Thank you!

Part I - Your Personal Information

(If you are filing a joint return, enter your names in the same order as last year's return)

| | | | | |
|-----------------------------|------|-----------|------------------------|---|
| 1. Your First Name | M.I. | Last name | Social Security Number | Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Your Spouse's first name | M.I. | Last name | Social Security Number | Is your spouse a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | |
|--------------------|------|------|-------|----------|
| 3. Mailing address | Apt# | City | State | ZIP code |
|--------------------|------|------|-------|----------|

| | | |
|--------------------------------|----------------------------|--|
| 4. Your Date of Birth | 5. Your Job Title | 6. Last year, were you: a. Full-time student Yes <input type="checkbox"/> No <input type="checkbox"/> b. Totally or permanently disabled Yes <input type="checkbox"/> No <input type="checkbox"/> c. Legally Blind Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Your Spouse's Date of Birth | 8. Your Spouse's Job title | 9. Last year, was your spouse: a. Full-time student Yes <input type="checkbox"/> No <input type="checkbox"/> b. Totally or permanently disabled Yes <input type="checkbox"/> No <input type="checkbox"/> c. Legally Blind Yes <input type="checkbox"/> No <input type="checkbox"/> |

| |
|---|
| 10. Can anyone claim you or your spouse as a dependent? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> |
| 11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part II - Marital Status and Household Information

1. As of December 31, 2021, were you?

☐ Single

☐ Married: Did you live with your spouse during any part of the last six months of 2021? Yes ☐ No ☐

☐ Divorced or Legally Separated:

Date of final decree or separate maintenance agreement: _____

☐ Widowed: Year of Spouse's death: _____

2. List names below of **everyone** who lived in your home in 2021 (other than you or spouse). Also, list anyone who lived outside of your home that you supported during 2021. Use the notes section if additional space is needed.

| Name (First, Last) (a) | Date of Birth (mm/dd /yy) (b) | Social Security Number (d) | Relationship to you (daughter, son, mother, sister, etc.) (d) | Number of months lived in your home in 2021 (e) | US Citizen in 2021 (Y/N) (f) | Marital Status as of 12/31/ 2021 (S/M) (g) | Full-time Student in 2021 (Y/N) (h) | Received less than \$3800 income in 2021 (Y/N) (i) |
|------------------------------|---|-------------------------------------|--|--|--|--|---|--|
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Notes:

Check the appropriate box for each question in each section

| Yes | No | Unsure | Part III - Income - Last Year, did you (or your spouse) Receive |
|-----|----|--------|---|
|-----|----|--------|---|

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Wages or Salary? (Form W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Tip Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Scholarship? (Forms W-2, 1098-T) *For dependents also* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Refund of state/local income taxes? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Alimony income or separate maintenance payments? Paid <input type="checkbox"/> Received <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cash/Check/virtual currency payments for any work performed not reported on Forms W-2 or 1099? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Income (or loss) from the sale or exchange of Stocks, Bonds, Real estate or Virtual Currency?(including your home) (Forms 1099-S, 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Unemployment compensation? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Income (or loss) from Rental Property? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) specify _____ |
| Yes | No | Unsure | Part IV - Expenses - Last Year, Did you (or you spouse) Pay |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Contributions to a retirement account? IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. College or post secondary educational expenses for yourself, spouse or dependants? (Form 1098-T) |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Deductions: <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions |

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Child or dependent care expenses such as daycare? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. For supplies used as an eligible educator such as a teacher, teachers aide, counselor, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Expenses related to self-employment income or any other income you received? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Student loan interest? (Form 1098-E) |
| Yes | No | Unsure | Part V - Life Events - Last Year, Did you (or your spouse) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.(HSA) Have a Health Savings account? (Forms 5498-SA, W-2 with code W in box 12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Form 1099-C, 1099-A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adopt a child? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Received the First Time Homebuyers Credit in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? Fed \$ _____ State \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Received a letter from the IRS that is unresolved? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Received an Economic Impact Payment (stimulus) in 2021? If so, how much? \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Received Advanced Child Tax Credit payments? If so, how much \$ _____ (please see letter 6419 from the IRS or IRS CTC portal) |

Check the appropriate box for each question in each section:

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| Yes | No | Unsure | Part VI - Health Care Coverage - Last year, did you, your spouse, or dependant(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have health care coverage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Received one or more of these forms? (Check the box) Form 1095-B <input type="checkbox"/> Form 1095-C <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have coverage through the Marketplace (Exchange)? [MUST Provide Form 1095-A] |

| | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have an exemption granted by the Marketplace? |
|--------------------------|--------------------------|--------------------------|--|

Part VII - Additional Information and Questions Related to the Preparation of Your Return

1. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund: You ☐ Your Spouse ☐
2. If you are due a refund, would you like:
 - a. Direct Deposit: Yes ☐ No ☐
 - b. To split your refund between different accounts: Yes ☐ No ☐
3. If you have a balance due, would you like to make a payment directly from your bank account?
Yes ☐ No ☐ Other _____
4. Did you live in an area that was declared a Federal disaster area?
Yes ☐ No ☐ If so, where? _____
5. At any time during 2021, did you or your spouse receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
Yes ☐ No ☐ Other _____
6. Have you double checked that you have all tax forms necessary to file your taxes? (W2s, 1099s, etc.)

By signing below, you are agreeing that everything above is true. You are responsible for the information on your return. Thank you very much for your business!

Taxpayer Signature: _____ Email: _____
Phone Number: _____

Spouse Signature: _____ Email: _____
Phone Number: _____