

2756-C South Queen St.  
Dallastown, PA 17313  
Phone: (717) 244-1217  
Fax: (717) 244-4049

Gary Hollenbaugh, CPA  
**Intake/Interview Questionnaire**

gary@hollenbaughcpa.com  
www.hollenbaughcpa.com  
Tax Year  
2018

You will need:

- Tax information such as forms W-2, 1099, 1098, 1095
- Driver's Licenses for you and your spouse

**Part 1 – Your Personal Information** (if you are filing a joint return, enter the primary taxpayers name first)

Your SSN                      Your last name                      M.I.                      First name                      Daytime telephone

Spouse's SSN                      Spouse's last name                      M.I.                      First name                      Daytime telephone

Mailing address                      Apt #                      City                      State                      Zip code                      Municipality/ School District

Email Address:

Your Date of Birth                      Your job title                      Your driver license information

License number:

State:

Do you have an identity Protection PIN:  Yes

Issue date:

If, yes please provide here:

Expiration date:

Spouse Date of Birth                      Spouse job title                      Spouse's driver license information

License number:

State:

Does your spouses have an identity Protection PIN:  Yes

Issue date:

If, yes please provide here:

Expiration date:

**Part II – Martial Status and Household Information**

As of December 31, 2018, what was your marital status?

Single, not married

Married

a.) If yes, do you want to file separately?  Yes  No

b.) Can you file as head of household?  Yes  No

If yes, do you provide more than half of your household's support?  Yes  No

Divorced                      Date of final decree: \_\_\_\_\_

Widowed                      Date of spouse's death: \_\_\_\_\_

List the names below of:

**Everyone** who lived with you (other than your spouse)

**Anyone** you supported but did not live with you last year

Last name	First Name	SSN	Date of Birth	Relationship

**We are required to e-file**, do you want to opt out of e-filing?  Yes  No

If receiving a refund, do you want your refund directly deposited into your bank account?  Yes  No

Name of bank of financial institution: \_\_\_\_\_

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

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

Checking  Savings

**How did you hear about us?**

**Part III – Check appropriate box for each question and provide details when asked**

Yes	No																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your family in college? If yes, provide 1098-T statement.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your dependents claiming themselves on their tax return? If yes, who?																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any federal, state, or local quarterly estimates? If yes, please provide:																																																																	
		<table border="1"> <thead> <tr> <th></th> <th>Federal</th> <th>State</th> <th>Local</th> </tr> </thead> <tbody> <tr> <td>1<sup>st</sup> Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2<sup>nd</sup> Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3<sup>rd</sup> Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4<sup>th</sup> Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Federal	State	Local	1 <sup>st</sup> Q				2 <sup>nd</sup> Q				3 <sup>rd</sup> Q				4 <sup>th</sup> Q				<b>Total</b>																																												
	Federal	State	Local																																																																
1 <sup>st</sup> Q																																																																			
2 <sup>nd</sup> Q																																																																			
3 <sup>rd</sup> Q																																																																			
4 <sup>th</sup> Q																																																																			
<b>Total</b>																																																																			
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony or separate maintenance payments? If yes, provide the recipient's SSN and amount: _____.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a traditional individual retirement account? If yes, the amount contributed:																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Deductions for (provide totals): <input type="checkbox"/> Mortgage Interest _____ <input type="checkbox"/> Real Estate Taxes _____ <input type="checkbox"/> Charity _____																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Deduction for medical expenses? <input type="checkbox"/> Other Out of Pocket _____ <input type="checkbox"/> Health, Vision, Dental, LT Care Premiums _____ <input type="checkbox"/> Mileage _____																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Child or dependent care expenses such as daycare? If yes, please provide a <b>statement</b> from the provider with the provider's name, identification number, and amount paid.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Self employed expenses or unreimbursed employee expenses? If yes, provide a detailed breakdown of expenses (State and Local).																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student loan interest? If yes provide 1098-E.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Health Savings Account (HSA)? If yes, please provide from 5498-SA, 1099-SA, and any personal contributions to the account (not employer contributions): _____.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Have you purchased and installed energy-efficient home items? (Such as windows, furnace, insulation, etc.). If yes provide details.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Are you eligible for a property tax rebate (typically over the age of 65)? If yes, please provide a <b>receipted</b> copy of your spring and fall real estate taxes.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Are you eligible for a rent rebate (typically over the age of 65)? If yes, who is your landlord _____ and what is your monthly rent _____.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Do you live or work in York City?																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a taxable item on the internet or out of state and not pay sales tax? Please provide the gross amount of purchase: _____.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you withdraw money from an IRA? Please provide 1099-R and the year end balance of the IRA.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance? If no, select months with insurance:																																																																	
		<table border="1"> <thead> <tr> <th></th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>Taxpayer</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Spouse</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Child #1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Child #2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Taxpayer													Spouse													Child #1													Child #2												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																																																							
Taxpayer																																																																			
Spouse																																																																			
Child #1																																																																			
Child #2																																																																			
		Please provide us with your 1095 A, 1095B or 1095 C form.																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign financial bank accounts?																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your home and have refinance points? If yes, please enter the number of years for the loan: _____.																																																																	