

Taxpayer Name: _____

Tax Questionnaire

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
What is the best phone number where you can be reached? _____		
Did your (and your spouse's, if applicable) driver's license expire within the last year? If yes, please provide a copy of your (and your spouse's) current driver's license.	<input type="checkbox"/>	<input type="checkbox"/>
Did your marital status change during the year? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year? If yes, please provide.	<input type="checkbox"/>	<input type="checkbox"/>
Did your banking information change? If yes, please provide new information.	<input type="checkbox"/>	<input type="checkbox"/>
Do you or a dependent have an Identity Protection PIN? If yes, attach IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay child care while working, looking for work, or as a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start/buy or sell a business or purchase assets used in a business this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, purchase, foreclose or abandon any real property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase, sell, foreclose or abandon a principal residence this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or refinance a principal or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, e.g., a home mortgage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive or fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits or disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or exchanges of virtual currencies, or use virtual currencies to pay for good or services, or are you holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Information		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions or withdrawals to or from a qualified retirement plan, e.g., IRA, Roth, myRa, Keogh, SIMPLE, SEP, or 401(k)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Education Information		
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach Form(s) 1098-T and receipts.	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals or contributions from/to an education or 529 plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information

Did you and anyone you can claim as a dependent have qualifying health care coverage for the entire year? If yes, attach any Form(s) 1095-B and/or 1095-C.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll in Marketplace Coverage? If yes, attach any Form(s) 1095-A/1099-H.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll in Marketplace Coverage and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions or receive any distributions to/from a Health Savings Account (HSA), Archer/Medicare Advantage MSA, or ABLE? Attach tax forms.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family this year?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information (continued)

Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? Attach Form(s) 1098.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make out-of-state purchases on which seller did not collect state sales tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year? If yes, please describe with costs: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a STAR or property tax relief credit check? If yes, please provide the amount: \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from/were you a grantor/transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in/signature authority over a financial account such as a bank/securities/brokerage account located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts/assets or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>