

Returning Client Questionnaire

DATE _____

Please complete each field to the best of your ability:

TAXPAYER INFORMATION			SECTION 1
Last Name	First Name	Phone Number	
Email Address			

ADDRESS CHANGE			SECTION 2
<i>If you moved this past year, please complete this section. If not, please skip and move on to section 3.</i>			
Street Address			Apt #
City	State	Zip Code	
Did you buy/sell a home this past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Address Change:	
<i>If yes, please include a copy of your closing disclosure form.</i>			

MARITAL AND FAMILY CHANGES			SECTION 3
<i>If you had any marital or family changes this past year, please complete this section. If not, please skip and move on to section 4.</i>			
Select the option that best describes the change in your marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
	Date of Status Change:		
Any births/adoptions in your immediate family this past year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's Name	Date of Birth	Social Security Number	
Any deaths in your immediate family this past year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Member's Name	Date of Death	Social Security Number	

INCOME		SECTION 4
<i>Please check the income items you received this past year.</i>		
<input type="checkbox"/> Wages (Includes W-2)	<input type="checkbox"/> Unemployment Compensation (Includes 1099-G)	
<input type="checkbox"/> Interest Income (Includes 1099-INT)	<input type="checkbox"/> Gambling Winnings (Includes W2-G)	
<input type="checkbox"/> Dividends (Includes 1099-DIV)	<input type="checkbox"/> Independent Contractor (Includes 1099-NEC/MISC.)	
<input type="checkbox"/> Investment Sales (Includes 1099-B)	<input type="checkbox"/> Rental Income (Includes 1099-MISC. or Support)	
<input type="checkbox"/> Social Security (Includes SSA-1099)	<input type="checkbox"/> Receipt/Sales of Digital Assets/Cryptocurrency	
<input type="checkbox"/> Other Income:		

RETIREMENT AND HEALTH CARE			SECTION 5
Did you or your spouse receive payments or distributions from a retirement plan (such as a pension/401K/IRA) last year? Or do you plan to this year? If yes, please attach Form 1099-R.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you receive an early distribution from a retirement plan to pay medical bills, for college, or to purchase a home? If you selected yes, please provide reason: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you purchase health insurance from the marketplace? If so, please attach Form 14095-A.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you participate in a Health Savings Account (HSA) this past year? If yes, please attach form 1099-SA and 5498-SA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

RENTERS

SECTION 6

Did you rent at all this past year? Yes No*If yes, and your total household income was less than \$63,000, please answer the following questions:*

Name and Address of Landlord	Monthly Rent Paid
	Total Number of Months Rented

CHILD AND DEPENDENT CARE

SECTION 7

Did you pay any child or dependent care expenses this past year for a child under the age of 13 years old or costs to care for a handicapped individual?

 Yes No*If yes, please complete the following fields:*

Name of Child Care Provider	Provider EIN/Social Security Number
Provider Address	Total Amount Paid to Provider

TAX DEDUCTIONS

SECTION 8

Please check off your applicable tax deductions for this past year.

<input type="checkbox"/> College Tuition (Includes 1098-T)	<input type="checkbox"/> Mortgage Interest (Includes 1098)
<input type="checkbox"/> Student Loan Interest (Includes 1098-E)	<input type="checkbox"/> Charitable Contribution Receipts
<input type="checkbox"/> Contributions to 529 Education Plan	<input type="checkbox"/> Gambling Losses (Must Have Received Winnings)
<input type="checkbox"/> Energy Efficient Home Improvements	<input type="checkbox"/> Purchase of Electric Vehicle(s)
<input type="checkbox"/> Vehicle Registration Fees (Please Provide Totals) _____	
<input type="checkbox"/> Unreimbursed Medical Expenses (If Total Amount is Over 7.5% of Your Income)	
<input type="checkbox"/> Other:	

FILING INFORMATION

SECTION 9

Did you receive a 6-digit IRS Identification Protection PIN Number? You can check to see if you were issued a PIN by visiting your IRS Online Account.

 Yes No

The IRS can deposit refunds directly into up to (3) taxpayer's accounts. If you receive a refund, would you prefer to have your funds direct deposited?

 Yes No*If yes, please confirm that the bank account provided on your previous tax return is still valid.
If not, please enter an updated account below:*

Bank Name	Routing Number	Account Number	Type of Account
			(Savings / Checking / Other)

OTHER INFORMATION, COMMENTS, QUESTIONS

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