



Income Tax Preparation Questionnaire

PLEASE PRINT ALL INFORMATION

Day Phone		Evening Phone		Cell Phone/Pager	
Taxpayer Name			SSN		Date of Birth
Home Address			Work Location Address		
City	State	Zip	City	State	Zip
Driver License No.	Expiration Date	State Issued	Job Title		
Email Address					
Are you... <input type="checkbox"/> Never Married? <input type="checkbox"/> Married? (If checked, please complete Spouse section) <input type="checkbox"/> Divorced? <input type="checkbox"/> Separated? How long? _____				Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can your parents or someone else claim you on their income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Spouse Name		SSN		Date of Birth	
Day Phone		Cell Phone/Pager			
Driver License No.	Expiration Date	State Issued	Job Title		
Email Address					
Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Dependent Information - Check here if you paid someone to care for your dependent(s)

1. Dependent Name		SSN			
Date of Birth	Relationship		In School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Dependent Name		SSN			
Date of Birth	Relationship		In School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Dependent Name		SSN			
Date of Birth	Relationship		In School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you provide more than 50% of the care and upkeep for your dependent children for the entire year? Yes No
 Has the IRS ever denied you Earned Income Credit (EIC)? Yes No
 Do you owe delinquent child support? Yes No
 Do you owe any of the following debts? **If yes, check all that apply.** Federal State Bank
 Are all forms of income provided at this time? (i.e. W-2, 1099) Yes No

I hereby acknowledge that all of the information provided is true and accurate.

Taxpayer Signature: _____	Date: _____
Spouse Signature: _____	Date: _____
Preparer's Signature: _____	Date: _____
Preparer's Name (Print): _____	Tax Year: _____ <input type="checkbox"/> RC



Please answer the following questions regarding tax year: _____

YES	NO	
_____	_____	Did your marital status change?
_____	_____	Did your address change?
_____	_____	Did you change or seek employment?
_____	_____	Did you receive a _____ state refund and itemize (complete Schedule A)?
_____	_____	Did you receive Unemployment Benefits?
_____	_____	Did you receive Social Security Benefits?
_____	_____	Did you receive money from a pension or IRA?
_____	_____	Did you put money in an IRA?
_____	_____	Did you convert a Traditional IRA to a Roth IRA?
_____	_____	Did you receive any interest or dividends?
_____	_____	Did you have dividends reinvested?
_____	_____	Was any of this placed in a tax-free account(s)?
_____	_____	Did you receive jury duty pay?
_____	_____	Did you receive any Estate or Trust income?
_____	_____	Did you have any carryovers from the previous tax year?
_____	_____	Did you receive lottery, gambling winnings or other prizes? (If yes, what are your losses? \$_____)
_____	_____	Did you buy, sell or refinance a house?
_____	_____	Did you have rental property?
_____	_____	Did you have your own business?
_____	_____	Did you pay or receive alimony?
_____	_____	Were you claimed as a dependent by another taxpayer?
_____	_____	Did you help support your parent(s) in their home or a nursing home?
_____	_____	If Married Filing Separately (MFS), did you live with your spouse any time last year?
_____	_____	Did you take any college courses?
_____	_____	Did you pay on a student loan?
_____	_____	If your spouse is filing a tax return, is (s)he itemizing?