

Part I – Personal Information

Taxpayer:

Last name _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2018 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2018 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____
 Print phone number on Form 1040 Home Taxpayer work Spouse work

US Address:

Address _____ State _____ ZIP code _____ Apt no. _____
 City _____

Foreign Address: Check this box to use foreign address
 Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____
 Foreign phone _____

APO/FPO/DPO address APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____
- 5 Qualifying widow(er)
 - Year spouse died 2015 2016
 - If the 'qualifying person' is your child but **not** your dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***
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* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help
 ** The health care shared responsibility payment calculation does not include individuals after date of death
 *** **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Client Tax Questionnaire

2017

Name(s) shown on return

Social Security Number

1 Did your marital status change during 2017? ... Yes No
2 Do you or your spouse plan to retire in 2018? ...
3 Enter date of death for taxpayer or spouse (if during 2017 or 2018) ...
4 Were you or your spouse permanently and totally disabled in 2017? ...
5 Do you have dependents who must file? ...
6 Do you have children under age 18 or a full-time student age 19-23 with investment income greater than \$2,100? ...
7 Did you provide over half the support for any other person during 2017? ...
8 Are any of your dependents not U.S. citizens or residents? ...
9 Did you incur adoption expenses during 2017? ...
10 Did you receive payments from a pension or profit-sharing plan? ...
11 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ...
12 Did you receive any disability payments in 2017? ...
13 Did you receive tip income not reported to your employer? ...
14a Did you buy, sell or refinance or abandon a principal residence or other real property in 2017? ...
14b Are you planning to purchase a home soon? ...
15 Did you incur any casualty or theft losses during 2017? ...
16 Did you incur any non-business bad debts? ...
17 Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? ...
18 Did you pay any individual for domestic services in 2017? ...
19 Did you buy or sell any stocks or bonds in 2017? ...
20 Did you pay interest on a student loan for yourself, your spouse, or your dependents? ...
21 Did you, your spouse, or your dependents attend post-secondary school in 2017? ...
22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? ...
23 Did you incur any moving expenses? If yes, attach details. ...
24 Do you expect your income and deductions in 2018 to be the same as 2017? ...
25 Did you pay alimony or collect alimony in 2017? ...
26 Do you want to have your tax return filed electronically? ...
27 Do you want direct deposit of any federal or state refund? ...
28 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships, S corporations or trusts? ...
29 Did you purchase a motor vehicle or boat during 2017? ...
30 Did you purchase a energy efficient vehicle in 2017? If yes, enter year, make, model and date purchased: ...
31 Did you donate a vehicle in 2017? If yes, attach Form 1098C. ...
32 What was the sales tax rate in your locality in 2017 % State ID: ...
33 Did a lender cancel any of your debt in 2017? (Attach any Forms 1099-A or 1099-C) ...
34 Do you have records to support your expenses? ...
35a Did you and your dependents have health care insurance coverage for the full year? ...
35b Did you receive any of the following IRS documents: Form 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach ...
35c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach ...