

PERSONAL INCOME TAX QUESTIONNAIRE

TAX YEAR: _____

Please complete and bring to your tax appointment.

Note: Your personal information is strictly confidential, protected and never shared.

NEW CLIENT REFERRED BY: _____

| For Office Use Only | |
|--|-------|
| Date Rec'd | _____ |
| Amt Pd: \$ | _____ |
| <input type="checkbox"/> Cash | |
| <input type="checkbox"/> Check # | _____ |
| <input type="checkbox"/> Credit/Debit Card | |
| DDS: <input type="checkbox"/> Y <input type="checkbox"/> N | |

INSTRUCTIONS: Answer All questions with an answer or a N/A. For Joint Filings, put a "T" before taxpayer's information and an "S" before spouse's information. **TODAY'S DATE:** _____
If more space is needed, use the blank spaces provided or attach additional sheets.

SECTION 1: PERSONAL INFORMATION

| | | | |
|---|--|--|----------|
| 1 | Taxpayer's First Name | MI | Last |
| 2 | Social Security # | _____ | _____ |
| 3 | Marital Status: | Single | Married |
| | | Separated | Divorced |
| | | Widow(er) | |
| 4 | Street Address: | | Apt # |
| 5 | City: | State: | Zip: |
| 6 | Home Phone | Work Phone | |
| 7 | E-mail | Date of Birth: month ____ day ____ year ____ | |
| 8 | Blind: Yes No | Occupation | |
| 9 | Can you be claimed as a dependent on another's return? Yes No | \$3 to Presidential Campaign Fund Yes No | |

| | | | |
|----|--|--|-------|
| 10 | Spouse's First Name | MI | Last |
| 11 | Social Security # | _____ | _____ |
| 12 | Street Address: | | Apt # |
| 13 | City: | State: | Zip: |
| 14 | Home Phone | Work Phone | |
| 15 | E-mail | Date of Birth: month ____ day ____ year ____ | |
| 16 | Blind: Yes No | Occupation | |
| 17 | Can you be claimed as a dependent on another's return? Yes No | \$3 to Presidential Campaign Fund Yes No | |

SECTION 2: FILING STATUS

| | | | |
|-----|--|----------------------------|----|
| 18 | Single (Never married, unmarried as of December 31 st , or legally separated) | | |
| 19 | Married Filing Jointly (Married as of December 31 st) | | |
| 20 | Married Filing Separately | Spouse's Name & SSN: _____ | |
| 21 | Head of Household (Leave blank if you do not know if you qualify) | | |
| 22 | Qualifying Widow(er) (Leave blank if you do not know if you qualify) | | |
| 22a | Did your spouse die? | Yes | No |
| | If so, did you remarry? | Yes | No |

Taxpayer's Name _____

| SECTION 3: DEPENDENT INFORMATION | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--------------------------------|------|--|-----|----|--|--|
| 23 | 1 st Dependent's First Name | | | | | | MI | Last | | | | | |
| 24 | Social Security # | | | | | | | | | | | | |
| 25 | Relationship (son, daughter, etc.) | | | | | | Dependent's gross income _____ | | | | | | |
| 26 | No. of months lived in taxpayer's home: _____ | | | | | | Full-time Student | | | Yes | No | | |
| 27 | 2 nd Dependent's First Name | | | | | | MI | Last | | | | | |
| 28 | Social Security # | | | | | | | | | | | | |
| 29 | Relationship (son, daughter, etc.) | | | | | | Dependent's gross income _____ | | | | | | |
| 30 | No. of months lived in taxpayer's home: _____ | | | | | | Full-time Student | | | Yes | No | | |
| 31 | 3 rd Dependent's First Name | | | | | | MI | Last | | | | | |
| 32 | Social Security # | | | | | | | | | | | | |
| 33 | Relationship (son, daughter, etc.) | | | | | | Dependent's gross income _____ | | | | | | |
| 34 | No. of months lived in taxpayer's home: _____ | | | | | | Full-time Student | | | Yes | No | | |
| 35 | 4 th Dependent's First Name | | | | | | MI | Last | | | | | |
| 36 | Social Security # | | | | | | | | | | | | |
| 37 | Relationship (son, daughter, etc.) | | | | | | Dependent's gross income _____ | | | | | | |
| 38 | No. of months lived in taxpayer's home: _____ | | | | | | Full-time Student | | | Yes | No | | |
| SECTION 4: INCOME | | | | | | | | | | | | | |
| 39 | Do you have any Social Security Benefits? Yes No If Yes, Amount: \$ _____ | | | | | | | | | | | | |
| 40 | Do you have any interest income NOT listed on a 1099INT? Yes No If Yes, Amount: \$ _____ | | | | | | | | | | | | |
| 41 | Do you have any dividends from stock NOT listed on a 1099DIV? Yes No If Yes, Amount: \$ _____ | | | | | | | | | | | | |
| 42 | Do you have any income from a business you own? Yes No If Yes, Amount: \$ _____ | | | | | | | | | | | | |
| 43 | Did you sell any stocks or bonds? Yes No If Yes, Amount: \$ _____ | | | | | | | | | | | | |
| 44 | Did you have any rental income from property you owned? Yes No If Yes, Amount: \$ _____ | | | | | | | | | | | | |
| 45 | Any other income such as prizes, gambling winnings, jury duty, etc.? Yes No If Yes, Amount: \$ _____ | | | | | | | | | | | | |
| If additional space is needed, number and insert below. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

Taxpayer's Name _____

| SECTION 5: DEDUCTIONS | |
|--|---|
| 46 | Do you have any child care expenses? Yes No If Yes, Amount: \$ _____ Name of Care Provider _____ Address: _____ City: _____ State: _____ Zip: _____ Employer ID # or Social Security #: _____ |
| 47 | Do you have any student loan interest deductions? Yes No If Yes, Amount: \$ _____ |
| 48 | Do you have any IRA deductions? Yes No If Yes, Amount: \$ _____ |
| 49 | Did you pay interest and property taxes on your home? Yes No If Yes, Amount: \$ _____ |
| 50 | Did you pay any alimony? Yes No If Yes, Amount: \$ _____ |
| 51 | Did you have un-reimbursed medical and dental expenses? Yes No If Yes, Amount: \$ _____ |
| 52 | Did you change your job and move? Yes No How many miles from your old home to your new home: _____ miles Amount of moving expenses (include travel and lodging) \$ _____ |
| 53 | Did you contribute to a 529 college savings plan? ___ Yes ___ No If Yes, Amount: \$ _____ |
| SECTION 6: GENERAL QUESTIONS | |
| 54 | Are any dependents listed in SECTION 3 permanently disabled? ___ Yes ___ No |
| 55 | Were you a student at any time during the year? Yes No If Yes, how long? _____ How much did you pay for tuition and fees only? \$ _____ |
| 56 | Did you file a federal tax return last year? Yes No A State tax return? Yes No |
| 57 | Did you itemize your deductions last year? Yes No |
| *Items 58, 59, 60 & 61 must be completed: | |
| 58 | * Do you owe any back taxes? Yes No If Yes, Amount: \$ _____ |
| 59 | * Do you owe any back child support payments? Yes No If Yes, Amount: \$ _____ |
| 60 | * Do you owe any money on a defaulted student loan(s)? Yes No If Yes, Amount: \$ _____ |
| 61 | * Did you receive a federal tax refund last year? ___ Yes ___ No If Yes, Amount: \$ _____ |
| 62 | If you are in the following occupations, special deductions may apply: Teacher Fire fighter Police Long-haul trucker Clergy Actor/Artist |
| 63 | No. of Form W2's attached No. of Form 1099R attached |
| 64 | No. of Form 1099 INT attached No. of Form 1099G attached |
| 65 | No. of Form 1099 DIV attached No. of Form 1098T attached |
| 66 | No. of Form SSA-1's attached No. of Form 1099 MISC attached |
| 67 | No. of Form 1099 B attached No. of Form K-1's attached |

Taxpayer's Name _____

| SECTION 7: REFUND INFORMATION | | | | | | | | | |
|---|--|------------------------------|------|------------|--|--------------------|------|------------|--|
| 69 | <p>If you are due a refund, how do you want to receive it?</p> <p>A. By Electronic Direct Deposit (8 to 15 days) - Refunds are deposited into <u>your</u> bank account. Please provide the following bank account information: Your Account Number: _____ Name on Account _____ Account Type: Checking Savings ABA/Routing Number: _____ (leave blank if uncertain). <i>(Please attach a voided check or deposit slip from your account for verification. <u>If the account information is not provided, you will receive a paper check.</u>)</i></p> <p>B. By check mailed from IRS (19 to 26 days)</p> <p>C. Refund to be used as a down payment and deposited into the following business account: Business Name: _____</p> <p>If you are not due a refund, will you pay by Check or Credit/Debit Card?</p> <p>A. By Check: Amount: \$ _____ Ck No. _____ Ck Date _____</p> <p>B. By Credit/Debit Card: Charge: \$ _____ VISA MC AMEX Card #: _____ Exp. Date: _____ Security Code: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____ Signature (Required) _____</p> | | | | | | | | |
| 69 | <p>I (We, if filing Jointly) acknowledge that the above information provided by me (us) is true and accurate to the best of my (our) knowledge. I (We) hereby relieve Accounting Chaos, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/these tax returns, and agree to hold them harmless from any damages I (we) may suffer and understand that my (our) sole relief is limited to the return of any fees paid for the preparation of this/these tax documents. I (We) guarantee payment of the preparation fees and any related charges. An electronic signature has the same legal significance as my (our) written signature.</p> | | | | | | | | |
| 70 | <p style="text-align: center;">DIGITAL DOCUMENT STORAGE (DDS) (See insert for more information.)</p> <p>Check to have your tax records digitally converted and stored for \$30. All DDS documents will be mailed back.</p> | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Primary Taxpayer's Signature</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Print Name</td> </tr> <tr> <td style="padding: 5px;">Spouse's Signature</td> <td style="padding: 5px;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Print Name</td> </tr> </table> | | Primary Taxpayer's Signature | Date | Print Name | | Spouse's Signature | Date | Print Name | |
| Primary Taxpayer's Signature | Date | | | | | | | | |
| Print Name | | | | | | | | | |
| Spouse's Signature | Date | | | | | | | | |
| Print Name | | | | | | | | | |