

CLIENT QUESTIONNAIRE

Name:			
Address:			
City/State/Zip:			
Phone:			
Email:			
Taxpayer:	Date of Birth:	SSN:	
Spouse:	Date of Birth:	SSN:	
Dependents:			
Name	SSN	Date of Birth	Relationship
Do you have child care expenses? If so, provide name, address and EIN for provider(s).			
Name:			
Address:			
City/State/Zip:			
EIN:			
Name:			
Address:			
City/State/Zip:			
EIN:			
Name:			
Address:			
City/State/Zip:			
EIN:			
Do you think you are eligible for the Earned Income Tax Credit (EITC)?			
If yes, answer the following:			
Are you (the taxpayer) a dependent of another?			
Can anyone else claim the child as a dependent?			
Did you live in the United States for at least 7 months in current year?			
Has your EIC ever been reduced or disallowed?			
Do you have a foreign bank account?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any financial interest in a foreign bank account?			
Is the amount greater than \$10,000?			
Do you own real property in a foreign country?			
Do you have education expenses for a dependent or yourself?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, who:		(We will need the Form 1098-T issued by the college)	
Undergraduate <input type="checkbox"/>		Graduate <input type="checkbox"/>	
Have you made charitable contributions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
See the enclosed memo regarding required documentation for charitable contributions.			
Did you make contributions to a 529 College Savings Plan?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Insurance:		
Medicare	<input type="checkbox"/>	
Employer provided	<input type="checkbox"/>	
Purchase my own	<input type="checkbox"/>	
None	<input type="checkbox"/>	
Are you a participant in your employer retirement plan?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, will you fund a traditional Roth or IRA? (Contributions must be made by April 15 following the end of the tax year.)		
Are you self-employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a home office? A home office means a space used solely for you home office. If yes, see below.		
Size of Office		Sq. ft.
Size of Home		Sq. ft.
Relevant expenses:		
Mortgage Interest	\$	
Real estate taxes	\$	
Insurance	\$	
Utilities	\$	
Repairs & Maintenance	\$	
Purchase price of home	\$	
Do you use your vehicle or business? If yes, see below:		
Number of miles driven:		
Number of miles for business:		
<p>Be aware that there are documentations requirements which must be adhered to. The best way to document vehicle mileage is with a repair receipt. If your vehicle use is ever audited, you could be called upon to produce repair receipts. If you business use of your vehicle is significant, I strongly suggest it be documented in a calendar.</p> <p>The IRS has a standard mileage rate based on the number of business miles. If you instead want to write-off actual expenses (and depreciate), you must also be able to substantiate the amount you spend.</p>		
Do you have business meals and/or entertainment expenses?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If yes, you will want to document "who" you were entertaining and the "business purpose." This can be in your calendar or this can be on a credit card receipt. If you are audited and any of your records lack the required information, the deduction could be disallowed.</p>		
Do you hire individuals or small businesses in your business or rental property?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are you aware of the new 1099 reporting requirements?		
The IRS has increased the penalties for failure to file the required form 1099's.		