

# Tax Return Questionnaire - 2017 Tax Year

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **SSN** | **Date of Birth** | **Occupation** |
| **Taxpayer** |  |  |  |  |
| **Spouse** |  |  |  |  |
|  **Home Phone Work Phone Cell Phone Email**  |
| **Taxpayer** |  |  |  |  |
| **Spouse** |  |  |  |  |
| **Street Address, City, State, and Zip:** |
| **If the taxpayer and spouse were separated please check one:**  The taxpayer did not live with the spouse for the last 6 months  The taxpayer did not live with the spouse even 1 day during the year. |

**Marital Status at end of 2017 Taxpayer Spouse**

 Married Yes or No Yes or No You are blind?

 Married filing separately Yes or No Yes or No You are disabled?

 Single Yes or No Yes or No You are a full-time student?

 Widow(er), Date of Spouse’s Death \_\_\_\_\_\_\_\_\_\_\_ **Yes or No Yes or No Did you have Health Insurance all Year Long?**

**Dependent Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First and Last Name** | **SSN** | **Relationship** | **Date of Birth** | **Covered By Insurance all Year** | **Months Lived in the Home** | **Disabled** | **Full-time Student** | **Can another person claim this child** |
|  |  |  |  | Y or N |  | Y or N | Y or N | Y or N |
|  |  |  |  | Y or N |  | Y or N | Y or N | Y or N |
|  |  |  |  | Y or N |  | Y or N | Y or N | Y or N |
|  |  |  |  | Y or N |  | Y or N | Y or N | Y or N |
|  |  |  |  | Y or N |  | Y or N | Y or N | Y or N |
|  |  |  |  | Y or N |  | Y or N | Y or N | Y or N |

**Additional Questions:**

1. Did the Taxpayer/Spouse receive any notices from the IRS this year? Yes or No
2. Did the Taxpayer/Spouse have a foreign Bank Account? Yes or No
3. Did the Taxpayer/Spouse pay interest on student loans this year? Yes or No
4. Did the Taxpayer/Spouse receive rental property income this year? Yes or No
5. Did the Taxpayer/Spouse receive farm income this year? Yes or No
6. Did the Taxpayer/Spouse receive self-employment income or expenses this year? Yes or No
7. Did the Taxpayer/Spouse have any births or adoptions in your immediate family this year? Yes or No
8. Did the Taxpayer/Spouse Marital Status Change? Yes or No
9. Did the Taxpayer/Spouse receive a state refund and itemize last year? Yes or No
10. Did the Taxpayer/Spouse receive unemployment income this year? Yes or No
11. Did the Taxpayer/Spouse buy, sell, or refinance a house this year? Yes or No
12. Did the Taxpayer/Spouse withdraw funds from a pension or IRA this year? Yes or No
13. Did the Taxpayer/Spouse receive social security income this year? Yes or No
14. Did the Taxpayer/Spouse have dependent care benefits paid by their employer this year? Yes or No
15. Did the Taxpayer/Spouse pay tuition for post-high school education for anyone in your immediate family this year? Yes or No
16. Did the Taxpayer/Spouse receive any interest or dividends or have dividends reinvested this year? Yes or No
17. Did the Taxpayer/Spouse pay or receive alimony? Yes or No
18. Did the Taxpayer/Spouse receive jury duty pay this year? Yes or No
19. Did the Taxpayer/Spouse receive lottery or gambling winnings or other prizes this year? Yes or No
20. Did the Taxpayer/Spouse receive any estate or trust income this year? Yes or No
21. Did the Taxpayer/Spouse pay any state or local real estate taxes this year? Yes or No
22. Did every member of your household have health insurance this year? Yes or No

**Information to be Copied**

Driver’s License  Social Security Cards  Insurance Cards  Address Proof (if needed)

**DECLARATION:** I HAVE REVEIWED THE INFORMATION GIVEN TO YOU IN THIS PACKET AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE, AND READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN. I ACKNOWLEDGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.

**Taxpayer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_