

2022 Tax Filing Questionnaire

Fed _____

State _____

Date Received: _____

Contact Name: _____ Phone Number: _____

Returning 2022 Client _____ New Client _____ Referral Name: _____

Would you like an PDF Copy _____ or Paper Copy _____ of 2022 Tax Return

Name: _____ Spouse Name: _____

Social Security Number _____ Social Security Number _____

Your DL#: _____ Issue Date: _____ Exp Date: _____ DOB: _____

Spouse DL#: _____ Issue Date: _____ Exp Date: _____ DOB: _____

Address: _____

City, State & Zip _____ County: _____

Phone Number: _____ Email Address: _____

(Must provide email for Electronic Copy)

Did your **Marital Status** change in 2022? Yes ___ or No ___ If yes please explain: _____

If you have **IP PIN Number** issued by the government, please provide it here or a copy of your letter: _____

Did you purchase an **electric car** for your personal or business? Yes ___ or No ___

At any time during 2022 did you sell or trade any **Virtual Currency**? Yes ___ or No ___ If yes, provide statement _____

Direct Deposit Yes ___ or No ___ If yes, please provide bank information or voided check:

Checking _____ Savings _____

Bank Name _____ Routing # _____ Account # _____

Notes:

List **Dependent(s)** you are claiming on your return:

Name _____ SS# _____ DOB _____ Relationship _____

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Dependent Proof of residence required if claiming Child Tax Credit (i.e., insurance card, doctor bill, school record) showing child's name with home address.

Do you have any **Dependents** who must File a tax return? Yes ___ or No ___

Did you or dependents have any **College Expenses**? Yes ___ or No ___

If yes, do you have Form **1098-T** Yes ___ or No ___

Did you pay any **student loan interest** in 2022? Yes ___ or No ___ If yes, do you have form **1098-E** Yes ___ or No ___

Did you have private out of pocket **Health Insurance Premiums**? Yes ___ or No ___ If yes, how much _____

Do you have an **HSA** (Health Saving Account) Yes ___ or No ___ If yes, do you have Form **1099-SA** Yes ___ or No ___

Did you receive **Health Insurance Market Place** Statement? Yes ___ or No ___

If yes, do you have **Form 1095-A** Yes ___ or No ___

Did you receive **Unemployment Benefits** in 2022? Yes ___ or No ___

If yes, did you have Form **1099G**: Yes ___ or No ___

Did you have **Self Employment Income**? Yes ___ or No ___ If yes, provide income and expenses.

Did you receive payment on business transaction on eBay, PayPal, Cash App over \$600 each? Yes ___ or No ___

If yes, do you have form **1099K**? Yes ___ or No ___

Is there any **additional income** not shown in the paperwork you have provided? Yes ___ or No ___

If yes, please explain: _____

Did you take a **Distribution** from an **IRA or 401K** account in 2022? Yes ___ or No ___

If yes, amount and explanation: _____

Did you have a **401k** with former employer or **Old Annuity** that needs review? Yes ___ or No ___

Did you make any **Donations** by cash or check to charitable organizations in 2022? Yes ___ or No ___

If yes, how much did you donate? _____

If you paid **Estimated Taxes**, please fill in the information below:

<u>Federal</u>		<u>State</u>	
Date _____	Amount _____	Date _____	Amount _____
Date _____	Amount _____	Date _____	Amount _____
Date _____	Amount _____	Date _____	Amount _____
Date _____	Amount _____	Date _____	Amount _____