

NEW Client Questionnaire: TAMI R BENUS, CPA

Dropped off with: _____

Have you been victim of Identity theft? YES/NO
IF Yes do you have an IP PIN YES/NO
Do you have Bookkeeping that needs to be done? YES/NO
Do you have a FAFSA deadline to meet? YES/NO
If so, what date? _____

Tax Year (s)

Date Dropped Off

Time Dropped Off

WE NEED A COPY OF YOUR 2015 TAX RETURN!!

How did you hear about us?

E-file return? YES/NO

(If no, there will be a \$50 fee)

Direct Deposit? YES/NO

Client Name: _____

Current Address: _____

Return Format: (Circle One)

Paper Email Thumb drive (you provide)

Email: _____

Preferred

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

of Mos. Lived
with you during
the year

Family Member Information:

Name

Date of Birth

SSN/TIN

the year

Taxpayer: _____

Spouse (even if filing separate): _____

Dependent 1: _____

Dependent 2: _____

Dependent 3: _____

(Additional dependents may be listed below)

***Due to NEW IRS regulations, we need birthdays & social security cards for each member of the family.**

***If you adopted last year, we need a copy of the adoption papers.**

Did you get married or divorced in 2016? Yes / No

If so, we will need copy of divorce decree or marriage license and new social security card.

If you think you qualify for Earned Income Credit, please see receptionist for additional forms.

Anything you think we need to know/ any questions you have: _____

Notice: If you do not fill out the sheet entirely, you will be charged a \$90 fee if we have to make changes to the return.

MORE QUESTIONS ON BACK.

Please Answer the following questions:**If yes...**

Any foreign bank accounts?	Yes / NO	Does it have \$10,000 or more?
Did you have health insurance?	Yes / NO	Need 1095A or proof* of coverage.
Can be your insurance card, letter from insurance company. What YOU pay per month?		
Can you or your spouse be claimed as a dependent to anyone else?	Yes / NO	Which one of you?
Are you or your spouse legally blind?	Yes / NO	Which one of you?
Wages, W-2---did you change jobs?	Yes / NO	We will need copies.
Did you have any interest income?	Yes / NO	We need copies of 1099-INT
Did you have any dividend income?	Yes / NO	We need copies of 1099-DIV
Did you sell any stocks or bonds?	Yes / NO	We need copies of 1099-S and cost basis
Did you receive any unemployment?	Yes / NO	We need your 1099G
Did you receive any Soc Security?	Yes / NO	We need your SSA
Did you pay/receive any alimony?	Yes / NO	We need soc security numbers
Did you receive any retirement or pensions?	Yes / NO	We need 1099R
Did you take any early withdrawals?	Yes / NO	We need 1099R
Did you receive lottery/gambling winnings?	Yes / NO	W-2G's and what were your losses?
Or other prizes?? Jury Duty?	Yes / NO	
Did you make any retirement account rollovers?	Yes / NO	All paperwork regarding transaction
Did you receive any estate or trust income?	Yes / NO	Will need K1
Did you sale or buy any property?	Yes / NO	We will need the HUD statement
Do you have any cancelation of debt/foreclosed?	Yes / NO	We will need 1099A or C
Were you self employed?	Yes / NO	We need income and expenses, mileage!
Do you own any rental properties?	Yes / NO	We need income and expenses, mileage!
Do you have any child/dependent care expenses?	Yes / NO	We need to know to who and how much
Did you support a parent at nursing or their home?	Yes / NO	You may be able to claim as dependent
Did you/anyone in your house take college courses?	Yes / NO	We need 1098T & school account sum
Are you paying student loans?	Yes / NO	We need interest paid.
Did you receive a state refund or itemize in 2015?	Yes / NO	
Did you make any estimated tax payments?	Yes / NO	We need copies of canceled checks.

Schedule A: Itemized Deductions

Did you have long term health care?	Yes / NO	What did you pay out of pocket?
What were your total medical and dental exp?	Yes / NO	Co-pays and out of pocket total?
Do you have a H.S.A.?	Yes / NO	What did you contribute out of pocket?
Do you own a home?	Yes / NO	We need a copy of your 1098.
Did you pay any real estate tax?	Yes / NO	What was the amount?
Did you pay any personal property tax?	Yes / NO	What was the amount?
Did you give any charitable contributions?	Yes / NO	How much? And you will need receipts.
Did you make any contributions to a MOST/529?	Yes / NO	What was the amount?
Unreimbursed work items with a W-2 job?	Yes / NO	

Do you have a living will?

Who should we go to if anything should happen to taxpayer? _____

Have your tax returns ever been audited? _____ Which years? _____ If so, supply information.

Signature _____ Date _____