

**RETURNING 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  
**Would you like a FAFSA worksheet?** YES/NO  
**If so, what date?** \_\_\_\_\_

**Tax Year (s)**

Date Dropped Off
_____
Time Dropped Off
_____

E-file return? YES/NO

Direct Deposit? YES/NO

Change of Address: \_\_\_\_\_

Return Format: (Circle One)

Paper Email Thumb drive (you provide)

Email: \_\_\_\_\_

Preferred

Day Phone: \_\_\_\_\_   
Evening Phone: \_\_\_\_\_   
Cell Phone: \_\_\_\_\_

Taxpayer: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse \_\_\_\_\_

Do you have any dependents? \_\_\_\_\_ How Many? \_\_\_\_\_

Any dependents coming off return? \_\_\_\_\_

Did you add dependents this year? \_\_\_\_\_

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_ (Will need copy of card)

**\*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 the 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 EVERYONE on return have health insurance?	Yes / NO	If not, who didn't?
Did you get Health Insurance from Market Place?	Yes / NO	We will need 1095A
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 roll over?	Yes / NO	All paperwork regarding transaction
Did you receive any estate or trust income?	Yes / NO	Will need K1
Did you sell 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 or dependents take any 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 health insurance?	Yes / NO	What did you pay after taxes?
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	Need last check stub/What did you put it
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? Receipt?
Did you pay any personal property tax?	Yes / NO	What was the amount? Receipt?
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 \_\_\_\_\_