

# NEW Client Questionnaire: TRB & Associates

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 2017 TAX RETURN!

How did you hear about us?  
\_\_\_\_\_

E-file return? YES/NO

**(If no, there will be a \$90 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

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 2018? 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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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** \_\_\_\_\_



