

Accounting & Tax Associates, Inc.

Client Questionnaire / Drop off sheet

Find this form and other forms on our website: accountingandtaxassociates.com

Name: _____
 Best phone number & time to reach you: _____
 Email: _____ Drop off Date: ___/___/___
 Taxpayer's Date of Birth: ___/___/___ Spouse's Date of Birth: ___/___/___

Yes	No	<u>Main Information</u>
<input type="checkbox"/>	<input type="checkbox"/>	Is the address on last years tax return still current? *If no, what is your current address: _____
<input type="checkbox"/>	<input type="checkbox"/>	If you receive a refund, do you want it direct deposit? *If yes, Attach a VOIDED CHECK! Or last four digits of bank acct used last year # _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you claimed as a dependent on your parents tax return or someone else's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Is your occupation or your spouse's occupation still the same? *If no, your/spouse's current occupation: _____
<input type="checkbox"/>	<input type="checkbox"/>	Will you have the same filing status as last year? *If no, how will you be filing? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there the same number of dependents this year? *If not, explain: _____
New Dep. Name: _____		
Date of Birth: _____ Relationship: Son / Daughter / Other: _____		
Social Security #: _____ No. of months in your home: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay rent in MA? Total amount paid for rent: \$ _____

Yes	No	<u>Health Insurance</u>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance this year? *If yes, include form 1095A or 1095B or 1095C(MA residents also include 1099HC) *If you have <u>Medicare</u> it will be listed on your form SSA 1099 from social security. *If no, please explain: _____

Yes	No	<u>Income</u>	<u>Form Needed</u>
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn any income from a job? ----->	W2
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn any tip income? ----->	Final 25' Paystub
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn any overtime income? ----->	Final 25' Paystub
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn any interest(from bank account, escrow, etc.)? ----->	1099-INT
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn any dividends from(stocks, mutual funds, etc.)? ----->	1099-DIV
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any alimony? ----> Date of Agreement ___/___/___	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from self-employment? -----> *If yes, fill in the SELF EMPLOYMENT WORKSHEET (on our website)	1099-MISC
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any stocks, bonds or real estate? ----->	1099-B
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from any retirement accounts? ----->	1099-R
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from any pensions or annuities? ----->	1099-R
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any income from rental property? *If yes, fill in the RENTAL PROPERTY WORKSHEET (on our website)	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from unemployment? ----->	1099-G
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from social security? ----->	SSA 1099
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income? *If yes, explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Did you win any money? ----->	W2-G

Yes	No	Digital/Crypto Assets	Form Needed
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, exchange, or dispose of any Digital/Crypto assets	1099-B or Buy/Sell Activity Summary

Yes	No	Adjustments	Form Needed
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an Traditional IRA? (Not a 401(k) or 403(b)) ---->	5498
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any interest payments on any student loans? ----->	1098-E
<input type="checkbox"/>	<input type="checkbox"/>	Did you use an HSA to pay for medical expenses? ----->	1099-SA
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any interest payments on any student loans? ----->	1098-E
*If yes, was the amount taken from HSA used for medical expenses?			
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new american made car? ----->	Interest Loan Stat.

Yes	No	Credits	Form Needed/ \$ Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for daycare for your dependent?	
		Daycare's Name: _____ SS#/FID#: _____	\$ _____
		Daycare's Name: _____ SS#/FID#: _____	\$ _____
		Daycare's Name: _____ SS#/FID#: _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for college for yourself or a dependent? ----->	1098-T
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay voluntarily send in Estimated Tax Payments every quarter?	

Yes	No	Itemized Deductions	\$ Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you have medical expenses that exceed 7.5% of your income?	\$ _____
*Note: Medical expenses do not include pre-taxed health insurance on W2			
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Real Estate Taxes on your personal residence?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Excise Tax on your vehicle or other personal property?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Mortgage Interest on your home?(Include 1098 Form)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Interest on a Home Equity Loan?(Include 1098 Form)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any donation that you have receipts for?	\$ _____
*If yes, Include your donation receipts with this tax organizer			

Notes:

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax return for which I have adequate records.

Taxpayer: _____ Date: _____

Spouse: _____ Date: _____

If married, BOTH taxpayer and spouse MUST sign and date