

# TAXSTAR

## 5-Minute Tax Questionnaire

### Income Tax Preparation Client Information Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. For Joint Filings, put a "T" before taxpayer's information and an "S" before spouse's information. **TODAY'S DATE:** \_\_\_\_\_  
If more space is needed, use the space below or attach blank pages.

#### SECTION 1 TAXPAYER INFORMATION

1	Taxpayer's First Name	MI	Last
2	Social Security Number (or ITIN)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>	
3	Marital Status:    Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>		
4	Street Address		Apt#
5	City	State	Zip
6	Home Phone		Work Phone
7	E-mail	Date of Birth: month                      day                      year	
8	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupation	
9	Can you be claimed as a dependent on another's return    Yes <input type="checkbox"/> No <input type="checkbox"/>		\$3 to Presidential Campaign Fund Yes <input type="checkbox"/> No <input type="checkbox"/>

10	Spouse's First Name	MI	Last
11	Social Security Number (or ITIN)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>	
12	Street Address		Apt#
13	City	State	Zip
14	Home Phone		Work Phone
15	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: month                      day                      year	
16	Occupation	\$3 to Presidential Campaign Fund    Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Can you be claimed as a dependent on another's return    Yes <input type="checkbox"/> No <input type="checkbox"/>		

#### SECTION 2 FILING STATUS

18	Single <input type="checkbox"/> (Never married, unmarried as of December 31, 2017, or legally separated)
19	Married Filing Jointly <input type="checkbox"/> (Married as of December 31, 2017)
20	Married Filing Separately <input type="checkbox"/> Spouse's Name and SS#
21	Head of Household <input type="checkbox"/> (Leave blank if you do not know if you qualify)
22	Qualifying Widow(er) <input type="checkbox"/> (Leave blank if you do not know if you qualify)
23	Did your spouse die in 2015, 2016 or 2017    Yes <input type="checkbox"/> No <input type="checkbox"/> If so, did you remarry    Yes <input type="checkbox"/> No <input type="checkbox"/>

**If additional space is needed, number and insert below.**

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## Client Information Sheet (continued)

**SECTION 3** **DEPENDENT INFORMATION**

24	1 <sup>st</sup> Dependent's First Name	MI	Last
25	Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth
26	Relationship (son, daughter, etc.)	Dependent's gross income in 2017	
27	Number of months they lived in your home in 2017	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
28	2 <sup>nd</sup> Dependent's First Name	MI	Last
29	Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth
30	Relationship (son, daughter, etc.)	Dependent's gross income in 2017	
31	Number of months they lived in your home in 2017	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
32	3 <sup>rd</sup> Dependent's First Name	MI	Last
33	Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth
34	Relationship (son, daughter, etc.)	Dependent's gross income in 2017	
35	Number of months they lived in your home in 2017	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
36	4 <sup>th</sup> Dependent's First Name	MI	Last
37	Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth
38	Relationship (son, daughter, etc.)	Dependent's gross income in 2017	
39	Number of months they lived in your home in 2017	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SECTION 4** **INCOME**

40	Do you have any Social Security Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
41	Do you have any interest income NOT listed on a 1099INT? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
42	Do you have any dividends from stocks NOT listed on a 1099DIV? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
43	Do you have any income from a business you own? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
44	Did you sell any stocks or bonds in 2017? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
45	Did you have any rental income from property you owned? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
46	Any other income such as prizes, gambling winnings, jury duty, alimony from an ex-spouse, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$

If additional space is needed, number and insert below.


Client Information Sheet (continued)

**SECTION 5 DEDUCTIONS**

47	Do you have any child care expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ Name of Care Provider _____ Phone _____ Address _____ Address _____ Employer I D # or Social Security # _____
48	Do you have any student loan interest deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
49	Do you have any IRA deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
50	Did you pay interest and property taxes on your home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
51	Did you pay any alimony to an ex-spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
52	Did you have un-reimbursed medical and dental expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
53	Did you change your job and move in 2017? No <input type="checkbox"/> Yes <input type="checkbox"/> How many miles from your old home to your new home: _____ Amount of moving expense (include travel and lodging) \$ _____
54	Did you contribute to Self-employed SEP or SIMPLE plan? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Amount: \$ _____

**SECTION 6 GENERAL QUESTIONS**

	<b>Health Insurance (Affordable Care Act)</b>	
55	Did you have health insurance for the entire 2017 year? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, check the months you <u>had</u> health insurance coverage: NONE <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	
56	Did your spouse have health insurance for the entire 2017 year? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If No, check the months in 2017 your spouse <u>had</u> health insurance coverage: NONE <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	
57	Did your dependents have health insurance for the entire 2017 year? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If No, check the months in 2016 your dependents <u>had</u> health insurance coverage: Dependent #1 NONE <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Dependent #2 NONE <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Dependent #3 NONE <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Dependent #4 NONE <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	
58	Do you and/ or a member of your tax household have a coverage exemption granted by the Marketplace? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Certificate Number: _____	
59	Do you and/ or a member of your tax household have a coverage exemption that can be claimed on your tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>	
60	*Did you receive an Advance Payment of Premium Tax Credit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount: \$ _____	
61	RESERVED	
62	RESERVED	
63	Are any dependents listed in SECTION 3 permanently disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
64	Where you a student at any time during 2017? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: How long? _____ How much did you pay for tuition and fees? \$ _____ Books and supplies? _____	
65	Did you file a federal tax return last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	A state tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>
66	Did you itemize your deductions last year? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Client Information Sheet (continued)

	* Items 67, 68, 69, 70 and 71 could effect you tax refund:
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67	* Do you owe any back taxes? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
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68	* Do you owe any back child support payments?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
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69	* Do you owe any money on a defaulted student loan?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
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<b>70</b>	<b>* Did you receive a federal tax refund last year?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
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71	* Was your Earned Income Credit disallowed last year?    Yes <input type="checkbox"/> No <input type="checkbox"/>
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72	<p>If you are in the following occupations, special deductions may apply:</p> <p>Teacher <input type="checkbox"/>    Fire fighter <input type="checkbox"/>    Police <input type="checkbox"/>    Long-haul trucker <input type="checkbox"/>    Clergy <input type="checkbox"/>    Actor/ Artist <input type="checkbox"/></p>
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73	Number of Form W2's attached	Number of Form 1099R attached
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74	Number of Form 1099 INT attached	Number of Form 1099G attached
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75	Number of Form 1099 DIV attached	Number of <u>other</u> Forms attached
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76	The following Supplemental Worksheets are attached: <input type="checkbox"/> State Info <input type="checkbox"/> Itemized Deductions <input type="checkbox"/> Business <input type="checkbox"/> Moving <input type="checkbox"/> Affordable Care Act <input type="checkbox"/>
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**If additional space is needed, number and insert below**

## SECTION 7 REFUND AND PREPARATION FEE PAYMENT INFORMATION

77	Please prepare the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State (Name of state or states) :
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78	Please electronically file the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State(s)
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## REFUND OPTIONS

If you are due a refund, how do you want to receive the money? (Check one of the boxes below):

**PLEASE NOTE: If applying for a bank product a P.O. Box cannot be listed as your primary address, a physical address is required.**

**A. ☐ By Electronic Refund Deposit (8 to 15 Days) – Refunds are deposited into your bank account after preparation and bank fees are deducted. Please provide the following bank account information:**

Your Account Number

Name on Account \_\_\_\_\_ Account Type: ☐Checking ☐Savings ☐Other

Bank Routing Transit Number (RTN) \_\_\_\_\_ (leave blank if uncertain). ***(Please attach a voided check or deposit slip from your account for verification)***

**B. ☐ Green Dot VISA Prepaid Card** – Your tax refund is automatically loaded on to the Green Dot card after preparation and bank fees are deducted. A convenient way to get cash and make purchases throughout the year (Additional Fees may apply, ask for details).

79 **C. ☐ By Electronic Refund Checking (7 to 14 Days)** – Preparation and bank fees are deducted from refund and a bank check will be available for pick up, at this location or mailed to your home.

**PAYMENT OPTIONS** Options **D**, **E** and **F** must be paid when tax return is prepared:

**D. ☐ By IRS Direct Deposit to your bank account (12 to 19 Days) – All fees must be paid in advance.**

**E. ☐ By check mailed from IRS (19 to 26 Days) – All fees must be paid in advance.**

**F. ☐ No Refund Due – Will pay by Credit or Debit Card: Charge \$\_\_\_\_\_ to my card: ☐ VISA ☐ MC ☐ AMEX**

[illegible]

Please complete all blanks exactly as shown on card and on billing statements:

Name	Address
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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (            ) \_\_\_\_\_ Fax (            ) \_\_\_\_\_

Signature (Required)

80 liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these tax documents. I (we) guarantee payment of the preparation fee and any related charges. An electronic signature has the same legal significance as my written signature.

Primary Taxpayer's Signature	Date
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Print Name \_\_\_\_\_

Spouse's Signature	Date
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Print Name \_\_\_\_\_

## SECTION 8

## ORIGINATING LOCATION INFORMATION

Location Name	Location Number	Contact Name
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Address	City	State	Zip
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Phone	Fax	Comments
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