TAXSTAR5-Minute Tax Questionnaire

Income Tax Preparation Client Information Questionnaire

INSTRUCTIONS: Answer <u>All</u> 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					
3	Marital Status: Single□ Married□ Separated□ Divorced□ Widow□					
4	Street Address Apt#					
5	City State Zip					
6	Home Phone Work Phone					
7	*E-mail Date of Birth: month day year					
8	Legally Blind: Yes□ No□ Occupation					
9	Can you be claimed as a dependent on another's return Yes□ No□ \$3 to Presidential Campaign Fund Yes□ No□					
10	Spouse's First Name MI Last					
11	Social Security Number					
12	Street Address Apt#					
13	City State Zip					
14	Home Phone Work Phone					
15	*E-mail Date of Birth: month day year					
16	Legally Blind: Yes□ No□ Occupation					
17	Can you be claimed as a dependent on another's return Yes□ No□ \$3 to Presidential Campaign Fund Yes□ No□					
SECT	FILING STATUS					
18	Single□ (Never married, unmarried as of December 31, 2020, or legally separated)					
19	Married Filing Jointly□ (Married as of December 31, 2020)					
20	Married Filing Separately□ Spouse's Name and SS#					
21	Head of Household□ (Leave blank if you do not know if you qualify)					
22	Qualifying Widow(er)□ (Leave blank if you do not know if you qualify)					
23	Did your spouse die in 2018, 2019 or 2020 Yes□ No If so, did you remarry Yes□ No□					
If additional space is needed, number and insert below, or check and continue on a separate sheet						

Client Information Sheet (continued)					
SECTION 3 DEPENDENT INFORMATION					
24	1 st Dependent's First Name MI Last				
25	Social Security Number Date of birth				
26	Relationship (son, daughter, etc.) Dependent's gross income in 2020				
27	Number of months they lived in your home in 2020 Full-time Student Yes□ No□				
28	2 nd Dependent's First Name MI Last				
29	Social Security Number Date of birth				
30	Relationship (son, daughter, etc.) Dependent's gross income in 2020				
31	Number of months they lived in your home in 2020 Full-time Student Yes□ No□				
32	3 rd Dependent's First Name MI Last				
33	Social Security Number Date of birth				
34	Relationship (son, daughter, etc.) Dependent's gross income in 2020				
35	Number of months they lived in your home in 2020 Full-time Student Yes□ No□				
36	4 th Dependent's First Name MI Last				
37	Social Security Number Date of birth				
38	Relationship (son, daughter, etc.) Dependent's gross income in 2020				
39	Number of months they lived in your home in 2020 Full-time Student Yes□ No□				
SEC	TION 4 INCOME				
40	Do you have any Social Security Benefits? Yes□ No□ If Yes, Amount: \$				
41	Do you have any interest income NOT listed on a 1099INT? Yes□ No□ If Yes, Amount: \$				
42	Do you have any dividends from stocks NOT listed on a 1099DIV? Yes□ No□ If Yes, Amount: \$				
43	Do you have any income from a business you own? Yes□ No□ If Yes, Amount: \$				
44	Did you sell any stocks or bonds in 2020? Yes□ No□ If Yes, Amount: \$				
45	Did you have any rental income from property you owned? Yes□ No□ If Yes, Amount: \$				
46	Any other income such as prizes, gambling winnings, jury duty, alimony from an ex-spouse, etc.? Yes□ No□ If Yes, Amount: \$				
47	Did you receive Unemployment payments in 2020? If Yes, Amount: \$ Any withholding \$				
48	* Did you receive the First economic impact payment sent beginning April, 2020? Yes No If Yes, Amt: \$ * Did you receive the Second economic impact payment sent beginning January, 2021? Yes No If Yes, Amt: \$ Did you have dependent children under age 17 in 2020? Yes No If Yes, how many?				
49	Was your 2019 earned income more than the 2020 earned income due to job loss or underemployment? Yes No If Yes, amount of 2019 earned income: \$				
If additional space is needed, number and insert below, or check and continue on a separate sheet					

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Clien	Client Information Sheet (continued)					
SECTION 5 DEDUCTIONS						
50	Do you have any child care expenses? Yes No If Yes, Amount: \$ Name of Care Provider Phone Address Address Employer I D # or Social Security #					
51	Do you have any student loan interest deductions? Yes□ No□ If Yes, Amount: \$					
52	Do you have any IRA deductions? Yes□ No□ If Yes, Amount: \$					
53	Did you pay interest and property taxes on your home? Yes□ No□ If Yes, Amount: \$					
54	Did you pay any alimony to an ex-spouse? Yes□ No□ If Yes, Amount: \$					
55	Did you have un-reimbursed medical and dental expenses? Yes□ No□ If Yes, Amount: \$					
56	RESERVED					
57	Did you contribute to Self-employed SEP or SIMPLE plan? No□ Yes□ If yes, Amount: \$					
SEC	TION 6 GENERAL QUESTIONS					
	Health Insurance (Affordable Care Act)					
58	Did you have health insurance for the entire 2020 year? Yes□ No□ If No, check the months you had health insurance coverage: NONE□ Jan□ Feb□ Mar□ Apr□ May□ June□ July□ Aug□ Sept□ Oct□ Nov□ Dec□					
59	Did your spouse have health insurance for the entire 2020 year? Yes□ No□ N/A □ If No, check the months in 2020 your spouse <u>had</u> health insurance coverage: NONE□ Jan□ Feb□ Mar□ Apr□ May□ June□ July□ Aug□ Sept□ Oct□ Nov□ Dec□					
60	Did your dependents have health insurance for the entire 2020 year? Yes No N/A If No, check the months in 2020 your dependents had health insurance coverage: Dependent #1 NONE Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Dependent #2 NONE Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Dependent #3 NONE Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Dependent #4 NONE Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec Dependent #4 NONE Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec					
61	Do you and/ or a member of your tax household have a coverage exemption granted by the Marketplace? Yes□ No□ If Yes, Certificate Number:					
62	Do you and/ or a member of your tax household have a coverage exemption that can be claimed on your tax return? Yes□ No□					
63	*Did you receive an Advance Payment of Premium Tax Credit? Yes□ No□ If yes, Amount: \$					
64	RESERVED					
65	RESERVED					
66	Are any dependents listed in SECTION 3 permanently disabled? Yes□ No□					
67	Where you a student at any time during 2020? Yes□ No□ If Yes: How long? How much did you pay for tuition and fees? \$ Books and supplies?					
68	Did you file a federal tax return last year? Yes□ No□ A state tax return? Yes□ No□					
69	Did you itemize your deductions last year? Yes□ No□					

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Clien	Client Information Sheet (continued)							
	* Items 70, 71, 72, 73 and 74 could effect your tax refund:							
70	* Do you owe any back taxes? Yes□ No□ If Yes, Amount: \$							
71	* Do you owe any back child support payments? Yes□ No□ If Yes, Amount: \$							
72	* Do you owe any money on a defaulted student loan? Yes□ No□ If Yes, Amount: \$							
73	* Did you receive a federal tax refund last year? Yes□ No□ If Yes, Amount: \$							
74	* Was your Earned Income Credit disallowed last year? Yes□ No□							
75	If you are in the following occupations, special deductions may apply: Teacher□ Fire fighter□ Police□ Long-haul trucker□ Clergy□ Actor/ Artist□							
76	Number of Form W2's attached Number of Form 1099R attached							
77	Number of Form 1099 INT attached Number of Form 1099G attached							
78	Number of Form 1099 DIV attached Number of other Forms attached							
79	The following Supplemental Worksheets are attached: □State Info □Itemized Deductions □Business □Moving □Affordable Care Act □							
If add	litional space is needed, number and insert below							
SEC	TION 7 REFUND AND PREPARATION FEE PAYMENT INFORMATION							
80	Please prepare the following returns: □Federal □State (Name of state or states):							
81	Please electronically file the following returns: □Federal □State(s)							

Client	Information Sheet (continued)						
Clien	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 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.□ 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 Option	PAYMENT OPTIONS Options C, D and E must be paid when tax return is prepared:					
82	 C.□ By IRS Direct Deposit to your bank account (12 to 19 Days) – All fees must be paid in advance. D.□ By check mailed from IRS (19 to 26 Days) – All fees must be paid in advance. E.□ No Refund Due – Will pay by Credit or Debit Card: Charge \$ to my card: □ VISA □ MC AMEX 						
	Please complete all blanks ex Name City Telephone ()	actly as shown on card and on billing Address Fax ()	statements: State Z	Zip			
83	I (We, if filing Jointly) acknowledge that the above information provided by me is true and accurate to the best of my knowledge. I hereby relieve TAXSTAR FINANCIAL SERVICES, INC., its agents and affiliates, from any 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.						
Prima	ry Taxpayer's Signature		1	Date			
Print	Name		,				
Spou	se's Signature		I	Date			
Print	Name		l				
SEC	TION 8	DRIGINATING LOCATION INFORMA	TION				
Locati	on Name	Location Number	Contact Name				
Address		City	State	Zip			
Phone		Fax	Comments				

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