

Tax Strategies, Inc.

www.mytaxstrategies.com

Individual Questionnaire 2017

Customer Name: _____ Date: _____

Phone Number: _____ Email: _____

(Do you want to be contacted by Email? YES NO)

IF YOU ARE A NEW CLIENT, PLEASE FILL OUT THE TABLE BELOW

Taxpayer		Spouse	
Name _____		Name _____	
Occupation _____		Occupation _____	
SSN _____	Date of Birth _____	SSN _____	Date of Birth _____
Address _____		County _____	
City _____	State _____	Zipcode _____	

Dependents			
Full Name	Date of Birth	SSN	Relationship

Check if it is possible that a different taxpayer might claim a child listed above as a dependent

Check if you can be claimed as a dependent on another person's tax return for 2017

***Please mark each question with an “x”**

YES	NO	QUESTION
		Has your address changed during last year? If yes, what is the new address:
		Did your bank account change during the year? If yes, Route No: _____ Acct No : _____
		Did you pay or receive alimony during 2017? Pay _____ Received _____ To/From: Name _____ SS# _____ Amount \$ _____
		For the ENTIRE YEAR , did you, your spouse, and your dependents have health care coverage provided by either an <u>employer</u> or the <u>government</u> (Medicare, Medicaid or VA)
		Did you purchase health insurance for yourself or a family member through the <u>Health Insurance Marketplace</u> (if so Form 1095-A is required)
		Do you own any securities or hold any debts that became worthless during the year? Provide details:
		Were any stock options granted to you by your employer in 2017?
		Did you exercise any stock options in 2017?
		Are you a National Guard member or an Armed Forces reservist and travel more than 100 miles and stay overnight to fulfill duty?
		Did you move because of a job change? Distance from old house to old job: _____ Miles Distance from old house to new job: _____ Miles
		Did you have a retirement plan withdrawal, rollover or lump-sum distribution in 2017?
		Did you (or do you plan to before April 15, 2018) contribute to a traditional IRA, Roth IRA or Self-employed retirement plan for 2017?
		Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2017?
		Did you (or do you plan to before April 15, 2018) contribute to a health savings account (HSA) for 2017? Amount of contribution: _____ Self: \$ _____ Spouse: \$ _____ Type of health plan coverage: Self-only ___ Family ___
		Did you receive any distributions from your health savings account (HSA)?
		Do you or your spouse participate in an employer’s retirement plan?
		Are you a K-12 teacher and if so, did you incur out-of-pocket classroom costs?

YES	NO	QUESTION
		<p>Did you pay child care costs for a dependent under age 13, or costs of caring for a handicapped individual, so you could work, attend school or look for a job?</p> <p>If yes, provide the amounts paid for each dependent and the names, phone number, addresses and Taxpayer identification numbers of care providers. Name: _____ Phone number: _____ Address: _____ Taxpayer ID number: _____</p> <p>Also, how much, if any, was reimbursed by an employer dependent care plan. \$ _____ If so, is the amount shown in box 10 on your W-2? Yes ___ No ___</p>
		<p>Did you receive any tips during the year? If yes, were all tips reported to your employer? Yes ___ No ___</p>
		<p>Did you receive COBRA health insurance premium assistance (reduced premiums)? If so: Amount \$ _____</p>
		<p>Did you have any debts canceled or reduced (including credit cards), Principal or investment property repossessed or Foreclosed upon, or have you filed for bankruptcy? If yes, did you receive a 1099 Form from the company? Yes ___ or No ___</p>
		<p>Did you make gifts totaling more than \$14,000 to any individual during the year? If so, provide recipient's name, address, relationship to you and the amount of the gift.</p>
		<p>Do you and/or your spouse want to designate \$3 to the Presidential Election Campaign Fund? NOTE: (Does not change amount due or refund.)</p>
		<p>Did you receive unemployment benefits or repay them during the year? If yes, Received: ___ Repay: ___</p>
		<p>Were there any births, marriages, divorces, or deaths in your immediate family during the year? NOTE: It only applies if individual is being claimed in your 2017 tax return</p>
		<p>Did you have a second job at any time during the year?</p>
		<p>Were you job hunting at any time during the year?</p>
		<p>Did you earn income or pay taxes in another state?</p>
		<p>Did you receive any social security benefits?</p>
		<p>Did you incur education costs for yourself, your spouse or your dependents?</p>
		<p>Did your children have income of \$1,050.00 or more of interest?</p>
		<p>Did you rent for more than 5 months?</p>
		<p>Did you buy products that were subject to Sales Tax and you paid LESS than your home state's sales tax at the time of purchase?</p>
		<p>Did you purchase a new residence or sell your old residence?</p>
		<p>Did you refinance your residence or take a home equity loan?</p>

YES	NO	QUESTION
		Did you receive a notice from the IRS or other taxing authority regarding a prior year tax return?
		Did you open a medical savings plan (MSA)?
		Did you conduct business from your home?
		Did you earn income or pay taxes in another country?
		Did the IRS disallow earned income credit (EIC) in the prior year?
		Did you make a contribution to a College Savings Plan?
		Did you add any non-business energy-efficient qualified improvements to your existing homes?
		Did you purchase a qualified fuel cell vehicle?
		Did you purchase a four-wheeled, plug –in electric drive motor vehicle or a 2 or 3–wheeled electric vehicle?
		Were you issued an Identity Protection PIN by the IRS? If yes, PIN: _____ NOTE: For identity theft victims only. You usually receive a letter in the mail with the PIN.

How did you hear about Tax Strategies?

- YELP**
 GOOGLE
 OUR WEB SITE
 FRIEND/FAMILY MEMBER- Name: _____
 OTHER: _____

Did you Refer any **new** clients to us **this** year?

If Yes who? _____

Thank You, for the recommendation!

How will you pay for the tax preparation (Please circle one):

*Check Cash ATM or Credit Card **Bank Product

PLEASE NOTE

***No postdated checks or credit. (Please do not ask)**

***There is a \$25.00 fee for a returned personal check.**

****Bank Product has a \$55.00 bank fee to deduct prep fee from refund. This fee is from the bank for this service.**