



Taxpayer & Spouse: _____

2022 CUSTOMER QUESTIONNAIRE

Please provide the information requested below. Please circle the applicable response where available in this document. If the question does not pertain to you, please mark N/A. Unless indicated, all questions pertain to the 2022 tax year. **PLEASE PROVIDE DOCUMENTS TO SUPPORT THE ANSWERS TO ALL THE QUESTIONS IN THIS QUESTIONNAIRE.**

Personal Information

| Taxpayer | Taxpayer | Spouse | Spouse |
|-----------------------------|----------|-----------------------------|--------|
| First Name | | First Name | |
| Last Name | | Last Name | |
| SS# or ITIN | | SS# or ITIN | |
| Occupation | | Occupation | |
| Birthday | | Birthday | |
| Address | | Address | |
| City, ST. Zip | | City, ST. Zip | |
| Telephone Other | | Telephone Other | |
| Cell Phone | | Cell Phone | |
| Email | | Email | |
| Preferred method of contact | | Preferred method of contact | |

| Income/Deduction | Tax Form or Supporting Documentation | Provided? Answer Yes, N/A, or No. Please answer “Yes” if you are giving us a copy of the document. Please answer “N/A” if you did not receive one or it does not apply. If you have this information but are not providing it, answer “No” and explain why. |
|------------------------|--------------------------------------|---|
| Wages | Form W-2 | |
| Interest and Dividends | Form 1099-INT and 1099-DIV | |

| | | |
|--|---|--|
| Sale of Stocks, Securities, Capital Assets | Form 1099-B | |
| Miscellaneous Income | Form 1099-MISC and 1099-NEC | |
| Retirement/Pension Distributions | Form 1099-R | |
| Pass-thru Income (LLC's, S Corp, Partnership, Trust, Estate) | Schedule K-1 | |
| Unemployment compensation | Form 1099-G | |
| Social Security Income | Form SSA-1099 | |
| Mortgage Interest | Form 1098 | |
| Health Savings Account (HAS or MSA) | Forms 1099-SA and 5498-SA | |
| Healthcare Coverage or Insurance | Forms 1095-A | |
| Student Loan Interest | Form 1098-E | |
| Tuition | Form 1098-T | |
| Education credit | All documents supporting education expenses | |

| | | |
|--|---|--|
| Medical and dental expenses | Receipts showing services rendered and payments made by you | |
| General sales tax deductions | Sales receipts for qualifying items purchased, or a retained printout of the results of the online Sales Tax Deduction Calculator | |
| Gifts to charity | Verifiable (i.e. third party) receipt from a qualifying charity for each donation | |
| Non-cash charitable donations that exceed \$500 | Detailed listing of each and every item donated, the date of such donation, and that item's value as estimated by the taxpayer or the charity | |
| Non-cash charitable contributions exceeding \$2,500 for one item or a group of similar items grouped together, e.g., "household goods," "clothes," "furniture," "books," and "miscellaneous" | Detailed listing of each and every item donated, the date of such donation, that item's value as estimated by the taxpayer or the charity, and a signed and dated appraisal | |
| Schedule C deductions | All documents that support your income or expense items, documents relating to any business owned or operated by you, and documents supporting gross receipts of the business | |

1. Do you or your spouse have a personal identification number (due to identity theft)? If yes, please indicate the number below. yes/no/na

| Taxpayer | Pin | Spouse | Pin |
|-----------------|------------|---------------|------------|
| | | | |

Dependents

- 1. Can you or your spouse be claimed as a dependent on someone else’s tax return? yes/no/na
- 2. Did you have any dependents this tax year? yes/no/na
 - i. If yes, since when have they been living with you?
 - ii. Do you pay half the cost of maintaining the home for yourself and the dependent? yes/ no/na
 - iii. Are you unmarried? yes/ no/na
- 3. Were there any changes in dependents? yes/no/na
- 4. Did any of your dependents have unearned income over \$1,100 or earned income over \$12,400? If yes, the dependent is required to file a return. yes/no/na
- 5. Do you want us to prepare a tax return for your dependent if required yes/no/na
- 6. Did you or your spouse pay for childcare while you or your spouse worked or looked for work yes/no/na

Healthcare

- 1. Did you obtain healthcare coverage through the Marketplace? If yes, include all Form 1095-A. yes/no/na
- 2. Did you have any transactions pertaining to a health savings account (HAS) or medical savings account (MSA)? If so, include all Forms 1099-SA and/or 5498-SA. yes/no/na

Retirement

- 1. Did you receive a distribution from or contribute to a retirement plan (401(k), IRA, Etc.)? If so, include all Forms 5498 and/or 1099-R. yes/no/na
- 2. Did you withdraw any amounts from your IRA to pay for higher education expenses, medical expenses or acquire a principal residence? If so, please provide us details. yes/no/na

Education

- 1. Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? yes/no/na
 - a. If so, include Form 1098-T.

2. Did you or your spouse pay any interest associated with a student loan? yes/no/na
 - a. If yes, please provide Form 1098-E received.
3. Did you withdraw funds from an education savings account or qualified tuition program and use the funds for anything other than qualified education expenses? Please include Form 1099-Q. yes/no/na
 - a. If yes, explain and provide amounts.
4. **If you answered yes to any of these questions, please fill out Module 5 below.**

Investments

1. Did you or your spouse sell any securities or investment property not reported on Form 1099-B? yes/no/na
2. Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? yes/no/na
 - a. If so, please include settlement statement you received at closing.
3. Did you or your spouse start, purchase, or sell a business, rental property, or farm, or acquire/sell any interest in any partnership or S corporation? yes/no/na
4. Did you or your spouse receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? yes/no/na

Miscellaneous

1. Did you receive any disability income? yes/no/na
 - a. If so, provide us with any forms you received, 1099's, etc.
2. Did you have any interest in or a signature authority over a bank account, securities account, or other financial account in a foreign country? yes/no/na
3. Did you or your spouse engage in any gambling activity during the tax year? yes/no/na
 - a. If yes, provide information regarding gambling winnings, if any.
 - b. If yes, provide information regarding gambling losses, if any, in Module 11.
4. Were any debts owed by you or your spouse cancelled or forgiven? yes/no/na
 - a. If yes, provide details and Forms 1099 received. yes/no/na

5. Are you or your spouse teachers or other educators?
 - a. If yes, complete Module 11. yes/no/na
6. Did you or your spouse incur and pay any medical or dental expenses during the year?
 - a. If yes, complete Module 11. yes/no/na
7. Did you or your spouse make contributions to charity during the year?

If yes, complete Module 11. yes/no/na
8. Did you or your spouse pay sales tax or use tax to a state, municipality, county, or city during the year? yes/no/na
9. Did you purchase a car, boat or motorized vehicle? yes/no/na
10. Did you make a qualified residential energy-efficient improvements or purchases involving solar, wind, geothermal, or fuel cell energy resources? yes/no/na
 - a. If so, please provide us with invoices you paid in 2022 along with the tax credit certificate received.

CERTIFICATION

The undersigned certifies, under the penalties of perjury, that the information provided in response to the foregoing questions is complete and accurate to the best of his or her knowledge. The undersigned further certifies that he or she has provided the information requested herein. The undersigned also certifies that he or she has verified the information provided in this document and states that it comports with the supporting documentation provided, if any.

Taxpayer's Signature

Spouse's Signature

Taxpayer's Printed Name

Spouse's Printed Name

Dated:

Dated: