## Questionnaire

Personal Information	Y	Ν	Personal Information cont.	Υ	Ν
Can you be claimed as a dependent by another taxpayer?		С	Do you hold interest in a foreign entity?		
Did your marital status change during the year?  If yes, explain:		С	Did you make any <u>out-of-state purchases</u> (by telephone, internet, mail, or in person) for which the seller <u>did not</u> collect state sales or use tax?	Ц	
Did you change any <u>bank accounts</u> that have been used to direct deposit (or direct debit)?  Act #		С	Dependent Information	Υ	N
Rtg #			Were there any changes in dependents from the prior year? If yes, explain:		
Would you like any potential <u>tax refunds</u> to be <u>direct deposited</u> this year?		Г	]		
Would you like any potential <u>tax balances</u> to be <u>direct debited</u> this year?		Г	Do you have any children under age 19 or a full- time student under age 24 with unearned income		
Did you, your spouse, or any dependents receive			in excess of \$1,250?	_	
an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? Attach the IRS letter.			Did you provide <u>over half</u> the support for any other person(s) other than your dependent children during the year?		
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.			Did you pay for <u>childcare</u> while you worked, looked for work, or while a full-time student?		
Did you make any <u>Federal</u> quarterly estimated tax payments or extension payments? If so, list		С	Health Care Information	Υ	N
payment dates and amounts:  Date			Did you have qualifying <u>health care coverage</u> for you or your family? If yes, attach any Form(s) <u>1095-B and/or 1095-C</u> you received.		
Did you make any <u>State</u> quarterly estimated tax payments or extension payments? If so, list payment dates and amounts:			Did you have insurance with Covered California or healthcare.gov for ANY month of last year? If so, please provide Federal Form(s) 1095-A.		
Date			Did you have a Health Savings Account (HSA) or Archer MSA associated with your health		
Did you make gifts of more than \$17,000 to any individual?		С	linsurance? If yes, please be sure to send your forms 1099-SA and 5498-SA.		
Are you self-employed and ONLY if you're self-employed, did you utilize an area of your home for			Did you pay <u>long-term care premiums</u> for yourself or your family?		
business purposes?  Did you engage in any bartering transactions?			If you are a business owner, did you pay health linsurance premiums for your employees this		
Did you pay any individual as a household			year?		
employee during the year?					
Did you make <u>energy efficient improvements</u> to your main home this year?			Income Information  Did you receive any <u>unemployment</u> or <u>disability</u>	Υ	N I
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?			benefits during the year?  Did you receive tip income not reported to your		
Did you receive a gift or <u>inheritance</u> from a <u>foreign</u>		Г	employer this year?	ľ	
person in excess of \$100,000?  Did you have a financial interest in or signature		Г	Did you receive any awards, prizes, hobby income, gambling or lottery winnings?		
authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country?			Did you receive any self-employment income?		

## Questionnaire

Income Information cont.	Υ	Ν	I Itemized Deduction Information	Υ	N
Do you expect a large <u>fluctuation</u> in income, deductions, or withholding next year?		][	Did you pay out-of-pocket <u>medical expenses</u> (Copays, prescription drugs, etc.)?		
Did you have any Crypto, NFT or other <u>virtual</u> <u>currency</u> transactions during the year (including from an airdrop or a hard fork, or use virtual currencies to pay for goods or services)?		][	Did you make any cash or non-cash <u>charitable</u> <u>contributions</u> (clothes, furniture, etc.)? Cash/check/credit card total: Non-cash total:		
Did you exercise any <u>Incentive Stock Options</u> . If so, please include all Form(s) <u>3921</u> .		][	Dates & Organizations if over \$250:	_	
Durch and Cales and Daht Information			Did you donate a vehicle or boat during the year?  Attach Form 1098-C.		
Purchases, Sales and Debt Information  Did you start a new business, or purchase rental	Y		Did you pay <u>real estate taxes</u> for your primary home and/or second home?		
Did you receive any income from property sold		][	Did you pay any <u>mortgage interest</u> on an existing home loan? Attach all Form(s) <u>1098</u> .		
prior to this year?  Did you take out a home equity loan this year, or		][	Did you make any major purchases during the year (cars, boats, etc.)?		
refinance a loan? If so, please provide escrow statements.			Questions and Notes for your Property	-	
Did you sell an existing business, rental property, real estate, or other property this year?		][	Questions and Notes for your Preparer:		
Did you have any debts canceled or forgiven this year, such as a home mortgage, student loan(s), or credit card debt? Attach form 1099-C.		ם [			
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?		][			
Retirement Information	Υ	Ν	<u> </u>		
Did you receive any <u>Social Security benefits</u> during the year?		][			
Did you make any withdrawals from an IRA, SEP, 401(k), or other qualified retirement plan?		][			
Did you contribute to an IRA, SEP or other retirement plan, aside from any contributions made to a plan that was sponsored by your employer?		][			
Education Information	Υ	Ν	<u>I</u>		
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? Attach Form(s) 1098-T		][			
Did you make any withdrawals from an education savings or 529 Plan account? Please provide Form 1099-Q		][			
Did you pay any student loan interest this year?		1	<b>1</b>		

## Questionnaire

Contact Information:	Engagement Letter
Name(s):  Email(s):	engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the
	following arrangements.
Address:	will not audit or otherwise verify the data you submit,
City, State, Zip:	although it may be necessary to ask you for the clarification of some of the information. We will furnish
Home Phone:	you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum
Cell Phone:	It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.
	Our fee for the preparation of your returns will be based upon a combination of charges for time spent, and charges for forms required. All invoices are due and payable upon presentation. Tax returns cannot be filed electronically until our fee is paid in full. Payments for our fee can be in the form of cash, check or credit card (MC or VISA).
	Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.
	If the foregoing fairly sets forth your understanding, please sign this letter and bring it in with you to your appointment, or include it if you mail in your papers.
	Signature:
	Printed Name: