

CLIENT QUESTIONNAIRE

Name:

Spouse's Name:

Social Security #:

Social Security #:

Date of Birth:

Date of Birth:

Occupation:

Occupation:

Phone Number:

Alternate Phone Number:

Street address for Tax Return:

City, State, Zipcode:

Please answer the following questions:

Yes

No

1. Do you have dependents:

If "Yes" please complete the Dependent Section

2. Were there any changes to your dependents from the prior year?

3. Has your marital status changed since your last return?

4. Did you receive any of the following income:

a. Wages or W-2 income?

b. Did you receive interest or dividend income?

c. Did you surrender any U.S. savings bonds?

d. Did you sell any stocks, bonds, or other investments?

e. Do you have any pension and annuity income?

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- | | Yes | No |
|---|------------|-----------|
| 4. Additional income questions: | | |
| f. Did you or your spouse receive social security benefits? | | |
| g. State and local income tax refund? | | |
| h. Unemployment compensation? | | |
| i. Alimony received? | | |
| j. Jury fees, Finder fees, or Director fees? | | |
| k. Gambling income? | | |
| l. Disability income? | | |
| m. Other miscellaneous income? | | |
| 5. Did you pay child care expenses?
If "Yes" did you pay the child care expenses from a flexible spending
account (deductions from your paycheck)? | | |
| 6. Did you have moving expenses? | | |
| 7. Did you or another member of your immediate family pay
educational expenses? | | |
| 8. Did you incur expenses as an elementary or secondary educator? | | |
| 9. Did you pay any of the following:
Mortgage interest and real estate taxes?

Medical expenses not paid by flexible spending account?

Charitable contributions: cash or non-cash | | |
| 10. Rollover IRA or convert IRA to Roth IRA? | | |

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Yes

No

11. Do you have or did you start a business?
12. Did you purchase or sell your personal residence?
13. Do you have or did you purchase rental property?
14. Did you make any contributions into an IRA, Roth, or SEP Account?
15. Did you realize a gain on property which was taken from you by destruction, theft, seizure or condemnation?
16. Did you acquire or dispose any interests in partnerships, LLCs, S corporations, estates or trusts ?
17. Did you make any energy-efficient improvements (remodel or new construction) to your home?
18. Do you have records to support travel, entertainment, or gift expenses, with regards to unreimbursed employee expenses, or business expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s).
19. Did you have any interest in, or signature, or other authority over a bank, securities, or another financial account in a foreign country?
20. Do you control or own 10% or more of a foreign corporation?
21. Did you, your spouse, and your dependents have medical insurance for the full year?
22. Did you purchase medical insurance through a government health insurance exchange?

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Yes

No

23. If Yes, did you receive any premium insurance credits (assistance)?

24. If Yes, did you receive a 1095-A from the Exchange?

25. Did you make any estimated tax payments?

26. Do you want any remaining federal refund deposited directly to your bank account?

Name of Bank

Routing Number

Account Number

27. Are you able to pay American Tax Group's preparation fees via credit card at the time your tax return is prepared?

DEPENDENT SECTION

Dependent Name

Date of
Birth

Relationship

Social Security
Number

Months
at home

How were you referred to American Tax Group?

Please add any comments for the questions above: