

Client Brief Questionnaire

Please complete this Questionnaire when you drop off your documents

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Your Phone
Taxpayer					
Spouse					
Street Address		City	State	ZIP	Spouse Phone
Email Address					

Did you move since last tax return was filed? Yes No If yes, please complete move worksheet.

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>		
Blind	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married	Will file jointly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single	What ever works Best	<input type="checkbox"/>
			<input type="checkbox"/> Widow(er), Date of Spouse's Death	_____	

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You in 2023	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

1. Are dependents US **residents or citizens**? Yes No
 If dependent **does not** live with you >1/2 the year, we must have a signed form 8332
2. If single, did you provide a home for or help support anyone not listed in section 2 above? (looking for HOH) Yes No
3. Did you have any children under the age of 19 or 19 to 23 year old students with **unearned** income of more than \$1,150? (Int., dividends, stock sales etc.) Yes No

3. Income Sources

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4. W2 Income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Interest of dividends income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you have a brokerage account? If yes, we need all pages of the consolidated 1099. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you bought or sold any virtual currency? (i.e. Bitcoin, Ether, Roblox, etc) If yes, we need 8949 or CSV from account. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are you an owner or individual who exercises substantial control over a business of any type? (LLC, Sole Prop, Partnership etc) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you receive any Farm income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you receive royalty income from oil, gas, gravel, timber copyrights or patents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>13. Did you have any debts cancelled or forgiven? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Gambling winnings \$ _____</p> <p>15. Gambling losses \$ _____</p> <p>16. Any K-1's (S Corp, partnsp, estate or trust?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Outside of family, any bartering or trading? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Social Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Retirement income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Retirement income tied to uniformed military service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Is retired personnel pay tied to a plan i.e. the federal civil service, federal employees retirement system, OPERS or OH Police & Fire retirement system. <input type="checkbox"/> Yes <input type="checkbox"/> No
 Years served in military _____
 Years served as civil servant _____</p> <p>23. ANY OTHER INCOME I MAY HAVE MISSED? _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

24. **Alimony** received Yes No
 Date of divorce _____
 From whom? _____
 SS# _____
 Amount received \$ _____

26. Did you have a **foreign bank** account, trust, or business? Yes No

27. Did you own \$50,000 or more in **financial assets outside the US**? Yes No

25. Did you pay any Alimony? Yes No
 Amount paid \$ _____
 Recipients name _____
 Recipients SS# _____
 Date of divorce _____

28. Did you have any **foreign income**? Yes No

29. Did you give a **gift** of more than **\$17,000** to one or more people? Yes No

4. Adjustments to Income & ACA Health Insurance

30. Did you purchase **health insurance** outside of your place of employment? Yes No

33. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? Yes No

31. Did you purchase health insurance through a public exchange (a **market place**) (**Obama Care**)? Yes No
 If yes, we **must have** form **1095 A**

34. Did you have any Educator expenses?
 Taxpayer \$ _____
 Spouse \$ _____

32. Did you have an **HSA**? Yes No
 We need forms **1099 SA** & 5498
 Did you make any **contributions not through payroll**? Yes No
 Amount **not out of payroll** \$ _____

35. Did you receive any correspondence from IRS or State Dept of Tax? Yes No

Were all dist qualified medical exp? Yes No

5. Property Sold

Property	Date Acquired	Cost & Imp.		Date Sold	Sales Price
Personal Residence*					
Vacation Home*					
Land*					
Other					

*Ask for HUD docs for RE purchase and sales

6. IRA Contributions*

	Traditional	Roth
Taxpayer		
Spouse		

* We would like to have form 5498 to confirm if available.

Itemized Deductions

6. Medical/Dental Expenses

Significant Out of Pocket (ignore below if no) Yes No

Out of pocket medical premiums \$ _____
 Prescription drugs \$ _____
 Insulin \$ _____
 Glasses, contacts \$ _____
 Hearing aids, batteries \$ _____
 Braces \$ _____
 Medical equipment, supplies \$ _____
 nursing care \$ _____
 Medical therapy \$ _____
 Hospital \$ _____
 Doctor/Dental/Orthodontist \$ _____
 Mileage _____

7. Charitable Contributions

CASH

Church \$ _____
 United Way \$ _____
 Scouts \$ _____
 Telethons \$ _____
 University, public TV/Radio \$ _____
 Heart, Lung, Cancer, etc. \$ _____
 Wildlife Fund \$ _____
 Salvation Army, Goodwill \$ _____
 Other _____

Non-Cash \$ _____

8. Taxes Paid

Real **Property Tax** \$ _____
 Personal property tax (not in Ohio) \$ _____
 Local taxes paid to city with last years tax return \$ _____
Sales tax paid on large purchases (like a car) \$ _____

9. Mortgage Interest Expense

Mortgage interest paid \$ _____
Interest paid to individual for your home \$ _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____

Tax Credits/Adjustments

10. Energy Efficiency Upgrades

Residential energy efficiency upgrades? Yes No
 If yes, please request "Home Energy Credit Questionnaire"

Purchase a Plug-In Hybrid or Electric Vehicle in 2022? Yes No
 If yes, please request "Vehicle Energy Credit Questionnaire"

11. Higher Education

Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? Yes No

Student _____

Program leads to a degree? Yes No
 At least 1/2 time student? Yes No
 Any conviction of possessing or distributing a controlled substance? Yes No
 Other required fees, not room & brd \$ _____
 Scholarship/grant amount \$ _____
 529 Plan distribution amount \$ _____
 Number of years previously taken AOC _____

12. Child Care Expenses

Amount paid \$ _____
 Paid to whom _____
 Address _____
 EIN/SS# _____
 Dependent _____
 Amount \$ _____
 Dependent _____
 Amount \$ _____

Student _____

Program leads to a degree? Yes No
 At least 1/2 time student? Yes No
 Any conviction of possessing or distributing a controlled substance? Yes No
 Other required fees, not room & brd \$ _____
 Scholarship/grant amount \$ _____
 529 Plan distribution amount \$ _____
 Number of years previously taken AOC _____

13. Estimated Tax Payments

Federal

Date Paid	Amount Paid
	\$
	\$
	\$
	\$
	\$

State

Date Paid	Amount Paid
	\$
	\$
	\$
	\$
	\$

City

Date Paid	Amount Paid
	\$
	\$
	\$
	\$
	\$

Working from Home

Did you work from home in 2023? Yes No
 Did your employer properly w/h taxes for your residence city? Yes No
 If no, # of days worked at employers location _____
 If no, employers location _____
 If no, # of days worked from home _____

*The city will require a letter from employer confirming these numbers.

14. Misc

Driver's License

	Taxpayer	Spouse
State		
License #		
Issue Date		
Expiration Date		

Bank Info

Direct Deposit Yes No
 Debit Account? Yes No
 Bank _____
 Routing # _____
 Account # _____
 Checking Savings
 Apply to next years tax return? Yes No
 Paper check? Yes No

Audit Protection Plan

Do you want to purchase our Notice Response / Audit Protection Plan? Yes No

(If unsure, please leave blank.)

If you do not want the protection, please understand that we will be charging for every interaction on your behalf with any taxing agency.

Ohio

Did you contribute to a 529 Plan? Yes No
 If yes, we need the end of year account statement.