

UPDATE/QUESTIONNAIRE

2018

PLEASE PRINT LEGIBLY

PREVIOUS

NEW (Prior Yr Tax Required)

TAX YEAR _____ Today's Date ___/___/___ Referred By _____

Did/Do You Have
 Dental Plan? Yes / No
 Health Insurance? Yes / No
 Provide Form 1095 A/ B/ C
 Long Term Care: Yes / No
 Are You An Organ Donor? Yes/ No

___ Need \$200-\$500 more
 from your paycheck?
 ___ Want to know how to
 cut amount of taxes you pay?

Ask for details

Final Copy Options:
 ___ Secured E-mail
 ___ CD disk
 ___ Paper
 ___ Add \$7 Postage +
 Convenience Fee for mail

E-MAIL (PRINT CLEARLY): _____

YOUR NAME _____ SS# - - - DOB / / /
 SPOUSE _____ SS# - - - DOB / / /
 HOME ADDRESS _____ CELL# _____
 CITY _____ STATE _____ ZIP _____ DAY /WORK _____
 MAIDEN NAME (if any) _____ EVE/HOME _____

FILING STATUS: ___ SINGLE ___ HEAD OF HOUSE ___ MARRIED JOINT (Can advise best for you)
FOR EIC COMPLETE Add'L FORM

YOUR JOB TITLE _____ SPOUSE TITLE _____

LIST ALL DEPENDENTS FULL NAME: New (must show SS card for all)

PRINT DEPENDENT FULL NAME	SS#	RELATION TO YOU	D.O.B
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

NO LONGER DEPENDENT --- PLEASE DELETE.....WRITE NAMES TO DELETE

Child Care Provider _____
NAME EIN/SSN #

Address/City/State/Zip Amt Paid Weekly or Bi-wkly

TO AVOID DELAYS, PENALTIES & E-FILE REJECTS...PLEASE RE-CHECK ALL ENTRIES FOR ACCURACY & SUBMIT ALL INCOME DOCUMENTS (W2, Any 1099, UNEMP, GAMBLING, INT, DIV, SSA, MGT STMT, TUITION, HEALTHCARE, LIST EXPENSES ETC...) SEE OVER

✓ Expenses If You Itemize....

\$ _____	STARTED NEW BUSINESS	\$ _____	PURCHASED/SOLD HOME (give details)
\$ _____	UNIFORM EXPENSES	\$ _____	HAVE RENTAL PROPERTY (give details)
\$ _____	LEASED/PURCHASE Personal items i.e. Paid sales/used tax	\$ _____	JOB SEEKING EXPENSES

\$ _____ CASUALTY LOSES
 \$ _____ PAID MTG INT/R/E TAXES
 (required statements)
 \$ _____ MOVING EXPENSES
 (Within 100 miles of old location)
 \$ _____ ESTIMATED TAXES YOU PAID \$ _____ 529 COLLEGE SAVINGS PROGRAM
 \$ _____ PAID CONTRIBUTIONS/DONATIONS
 \$ _____ PAID MEDICAL EXPENSES
 \$ _____ Health Insurance Premiums
 \$ _____ UNION DUES \$ _____ TAXES
 \$ _____ CURRENT YR RETIREMENT CONTRIB.

ADDITIONAL COMMENTS: (Disaster Victims/Military, etc.)
 _____ Audit Protection Plan will be added to assist in event of an Audit-(**Unless You Opt-Out**)
 _____ Tax Resolution/Help Needed for Previous Year (Appt. is required – Ask receptionist)

_____ I (we) would like to know Refund Estimate before making a final decision.													
_____ OPTION #1: Free E-file (I will pay prep fees in advance) _____ OPTION #2: E-file Bank Product *(Deduct all fees from my refund)	<table style="width: 100%; border: none;"> <tr> <td colspan="4" style="text-align: center;">*REFUND ADVANCE</td> </tr> <tr> <td colspan="4" style="text-align: center;">I'm requesting a Refund Advance. (complete separate forms)</td> </tr> <tr> <td style="text-align: center;">_____ \$500</td> <td style="text-align: center;">_____ \$1000</td> <td style="text-align: center;">_____ \$1500</td> <td style="text-align: center;">_____ \$2500</td> </tr> </table>	*REFUND ADVANCE				I'm requesting a Refund Advance. (complete separate forms)				_____ \$500	_____ \$1000	_____ \$1500	_____ \$2500
*REFUND ADVANCE													
I'm requesting a Refund Advance. (complete separate forms)													
_____ \$500	_____ \$1000	_____ \$1500	_____ \$2500										

**“VA
 LID” Government Issued ID Required for Bank Products ***

DIRECT DEPOSIT -within-10 Business days _____ Receive Direct Deposit
 _____ **CHECK Here** -10-14 Business Days _____ Receive Here
 _____ **CHECK in Mail** - within 21 Business Days _____ Receive Mail
 _____ **Prepaid Visa Card (Refund deposit** - Federal & State or either one) 10-14 business days

Required For Direct Deposit: Bank Name _____ SAVINGS _____ CHECKING
 RTN # _____ ACCOUNT# _____

 Taxpayer Signature

 Spouse Signature

NEW...See attached form for Optional “Financial Wealth Evaluation”