

# UPDATE/QUESTIONNAIRE

# 2018

**PLEASE FILL IN COMPLETELY**

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

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)

**\*REFUND ADVANCE**  
 I'm requesting a Refund Advance.  
 (complete separate forms)  
 \$500    \$1000    \$1500    \$2500

**"VALID" Government Issued ID Required for Bank Products \***

<input type="checkbox"/> <b>DIRECT DEPOSIT</b> -within-10 Business days	<input type="checkbox"/> Receive Direct Deposit
<input type="checkbox"/> <b>CHECK Here</b> -10-14 Business Days	<input type="checkbox"/> Receive Here
<input type="checkbox"/> <b>CHECK in Mail</b> - within 21 Business Days	<input type="checkbox"/> Receive Mail
<input type="checkbox"/> <b>Prepaid Visa Card</b> (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"***