

# UPDATE/QUESTIONNAIRE

# 2019

**PLEASE FILL IN COMPLETELY**

PLEASE PRINT LEGIBLY

\_\_\_ PREVIOUS CLIENT

\_\_\_ NEW Client

\_\_\_ Prior yr tax copy attached

TAX YEAR \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_ Referred By \_\_\_\_\_

**Did You Have**  
 Health Insurance? Yes / No  
 Provide Form 1095 A/ B/ C \_\_\_

**Do You Have**  
 Long Term Care: Yes / No  
 Dental Plan? Yes / No

**Homeowners, Entrepreneurs  
 or Business Owners,**

\_\_\_ **Need to get your  
 Tax Receipts Organized?**  
*Please 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)  
 IF HOH checked, is Lease/Mtg Stmt. same name? For EIC Complete Add'l forms

\_\_\_ SELF-EMPLOYED or JOB TITLE \_\_\_\_\_ SPOUSE JOB TITLE \_\_\_\_\_

**LIST ALL DEPENDENTS FULL NAME:** (\*\*1<sup>st</sup> Time Clients 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....

Are you an Existing NYC Home/Property Owner? If Yes,  We Can Add Your DEED/Property to NYC Alert System

\$ \_\_\_\_\_ STARTED NEW BUSINESS \$ \_\_\_\_\_ PURCHASED/SOLD HOME (give details)

\$ \_\_\_\_\_ UNIFORM EXPENSES \$ \_\_\_\_\_ HAVE RENTAL PROPERTY (give details)

\$ \_\_\_\_\_ LEASED/PURCHASE Personal items \$ \_\_\_\_\_ HAVE EMPLOYEE EXPENSES (give details)

(i.e., Paid Sales Taxes & Used)

\$ \_\_\_\_\_ JOB SEEKING EXPENSES \$ \_\_\_\_\_ PAID CONTRIBUTIONS/DONATIONS

\$ \_\_\_\_\_ PAID MTG INT/Real Estate TAXES \$ \_\_\_\_\_ PAID MEDICAL EXPENSES (total)

(Statements Required)

\$ \_\_\_\_\_ Health Insurance Premiums (annual)

\$ \_\_\_\_\_ MOVING EXPENSES (Military Only) \$ \_\_\_\_\_ UNION DUES PAID

Paid ESTIMATED TAXES Fed \$ \_\_\_\_\_/State \$ \_\_\_\_\_ \$ \_\_\_\_\_ 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 Prior Year Tax issues (Appt. is required)

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 LOAN**  
I'm requesting a Refund Advance.  
**\$500 - \$6,000**  
(No FEE - Amount determined by Bank)  
**Good thru 2/28**

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

DIRECT DEPOSIT -within-10 Business days

Receive Direct Deposit

CHECK Here -7-10 Business Days

Receive Here

CHECK in Mail - Within 21 Business Days

Receive Mail

Prepaid Visa Card "Receive NOW" (Refund deposits - Fed/State) 7-10-business days

Required For Direct Deposit: Bank Name \_\_\_\_\_ SAVINGS CHECKING

RTN # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

**Tell Us, How Else We Can Help You ... See "Not-Just-Taxes" Form**