

PLEASE FILL IN COMPLETELY **UPDATE/QUESTIONNAIRE**

2020

PLEASE PRINT LEGIBLY

PREVIOUS CLIENT
 NEW Client
 Prior yr tax copy attached

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

Did You Have
Mandatory Prior to 2018
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-J ___ MARRIED SEP
IF HOH checked, is Lease/Mtg Stmt. same name? Yes / No For EIC Complete Add'l forms

SELF-EMPLOYED or JOB TITLE _____ **SPOUSE JOB TITLE** _____

LIST ALL DEPENDENTS FULL NAME: (**1st Time Clients Must Show SS card for all)

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

NO LONGER DEPENDENT --- PLEASE WRITE/PRINT THE 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.....You can Itemize Deductions Minimum Federal/Full State**

\$ _____	STARTED NEW BUSINESS	\$ _____	PURCHASED/SOLD HOME (give details)
\$ _____	UNIFORM EXPENSES (State Only)	\$ _____	HAVE RENTAL PROPERTY (give details)
\$ _____	LEASED/PURCHASE Personal items (i.e., Paid Sales Taxes & Used personal items)	\$ _____	EMPLOYEE EXPENSES (give details-state Only)
\$ _____	JOB SEEKING EXPENSES (State Only)	\$ _____	PAID CONTRIBUTIONS/DONATIONS
\$ _____	PAID MTG INT/Real Estate TAXES (Include Stmt, Federal limitation \$10K)	\$ _____	PAID MEDICAL EXPENSES (total) Health Insurance Premiums (annual)
\$ _____	MOVING EXPENSES (Military Only)	\$ _____	UNION DUES PAID (State Only)
Paid EST 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 *

____ 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 Card NOW" (Refund Deposit - Fed/State) 7-10-business days	

Required For Direct Deposit: Bank Name _____ SAVINGS ____ CHECKING

RTN # _____ ACCOUNT# _____

X _____
Taxpayer Signature

X _____
Spouse Signature

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