Office Space is limited for In-Person Visits, Please Inquire about forms to pre-fill Via Fax or Email....

Thank you for your Patience & Understanding

UPDATE/QUESTIONNAIRE

PLEASE PRINT LEGIBLY

2024

__PREVIOUS CLIENT

			NEW Client	
TAX YEAR	Today's Date	/ / Refe	Prior yr tax copy attached erred 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	Do you have a letter? Yes Were you S during this tax You may need If ves. Plea	n IRS –IP Pin No Self-Employed x year? Y or N to pay Est Tax	Virtual Currency: Did/Do you have Foreign Acct or Trust? Y or N Receive, Sell or Exchange digital/virtual financial asset? Yes or No	
E-MAIL (PRINT CLEA	.RLY):			
YOUR NAME	SS#	DOB	/ / Over Age 65	
SPOUSE		_SS#	DOB/	
HOME ADDRESSCELL#				
CITYSTAT	TEZIP	_ DAY/WOR	.K	
MAIDEN NAME (if any)	R	_EVE/HOME		
FILING STATUS:Single IF HOH checked, is Lease/Mtq				
JOB TITLE	SPOUSE JOB TITLE_	UNEMPLO	OYEDRETIRED	
LIST ALL DEPENDENTS F	ULL NAME:	(**1 st Time Clients	Must Show SS card for all)	
PRINT DEPENDENT FULL N	AME SS#	RELATION TO	D YOU D.O.B	
NO LONGER CLAIMI Child Care Provider	NG DEPENDENT <u>\</u>	WRITE/PRINT NAM	IES TO DELETE	
Ciliu Cale Flovidei	NAME	EIN/SSN #	<u></u>	
Address/City/State/Zip	Amt P	aid	Weekly or Bi-Weekly	

YOU ARE REPSONSIBLE TO SUBMIT ALL YOUR INCOME DOCUMENTS TO FILE A ACCURATE RETURN, W2, 1099's, UNEMP, GAMBLING, INT, DIV, SSA, TUITION, 1095HC, and list of Expenses. IF YOU FORGET OR RECEIVE A LETTER, THERE IS FEE TO AMEND TAXES, & AMENDMENTS ARE DONE AFTER APRIL DEADLINE... AVOID REJECTS, PENALTIES & DELAYS PROVIDE ACCURATE INFO.

✓ Advise if any Expenses ApplyYou Can Deduct

(Minimum Federal Expenses – Separate State Expenses)

<u>\$</u>	STARTED NEW BUSINESS	\$ PURCHASED/SOLD HOME (give details)	
<u>\$</u> _	UNIFORM EXPENSES (State Only)	\$ HAVE RENTAL PROPERTY (give details)	
<u>\$</u>	LEASED/PURCHASE Personal items	\$ EMPLOYEE EXPENSES (give details-state Only)	
		(i.e.,Paid Sales Taxes & Used personal items)	
\$_	JOB SEEKING EXPENSES (State Only)	\$ PAID CONTRIBUTIONS/DONATIONS	
<u>\$</u>	PAID MTG INT/Real Estate TAXES	\$ PAID MEDICAL EXPENSES (total)	
		\$ Health Insurance Premiums (annual)	
<u>\$</u>	MOVING EXPENSES (Milita aid EST TAXES Fed \$/State \$ \$!	ry Only) \$ UNION DUES PAID (State Only)	
	DDITIONAL COMMENTS : (Disaster Victims/N		
Αι	Idit Protection Plan Is Included with Need Help for Prior Year Tax issues TAX R		
		mount before making final decision.	
	OPTION #1: Free E-file	*REFUND ADVANCE LOAN \$250-\$6,000	
	(I will pay prep fees in advance)	I'm requesting a Refund Advance (No FEE – Available thru 2/1	
	OPTION #2: E-file Bank Product *(Deduct all fees from my refund)	Amount determined by Bank)	
	<u>"VALID" Gov't ID I</u>	Required for Bank Products *	
	Federal Refund	State Refund	
	_ 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 via Mail	
	Prepaid Visa Card "Receive Card NOW" (Refu	nd Deposit - Fed/State 7-10-business days)	
Re	quired For Direct Deposit:		
	Bank i	Name	
RTN # ACCO		UNT#	
X		X	
Ī		XSpouse Signature	
	We're "Not-Just-Taxes" Let Us	s Know How We Can Help You	

Client aunationnaire 2024