



Client Questionnaire

	Yes	No
Personal Information		
1. Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you change any bank accounts that have been used to direct deposit or ACH direct debit funds to or from the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
4. Were there any changes in dependents from the prior year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Could anyone other than yourself claim them as dependents?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have dependents who must file a tax return? If so, do you wish us to prepare it? If not, you must provide us a copy of it.	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you plan to claim the Earned Income Credit (EIC), Child Tax Credit or the Additional Child Tax Credit (CTC/ACTC), American Opportunity Tax Credit (AOTC)? If yes, then please provide <u>a birth certificate and social security card for each dependent.</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any other persons lived with you during the year?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have any other persons provided support to you or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
14. If you are divorced or separated with child(ren), do you have a divorce decree or form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
15. Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as investment accounts, partnerships or rental property?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you receive a distribution from, or were you the grantor of, or transferor to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
18. Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
19. Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), Solo(k) or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
20. Did you make any withdrawals from an Education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
21. Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
22. Did you receive any Unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
23. Did you receive any Disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
24. Did you receive Food Stamps during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did you receive Temporary Assistance for Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
26. Did you work anywhere you received cash compensation?	<input type="checkbox"/>	<input type="checkbox"/>
27. Did you receive tip income that was not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
28. Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
29. Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

Client Questionnaire

- | | Yes | No |
|--|--------------------------|--------------------------|
| 30. Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information

- | | | |
|---|--------------------------|--------------------------|
| 32. Did you start a new business or purchase Rental Property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Did you acquire a new or additional interest in a Partnership or S Corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Did you purchase a qualified plug-in electric vehicle or qualified fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Did you incur any non-business bad debts this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Did you have any debts canceled or forgiven this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Did you pay any student loan interest this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Did you owe back taxes, child support, alimony, or defaulted student loans? | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information (for Schedule A)

- | | | |
|---|--------------------------|--------------------------|
| 46. Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Did you pay long-term care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
If yes, please provide evidence such as a receipt from donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Did you donate a vehicle or boat during the year?
If yes, attach Form 1098-C or other written acknowledgment from donee organization. | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Did you incur a casualty or theft loss or any condemnation awards during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Did you have an company expense account or allowance during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Did you use your car on the job, for other than commuting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Did you work out of town for part of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Did you have any expenses related to seeking a new job during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Insurance and the Affordable Care Act (ACA)

- | | | |
|--|--------------------------|--------------------------|
| 57. Was <i>every member</i> of the household covered by health insurance <i>in every month</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Did anyone in the household get health insurance through a public exchange?
If yes, then please provide FORM 1095-A. | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Did anyone in the household obtain their own health insurance but NOT through the marketplace or the exchange?
If yes, then please provide FORM 1095-B. | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Did anyone in the household get health insurance through their employer?
If yes, then please provide FORM 1095-C. | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. If someone in the household did not have health insurance in every month?
Are they claiming an exemption? | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Did you make <i>contributions</i> to a Health Savings Account (HSA) or Archer MSA?
If yes, is your HSA a High Deductible Health Plan (HDHP)?
If yes, please provide insurance card showing coverage and deductibles. | <input type="checkbox"/> | <input type="checkbox"/> |

Client Questionnaire

- | | Yes | No |
|--|--------------------------|--------------------------|
| 63. Did you receive any <i>distributions</i> from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?
If yes, please provide evidence of medical validity for those distributions. | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|--|--------------------------|--------------------------|
| 64. Did you make gifts of more than \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Did anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Did you have any education or tuition expenses during the year on behalf of yourself, your spouse, or a dependent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), Solo(k) or other Qualified Retirement Plan (QRP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Did you make any contributions to an Education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Are you an <i>active</i> participant in a pension or retirement plan ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Did you incur moving costs because of a job change? | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Did you receive a distribution from, or were you a grantor or transferor for a foreign trust ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Did you receive a notice or any correspondence from the IRS or a state tax authority?
If yes, please include those documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |

Home Office or Self-Employed

- | | | |
|---|--------------------------|--------------------------|
| 80. Did you utilize an area of your home EXCLUSIVELY and REGULARLY for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Did you adopt or elect to have a Safe Harbor Policy for business deduction purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Did you file FORM 1099-MISC as required for costs for which you seek a deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Did you keep an Odometer Mileage Logbook for each vehicle used for the business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Did you keep receipts for Lodging and Meals when required for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. Did you make Quarterly Estimated Tax Payment to the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |

TAXPAYER RELIEF ACT: The IRS will disallow for 10 years, the EIC claims of any individual who fraudulently claim earned income credit. Taxpayers who “recklessly or intentionally” disregard the EIC rules or regulations will be disallowed from claiming the credit for a two-year period. If the IRS denies the EIC as a result of deficiency procedures, the taxpayer will be required to provide evidence of eligibility to claim the EIC in the future.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW.

I (We) have submitted this information for the sole purpose of preparing my (our) tax return. In reviewing my income tax return I (we) can substantiate all information detailed in the tax return and accompanying schedules, statements and worksheets with receipts, cancelled checks, or other documentation in the event of a review/audit by the IRS or any other agency. Under penalties of perjury, I (we) declare that the above information is true, correct, and complete to the best of my (our) knowledge.

If called upon to do so by the taxing authorities, can you provide proof that your alleged children are actually yours and that they resided with you based on documentary evidence such as birth certificates, Social Security cards, medical records, school records, social services statements, police reports, DNA test results, fingerprints and or video footage of their alleged births?

Taxpayer's Signature and Date

Spouse's Signature and Date

To submit this form, click the **Submit** button below or email to Greg@AustinTaxPrep.com or fax to (888) 210-9927.

