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Tax Client Questionnaire

Please answer/fill out ALL applicable questions. If you leave a question blank, we will consider that as you stating the question is not applicable to you.

	Taxpayer	Spouse
Name		
SSN		
DOB		
Occupation		
Address		
Driver's License/State ID #		
Driver's License State		
Expiration Date		
	Dependent #1	Dependent #2
Name		
SSN		
DOB		
	Dependent #3	Dependent #4
Name		
SSN		
DOB		

Bank Account Information for tax payments or refunds:

Please note: if you are filing married filing jointly, both the taxpayer's and the spouse's name must be on the bank account to avoid the refund/payment from bouncing back.

Bank Name	
Bank Account Number	
Bank Routing Number	

To finalize your taxes, which would you prefer:

- ☐ An in-person meeting with Martha
- ☐ Finalize via email

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Individual Shared Responsibility Penalty from the State of California:

The State of California penalizes individuals that did not have health insurance coverage during the prior tax year. To avoid this penalty, you must provide Form 1095-A, B, or C as your proof of health insurance coverage for all 12 months of the year.

If you are *not* filing as "Single" or "Married filing separately" please provide proof of health coverage that lists your spouse *and/or* dependents as covered individuals.

☐ I have attached Form 1095-A, B, or C that shows coverage for all 12 months of the year for my entire household.

Did you have Medicare only and you are unable to retrieve this form?

☐ Yes. I only have Medicare and I am unable to retrieve this form.

If you have Medicare only and you are unable to retrieve form 1095-A, B, or C, you may write on the line below: "I certify that I had health insurance coverage through Medicare for the entire year of 20__." Please note: if for *any* reason you had a lapse in coverage during 20__, you will receive a penalty from the State.

"_____

_____

_____"

Residence:

If you do not *own* your residence, did you pay rent for more than 6 months of the year?

☐ Yes (amount paid is not needed)
☐ No
☐ N/A

Did you make any energy improvements to your residence?

- ☐ I made improvements that adhere to energy efficiency standards on my residence during 20__ and I have attached receipts. (Let us know if you'd like to see what may qualify.)
- ☐ I purchased and installed solar property on my residence during 20__ and I have attached receipts.
- ☐ N/A

Dependents Under 13:

Did you have any dependents under the age of 13 during 20__?

- ☐ Yes
- ☐ No → Skip to "College Age Dependent" Section

Did you have dependent care expenses to enabled you to go to work, look for work, or attend school during 20__ while your dependent was under the age of 13?

- ☐ Yes → Fill out below table
- ☐ No → Skip to "College Age Dependent" Section

	Care Provider Name	Care Provider Tax ID #	Care Provider Address	Paid for Dependent #1	Paid for Dependent #2	Paid for Dependent #3
Care Provider #1						
Care Provider #2						
Care Provider #3						

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College Age Dependent(s):

If you would like to claim a dependent that was between the age of 19 and 23 as of the end of the tax return year, please answer the following questions:

- Did you provide more than half of their support? (Food, lodging, clothing, tuition, books, fees, etc.)
  - ☐ Yes
  - ☐ No → You are not eligible to claim them as a dependent, skip to the next page.
- Were they a full-time student for at least 6 months during 20__?
  - ☐ Yes
  - ☐ No
- Did they have any income in 20__?
  - ☐ Yes → Please provide their total gross income for 20__.
  - ☐ No

If they were not a student, skip to the next page.

- What was your total cost paid out-of-pocket for:

	Your Out-Of-Pocket Cost
Tuition and Fees	
Books	
Lodging	

- Please provide any 1098-T you received from their college regarding their tuition.

- Did you or your dependent receive a distribution from a 529 or QTP plan in 20__?
  - ☐ No.
  - ☐ Yes, I have attached all 1099-Qs for all distributions from a 529 and or QTP.

- If yes, please state how much of the entire 20__ distribution(s) was used for college expenses $_____

Schedule C Business and Rental Income/Expenses:

Did all of your and your spouse's (if applicable) income come from a W2?

☐ Yes → Skip the rest of the questionnaire.
☐ No

Did you use a portion of your residence as an office for business income or rental income?

☐ Yes → fill out the table below with any of the expenses that apply to you.
☐ No

Total area of home (sq ft) REQUIRED	
Business use area (sq ft) REQUIRED	
Cost of utilities of entire home	
Cost of insurance of entire home	
Cost of rent of entire home	
Cost of repairs of entire home	
Cost of Mortgage Interest of entire home	
Cost of Property Taxes of entire home	

Did you have any additional home office expenses during 20__ you think we should be aware of?

_____

_____

_____

Did you use your vehicle for business and/or for rental income?

- ☐ Yes →Fill out the following table. If you had multiple schedule C business, we will need separate figures for each business.
- ☐ No → skip the table

Income Source	Related to Business	Related to Rental
Description of Vehicle #1		
Total Miles you drove Vehicle #1 in 20__		
Of the above miles, how many miles were related to your business or rental?		
Description of Vehicle #2		
Total Miles you drove Vehicle #2 in 20__		
Of the above miles, how many miles were related to your business or rental?		

Business (Schedule C) Income/Expenses:

Did you have gross business income and/or 1099 income (NOT FROM W2 OR RENTAL)?

- ☐ Yes → fill out the fillable Schedule C on our website entirely with your gross income and expenses for each business entity you have.
- ☐ No → skip to rental

Did you purchase any large tools, equipment, or make any major improvements to your business office or building? If yes, please provide the following information for each improvement or purchase that exceeded $1,000. Attach additional pages if necessary. Do not include these expenses on the attached Schedule C.

	Description of Improvement or Asset	Date of Improvement	Cost of Improvement
#1			

#2			
#3			
#4			

Rental (Schedule E) Income/Expenses:

Did you have gross rental income?

- ☐ Yes → fill out the fillable Schedule E on our website entirely with your gross income and expenses.
- ☐ No → Skip the rest of the questionnaire.

Please indicate how many days each of your rental properties were rented in 20__.

Rental Property address/description					
Number of Days in 20__ the rental was rented to a tenant					

Did you make any major improvements (not repairs) to your rental property or purchase any equipment? If yes, please provide the following information for each improvement or purchase that exceeded $1,000. Use a separate table for each property. Attach additional pages if necessary. Do not include these expenses on the attached Schedule E.

Property 1 Address: _____

Description of Improvement			
Date of Improvement			
Cost of Improvement			

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Property 2 Address: _____

Description of Improvement			
Date of Improvement			
Cost of Improvement			

Estimated Tax Payments—Tax Year 20__

Installment	Federal	Date Paid	State	Date Paid
First Quarter	$		$	
Second Quarter	$		$	
Third Quarter	$		$	
Fourth Quarter	$		$	
Amount applied from prior tax return overpayment	$	N/A	$	N/A
Total	$		$	