

CLIENT QUESTIONNAIRE

OUR TAX PROGRAM IS REQUIRING A COPY OF THE DRIVERS LICENSE TO BE ABLE TO E-FILE. THIS IS FOR BOTH SPOUSES.

	YES	NO	COMMENTS
Did you get married or divorced during 2017?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you need to add or remove any dependents in 2017? If so, provide the details. (IE: birth cert, soc sec card, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Did anyone attend college during 2017? If so, please complete the Education Worksheet .	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay for child care in 2017 so both spouses could be employees or self-employed. If so, complete the Child Care Worksheet .	<input type="checkbox"/>	<input type="checkbox"/>	
Was your entire family (taxpayer, spouse and dependents) covered with minimum essential health care coverage (covered meeting the responsibility requirement under the Affordable Care Act-including individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage) for every single month of 2017?	<input type="checkbox"/>	<input type="checkbox"/>	
If NO , please indicate for each person in your family (taxpayer, spouse and dependents) which months in 2017 the individual did not have minimum essential health coverage			
If NO , did you have an exemption from coverage? If so, please describe your exemption and include a copy of your Exemption Certificate .			
Did you or a family member (taxpayer, spouse and dependents) enroll in health insurance coverage for 2017 through the Health Insurance Marketplace (Exchange)? If YES , please provide a copy of Form 1095-A . Please contact your health insurance provider if you have not received your 1095-A for 2017.	<input type="checkbox"/>	<input type="checkbox"/>	
Did you contribute to a Health Savings Account (HSA)? If so, please provide the total amount you and/or your spouse contributed (do not include contributions made by your employer on your behalf through your payroll) for 2017.	<input type="checkbox"/>	<input type="checkbox"/>	
If you did make HSA contributions, was the health insurance policy and individual or family plan?			
Do you want to make an HSA contribution prior to filing the 2017 tax return (can be made until 4/17/18 for the 2017 tax year)? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you withdraw money from an HSA? If so, include all 1099-SA's	<input type="checkbox"/>	<input type="checkbox"/>	
Were all funds withdrawn used for qualified medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make any estimated tax payments (in addition to withholding from your wages) to the IRS or State for 2017 (including 4th quarter payments due in January 2018)?	<input type="checkbox"/>	<input type="checkbox"/>	
If so, provide date and dollar amount paid.			
1st Quarter			
2nd Quarter			
3rd Quarter			
4th Quarter			
If you have a refund on your return, how do you want to receive it?			
Direct Deposit (quickest method)	<input type="checkbox"/>	<input type="checkbox"/>	
Mailed Check	<input type="checkbox"/>	<input type="checkbox"/>	
Applied to 2018 estimated taxes	<input type="checkbox"/>	<input type="checkbox"/>	
If direct deposit, please provide the following: (even if we already have it)			
- Bank Routing Number			
- Bank Account Number			
- Bank Name			
- Is the bank account a checking account	<input type="checkbox"/>	<input type="checkbox"/>	
- Is the bank account a savings account	<input type="checkbox"/>	<input type="checkbox"/>	
If you owe money, provide the details above if you want it automatically withdrawn from your bank account			