

NAME:
CLIENT QUESTIONNAIRE

CLIENT DRIVER'S LICENSE INFO: LICENSE #, State of Issuance, Issue Date and Expiration Date

SPOUSE'S DRIVER'S LICENSE INFO: License #, State of Issuance, Issue Date and Expiration Date

	YES	NO	COMMENTS
Did you get married or divorced during 2019?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an interest in any foreign accounts or trusts? Did you at anytime in 2019 receive, sell, send, exchange or acquire any virtual currency? (IE: Bitcoin, Litecoin, Ripple, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you need to add or remove any dependents in 2019? If so, provide the details. (IE: birth cert, soc sec card, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Did anyone attend college during 2019? If so, please complete the Education Worksheet .	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay for child care in 2019 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 2019?	<input type="checkbox"/>	<input type="checkbox"/>	
If NO, please indicate for each person in your family (taxpayer, spouse and dependents) which months in 2019 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 2019 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 2019.	<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 2019.	<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 2018 tax return (can be made until 4/15/20 for the 2019 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 2019 (including 4th quarter payments due in January 2020)?	<input type="checkbox"/>	<input type="checkbox"/>	
If so, provide date and dollar amount paid.			
1st Quarter			<input type="text"/>
2nd Quarter			<input type="text"/>
3rd Quarter			<input type="text"/>
4th Quarter			<input type="text"/>
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 2020 estimated taxes	<input type="checkbox"/>	<input type="checkbox"/>	
If direct deposit, please provide the following: (even if we already have it)			
- Bank Routing Number			<input type="text"/>
- Bank Account Number			<input type="text"/>
- Bank Name			<input type="text"/>
- 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			