

CLIENT QUESTIONNAIRE

NAME: _____

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 2018? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you have an interest in any foreign accounts or trusts? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you need to add or remove any dependents in 2018? If so, provide the details. (IE: birth cert, soc sec card, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did anyone attend college during 2018? If so, please complete the Education Worksheet . | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did you pay for child care in 2018 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 2018? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If NO , please indicate for each person in your family (taxpayer, spouse and dependents) which months in 2018 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 2018 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 2018. | <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 2018. | <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 4/17/19 for the 2018 tax year)? If so, how much? | | | <input type="checkbox"/> |
| Did you withdraw money from an HSA? If so, include all 1099-SA's | | | <input type="checkbox"/> |
| Were all funds withdrawn used for qualified medical expenses? | | | <input type="checkbox"/> |
| Did you make any estimated tax payments (in addition to withholding from your wages) to the IRS or State for 2018 (including 4th quarter payments due in January 2019)? | | | <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 2019 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 | | | |