Taxes By M.E. – Questionnaire

1. Please provide your Job Title or Profession?					
2. Did y	ou get a tax refund last year?	yes	no		
3. What	: was your refund amount last year?				
4. Did t	no				
5. Do you own your home or rental property? yes					
6. Do yo	yes	no no			
7. Did y	yes				
8. Do yo	yes	no			
9. Did y	ou know your refund may be penalized if	you do not	have		
healt	h care insurance	yes	no		
10.	Who provided your health insurance last	year?			
11.	Did you donate cash to charity or church	(tithes)? _			
\$					
12.	Did you donate Goods or a Vehicle to ch	arity?			
\$					
13.	Did you make a major purchase last yea	r? Vehicle	Home		
Othe	r				
14.	Are you a student? Fulltime Partti	me Not a	Student		
15.	Do you have a bank account?	yes	no		
16.	Do you have any dependents? if so how many?	yes	no		
17.	Did you pay for Child Care; Day Care; Af	 ter School (Care or any		
	of care that pertains to a Dependent?	yes	no		
18.	Have you filed taxes for each of the thre	•			
		yes	no		
	what year(s) did you not file?	7			
19.	Do you owe Child Support, Student Loan	ıs, Gov Age	ncy or		
anyo	ne else that would garnish your tax return	n? ves	no		

•	Do you have a Hob	ast years tax return? yes no by or a Business that earns money? g; arts and crafts; computers and at it?
Client	Name:	
	.: SSN: _ Address:	Ph#:
Spous	e :	
D.O.B	.: SSN:	Ph#:
Email	Address:	
Home	Address:	
City: _		State: Zip:
Phone	e #:	wk#:

*** I need the following items to complete your taxes: DRIVERS LICENSE OR STATE ID & SOCIAL SECURITY CARD for YOU and EVERY dependent All of the w2s, 1099s, 1098s and other tax documents that

you have. A 1095 for your health insurance is needed if applicable. Any interest statements for mortgages, and capital gains information from investments. Be sure to give me what you have. Thanks