



Taxpayer Questionnaire

Personal Information

Are you a US Resident? Yes No If No, visa status: _____

Select Filing Status (select ONE)

- Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er). Year spouse died: _____
 Help Me Choose

Enter Personal Information

	Taxpayer	Spouse
Social Security Number		
First Name		
Middle Initial		
Last Name		
Jr., Sr., III, etc.		
Date of Birth		
Date of Death		
Occupation		
Daytime Phone Number		
Evening Phone Number		
E-mail Address		
Dependent of Another	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>
Stateside military address	<input type="checkbox"/>	<input type="checkbox"/>
Own Foreign Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own virtual currency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter Address

Address . . . _____ Apt. Number . . . _____
City . . . _____ State . . . _____ Zip Code . . . _____
Resident State . . . _____ Resident City . . . _____
County . . . _____ School Dist . . . _____
In care of . . . _____

Bank Information:

Use this bank account info for current year direct deposit, if applicable
 Use this bank account info for current year direct debit, if applicable on date _____.
Bank Name . _____
Routing Number . _____ Account Number . _____
Type of account . Checking Savings



Taxpayer Questionnaire

In order to assist you more efficiently, please fill out this questionnaire as completely as possible and make sure that you have all appropriate tax documents (see attached list).

If you have any Dependents, please complete this table:

Make sure you provide proof of residence for each child. This could be health insurance documents, school records, doctor's records, child care, etc.

Name	Social Security Number	Relationship	Birth Date
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		

Note: Please see list of tax documents for assistance in answering the following

If you received a 1099-G for state income tax refunds, please answer the following: <ul style="list-style-type: none">• Did you itemize your deductions last year? <input type="checkbox"/> Yes <input type="checkbox"/> No• If yes, how much were they? \$_____	
Were you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If <i>yes</i> , fill out Self-Employed Questionnaire.	
Did you make any estimated tax payments to the IRS for this tax year: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If <i>yes</i> , how much?	Did you work in another state besides your state of residency?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Where:</i>
Did you have insurance through the Marketplace? <input type="checkbox"/> Yes (continue) <input type="checkbox"/> No (stop) If Yes, did you receive a 1095-A? <input type="checkbox"/> Yes <input type="checkbox"/> No	



APRIL'S TAX SERVICE, INC.

PROFESSIONAL, PERSONAL, & PRACTICAL PRICING

Taxpayer Questionnaire

Taxpayer information (IF NEW customer)

- Last year's taxes
- Social Security Numbers (including spouse and children) - please bring cards or provide copies
- Driver's license (including spouse) - have available or bring copies
- Birth dates (including spouse and children)
- Birth certificates for children without a license - have available or bring copies
- Date of death (if return is for a decedent, please have death certificate or copy)

Income

- Form W-2
- Form 1099-INT & 1099-OID (interest from savings accounts, etc.)
- Form 1099-DIV (dividends earned)
- Form 1099-B (Capital Gains and Losses)
- Income from businesses (including K-1's)
- Form 1099-R (distributions from pensions and annuities)
- Form 1099-SSA (Social Security benefits statements)
- Form 1099-MISC (misc. income)
- Form 1099-G (state and local income tax refunds & unemployment)
- Form 1099-S (Sale of Home, and/or purchase of home contracts, also bring "Settlement Statement(s)")
- Form 1099-SA (HSA distributions) - were these used for qualifying medical? ___ Yes ___ No
- Alimony received \$_____ for year
- Scholarships and fellowships
- Gambling, lottery winnings, prizes, and awards
- Jury duty pay
- Any other income documents

Adjustments

- Educator Expenses (up to \$250)
- Health Savings Account documents (contributions)
- Moving expenses (for Armed Forces members only)
- Self-employed SEP, SIMPLE and qualified plans
- Self-employed health insurance premiums
- Alimony paid (recipient's SSN _____)
- Contributions to IRA (ROTH not necessary)
- Student loan interest (1098-E)
- Tuition and Fees (1098-T)

Deductions

- Un-reimbursed medical expenses (*see worksheet*)
- Real estate taxes paid (often on form 1098)
- Personal property taxes paid
- Form 1098 - Home mortgage interest statement plus points
- Gifts to charity (*see worksheet*)
- Un-reimbursed employee expenses - only for certain reservists, performing artists, and fee-basis government officials
- Federally-declared disaster losses

Credits

- Child care expenses - MUST have statements (*see worksheet*)
- Education credits
- Adoption expenses

Other Taxes

- Statements for early distributions of retirement plans
- Advanced Earned Income Credit
- Household employment taxes
- Additional tax payments

Payments

- Estimated tax payments (including refunds applied from previous year)
- Earned Income Credit
- Amount paid with request for extension

Health Care

- Form 1095-A: Health Insurance Marketplace Statement

Other

- Do you have any foreign accounts?
___ Yes ___ No
- If yes, did your accounts total more than \$10,000 USD at any point during the year?
___ Yes ___ NO
- Do you have any Virtual Currency?
___ Yes ___ No
- Proof of child residence - Please provide a document showing your child(ren) at your address such as medical, school, or other form.

NOTE: If you own your own business, please also fill out my Self-Employed Questionnaire, which can be downloaded and printed at www.aprilstaxes.com.



Un-reimbursed Medical Expenses Worksheet

Total health insurance premiums paid by you AFTER taxes _____

Long-term care insurance premiums paid: _____

Number of miles driven for medical care _____

Other medical and dental _____

Miles driven for medical _____

NOTE: Life insurance premiums are NOT deductible.

Gifts to Charity Worksheet

NOTE: You must provide receipts issued by the charitable organization.

Cash Donations:

Organization	Amount Given

Miles driven for volunteer work _____

Non-Cash Donations (*NOTE: You must have a dated receipt from the organization.*):

Name of Organization	Address	Description	Date of Donation	Value

If you need assistance with the value of your donations, please visit my website for ideas and links.



Taxpayer Questionnaire

Child Care Expenses Worksheet

NOTE: You must provide a statement from each provider.

Name of Child	Amount Paid

Name of child care provider _____

Address of child care provider _____

SSN or EIN of child care provider _____

Phone number of child care provider _____

Amount paid to child care provider _____

Name of child care provider _____

Address of child care provider _____

SSN or EIN of child care provider _____

Phone number of child care provider _____

Amount paid to child care provider _____

Name of child care provider _____

Address of child care provider _____

SSN or EIN of child care provider _____

Phone number of child care provider _____

Amount paid to child care provider _____