



888 10th Street, Suite 2  
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**NEW CLIENT QUESTIONNAIRE**

Taxpayer Name \_\_\_\_\_ M/F Spouse Name \_\_\_\_\_ M/F  
 Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
 SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Tax Payer Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_  
 Taxpayer E-Mail \_\_\_\_\_ Spouse E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_ All 12 months \_\_\_\_\_

Dependents Name (List Youngest First)	Birthdate	Social Security #	Relationship to You (Son, Daughter, Other)	Months Lived in Your Home in Past Year

**Check All That Apply**

- You and, if applicable, your dependents had medical insurance provided by Marketplace exchange for **any** of past year. (1095-A)
- You made **ESTIMATED** Federal or State taxes last year in **addition** to withholdings. Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_
- You or your spouse were a resident of another state or earned income in another state in 2021? Which state \_\_\_\_\_
- Amount of Third Stimulus check received in 2021 \$ \_\_\_\_\_
- Amount of Advance Child Tax Credit Received in 2021 \$ \_\_\_\_\_
- New clients please provide copy of last year's tax returns**
- Please provide copies of all driver's licenses and social security cards.

Would you like your refund deposited into your bank account?  Yes  No Name of Bank \_\_\_\_\_  
 Checking  Savings Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Are you self-employed?  Yes  If you received a 1099-NEC, a Sch C organizer must be completed (please request one.)

**Check All That Apply**

<input type="checkbox"/> Wage Statement – W-2s	<input type="checkbox"/> Purchased Primary Residence	<input type="checkbox"/> Medical/Dental Expenses
<input type="checkbox"/> Tips or Other Income	<input type="checkbox"/> Sold Primary Residence	<input type="checkbox"/> Mortgage Interest 1098
<input type="checkbox"/> 1099-Misc/1099-NEC- <b>need Sch C</b>	<input type="checkbox"/> Owned Rental Property - <b>need Sch E</b>	<input type="checkbox"/> Mortgage Points (i.e. closing points)
<input type="checkbox"/> Received Interest 1099-INT	<input type="checkbox"/> Farm Income- <b>need Sch F</b>	<input type="checkbox"/> Paid real estate taxes
<input type="checkbox"/> Received Dividends	<input type="checkbox"/> Lottery or Gambling Winnings	<input type="checkbox"/> Property Tax
<input type="checkbox"/> Sold Stocks or Bonds	<input type="checkbox"/> Cancellation of Debt	<input type="checkbox"/> Charity or Religious Contributions
<input type="checkbox"/> Pension/Retirement Income 1099 R	<input type="checkbox"/> Distribution of foreign accounts	<input type="checkbox"/> Significant loss or Theft
<input type="checkbox"/> Contributions to IRAs	<input type="checkbox"/> Pd Qualified Education Exp 1098T	<input type="checkbox"/> Had teacher un-reimbursed expenses
<input type="checkbox"/> Received Unemployment	<input type="checkbox"/> Made student loan payments 1098E	<input type="checkbox"/> HSA Form 1099SA
<input type="checkbox"/> Social Security Income	<input type="checkbox"/> Financial interest virtual currency	<input type="checkbox"/> Business Extension Request \$25 Fee
<input type="checkbox"/> Alimony (Paid or Received)	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Personal Extension Request \$25 Fee

• **For new clients how did you learn about us?** \_\_\_\_\_

I certify that I would like my taxes prepared according to the information provided above.

Taxpayer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date: \_\_\_\_\_