



888 10th Street, Suite 2
Marion, IA 52302

P 319-447-4429 F 319-447-4434

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 _____

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

- ☐ Did you or your dependents have medical insurance provided by Marketplace exchange for **any** of the past year. (1095-A)
- ☐ Did you make **ESTIMATED** Federal or State tax payments in the last year in **addition** to withholdings. Federal \$ _____ State \$ _____
- ☐ Were you or your spouse a resident of another state or have earned income in another state in the past year?
Which state _____ Date moved in/out of IA this year _____
- ☐ **New clients please provide copy of last year's tax returns**
- ☐ **Please provide copies of all driver's licenses and social security cards of dependents.**

Banking information for refunds and payments: 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"/> Contributions to IRAs	<input type="checkbox"/> Child Care Expenses
<input type="checkbox"/> Overtime Income (need last paystub)	<input type="checkbox"/> Alimony (Paid or Received)	<input type="checkbox"/> Medical/Dental Expenses
<input type="checkbox"/> Tips or Other Income	<input type="checkbox"/> Bought/Sold Primary Residence	<input type="checkbox"/> Mortgage Interest (1098)
<input type="checkbox"/> 1099-Misc/1099-NEC - need Sch C	<input type="checkbox"/> Lottery or Gambling Winnings	<input type="checkbox"/> Mortgage Points (i.e. closing points)
<input type="checkbox"/> Received Dividends	<input type="checkbox"/> Owned Rental Property - need Sch E	<input type="checkbox"/> Property taxes
<input type="checkbox"/> Received Interest 1099-INT	<input type="checkbox"/> Farm Income - need Sch F	<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"/> Social Security Income	<input type="checkbox"/> Financial interest virtual currency	<input type="checkbox"/> Had teacher un-reimbursed expenses
<input type="checkbox"/> Received Unemployment	<input type="checkbox"/> Cancellation of Debt	<input type="checkbox"/> HSA Form 1099SA
<input type="checkbox"/> Sold Stocks or Bonds	<input type="checkbox"/> Made student loan payments 1098E	<input type="checkbox"/> Business Extension Request \$50 Fee
<input type="checkbox"/>	<input type="checkbox"/> Pd Qualified Education Exp 1098T	<input type="checkbox"/> Personal Extension Request \$50 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: _____