

TAX QUESTIONNAIRE – NEW CLIENT FORM

HANFORD BOOKKEEPING & TAX SERVICE

Date: _____

DROP- OFFS: If you own a Business or Rental Property, it is best that you make an appointment to have your taxes prepared due to the volume of information and questions that would need addressing, thank you.

Taxpayer's Name: _____

(Exactly as it appears on your Social Security Card)

Social Security Number: _____ - _____ - _____ Birth Date: _____

Taxpayer's Occupation: _____

Home/Work Number: _____ Cell Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Spouse's Name: _____

(Exactly as it appears on your Social Security Card)

Social Security Number: _____ - _____ - _____ Birth Date: _____

Spouse's Occupation: _____

Home/Work Number: _____ Cell Number: _____

Please mark your filing status:

Single _____ (Can anyone else claim you as a dependent on their return?) YES NO

Head of Household _____ (Not married or have been separated from your spouse the LAST 6 months of the year)

Married Filing Joint _____

Married Filing Separate _____ (If married filing separate, we need spouse's social security number and full name)

For Married Filing Separate: Spouse's Full Name: _____

Social Security Number: _____ - _____ - _____

Qualifying Widow(er) with dependent child _____

Dependent Information: (We will need to make copies of Social Security Cards, please present them to us at this time)

Name: _____ Name: _____

Birthday: _____ Birthday: _____

Social Security Number: _____ - _____ - _____ Social Security Number: _____ - _____ - _____

M___ F___ M___ F___

How many months did this dependent(s) live with you last year? _____

Can anyone else claim this dependent(s)? YES NO

Are there any childcare expenses to claim? If so, please list them on the lines below.

Name & Address of Daycare: _____ Amount Paid

EIN (Employer Identification Number) of Daycare or SS# (if it's an individual person): _____

Did you pay any interest on a student loan? If so, what was the amount paid: _____

Tuition Expenses: If you, your spouse, or any of your dependents attended a secondary school, we'll need the section below completed. If paid by loans, this also counts. We'll need to know what year they were attending as well. If you received a 1098-T please bring it your tax preparer.

Name of School: _____

Address: _____ Amount of Tuition: _____

Did you or your spouse put money into an IRA for last year OR will you by April 15th of this year? YES NO

Additional Questions: Did you or your spouse receive any of the following:

Unemployment YES NO

Gambling Winnings YES NO

Any 1099 (A-C-S-Misc.) forms YES NO

Do you own a home? YES NO

If so, do you have a mortgage? YES NO

Do you own your own business? YES NO

Do you own rental property? YES NO

Do you have earned interest from a bank account that you did not receive a 1099-INT? YES NO

Did you purchase solar for your home? YES NO

Did you buy, sell or receive cryptocurrencies? YES NO

Do you hold a foreign bank account? YES NO

Were there any out of state or online purchases that you didn't pay CA Sales Tax on? YES NO

Did you have health insurance for the entire year? YES NO

Be prepared to provide health insurance information in accordance with the "ACA" Affordable Care Act

If you are receiving a refund, how would you like your refund processed?

Mailed: _____ Direct Deposit: _____

If Direct Deposit:

Will the account be a Checking or Savings account? (circle) Name of Bank: _____

Routing Number: _____ Account Number _____

**** Please include a copy of both taxpayer's ID**