

# 2017 TAX YEAR QUESTIONNAIRE

Name: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What was your marital status as of December 31st \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Married.

If Married does your Spouse live in the same house? \_\_\_\_\_ Yes or \_\_\_\_\_ No.

Do you need to file separate from Spouse? \_\_\_\_\_ Yes or \_\_\_\_\_ No.

Do you have children living in your home? \_\_\_\_\_ Yes or \_\_\_\_\_ No. **(If yes please fill out Dependent**

**information)** Are you supporting any other person? \_\_\_\_\_ Yes or \_\_\_\_\_ No.

Do you have health Insurance? \_\_\_\_\_ Yes or \_\_\_\_\_ No.

Did you get healthcare threw the market place? \_\_\_\_\_ Yes or \_\_\_\_\_ No.

**Dependents Name and relationship**

**DOB:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

*How do you want your refund? \_\_\_\_\_ Direct Deposit, \_\_\_\_\_ Check in the Mail, \_\_\_\_\_ Applied to next year.*

*Owe the IRS how do you want to pay? \_\_\_\_\_ Direct Debit \_\_\_\_\_ Credit Card \_\_\_\_\_ Mailing \_\_\_\_\_*

*Paying ATI, Inc. for Tax Preparation. Due at time of service. Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_*

Notes and Questions you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have reviewed all documents and all the information is correct. I will not hold ATI, Inc. accountable if any information I furnished to them is incorrect. I am responsible for informing the government & ATI, Inc. of any changes I might become aware of after today.**

**Client's Signature:** \_\_\_\_\_

**Notes:**

(FOR OFFICE USE ONLY)

New Client: Yes or No

Received Date: \_\_\_\_\_

Given: BLM, CD, DM, AP, \_\_\_\_\_

Completed: \_\_\_\_\_

Pickup: \_\_\_\_\_

Scanned Photo ID \_\_\_\_\_

Scanned SS Card \_\_\_\_\_

Previous Years Taxes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tax preparer will fill out this form with you. (Do not fill out.)**

Y	N		Form's	Number	Initial
		Interest Income and/or Dividend Income	W2		
		Alimony Income	W2G		
		<b>Business Income and Expenses</b>	<b>K-1</b>		
		Automobile Mileage/Expenses	1095		
		Gains/Losses from Sales of Stocks, Securities & Capital Assets	1098		
		Income or Loss from S Corporations, Partnerships, LLC's & Trust	1098-T		
		Income or Loss from Rentals & Royalties	1099-A		
		Income or Loss Farm	1099-B		
		Unemployment Compensation	1099-C		
		Social Security Income, IRA Distribution, Annuity Distribution	1099-Div		
		Gambling Winnings	1099-G		
		Cancellation of Debt/Sale of Home/Foreclosures/Short Sale	1099-Int		
		Do you receive any letters or have a pin from IRS?	1099-Misc		

**ADJUSTMENTS TO INCOME**

		Alimony Paid	1099-S		
		Moving Expenses	1099-SSA		
		Do you have a Health Savings Account or Health Insurance?			
		Did you contribute to an IRA? or other Retirement Plan?			
		Did you "rollover" a retirement plan distribution into another plan?			
		Educator Expenses for Teachers			
		Student Loan Interest			

**TAXES & CREDITS**

		Estimated Taxes
		Child or Dependent Care Expenses
		Home Energy Credit
		<b>Alternative Motor Vehicle Credit</b>
		<b>Education Expenses - Tuition Fees</b>

**ITEMIZED DEDUCTIONS**

		Medical: Health Insurance, LTC
		Medical Miles
		Prescriptions
		Lodging
		Taxes: Real Estate
		Sales Tax
		State Taxes, Car Registration
		Mortgage Interest Paid and/or points
		Charity
		Job Expenses
		Tax Preparation Fee
		Casualty Losses
		Legal Fees Associated with Income

**I have signed the tax return and have provided a copy of the tax return with all the supporting documents received to the client.**

**I have asked all questions on this list.**

**I have scanned all documents.**

Paper Return provided

Emailed Tax Return

Electronic Backup Provided

Preparers Signature : \_\_\_\_\_