



## I-300 Individual Tax Planner Questionnaire

**Taxpayer Name:** \_\_\_\_\_

**Tax Year:** 2020

All new clients must fill out a new client information form. Please complete this in its entirety so that we may complete your return efficiently and put you in the best tax position possible. Please provide notes and documentation for your answers if it applies. You will need to provide a copy of your prior year's return as well as a copy of each taxpayer's drivers license or government issued photo ID.

	Question	Yes	No
1	Do you want to file your tax return electronically?	<input type="checkbox"/>	<input type="checkbox"/>
2	Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Explain:</b> _____		
3	Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>New Address:</b> _____		
4	Please provide the name of the bank / routing number / account number for where you want your refund deposited, if applicable.		
	<b>Bank Name:</b> _____ <b>Account Type:</b> _____		
	<b>Routing #:</b> _____ <b>Account #:</b> _____		
5	Did you reside in or operate a business in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
6	Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have any children under age 19 or a full-time student under age 24 with unearned income?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
9	Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you pay for child care while you worked, looked for work or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
12	If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
16	Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
18	Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
21	Did you lend money and that loan became worthless during the year?	<input type="checkbox"/>	<input type="checkbox"/>

	Question	Yes	No
22	Did you have any debts forgiven during the year?	<input type="checkbox"/>	<input type="checkbox"/>
23	Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
24	Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25	Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
26	Did you receive any tip income or cash income that may or not been reported on a W-2 or 1099?	<input type="checkbox"/>	<input type="checkbox"/>
27	Did you receive any life insurance policy money during the year?	<input type="checkbox"/>	<input type="checkbox"/>
28	Did you receive any lottery or gambling winnings?	<input type="checkbox"/>	<input type="checkbox"/>
29	Do you expect your income or deductions to change in a material amount for the following year?	<input type="checkbox"/>	<input type="checkbox"/>
30	Do you actively participate in a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
31	Did you receive any Social Security during the year?	<input type="checkbox"/>	<input type="checkbox"/>
32	Did you make any withdrawals or receive lump sums from a retirement account during the year?	<input type="checkbox"/>	<input type="checkbox"/>
33	Did you make any contributions to any retirement accounts during the year?	<input type="checkbox"/>	<input type="checkbox"/>
34	Did you, your spouse, or your dependents attend a post-secondary school during the year?	<input type="checkbox"/>	<input type="checkbox"/>
35	Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
36	Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
37	Did you make any withdrawals or contributions from/to an education savings or 529 plan account?	<input type="checkbox"/>	<input type="checkbox"/>
38	Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
39	Did you and everyone in your household have qualifying health care coverage?	<input type="checkbox"/>	<input type="checkbox"/>
40	Did you make any contributions or receive any distributions from a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
41	Did you pay any long-term health care premiums?	<input type="checkbox"/>	<input type="checkbox"/>
42	Did you make any contributions or receive any distributions from an ABL (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
43	If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
44	Do you have any casualty or theft losses to report during the year?	<input type="checkbox"/>	<input type="checkbox"/>
45	Did you pay out-of-pocket medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>
46	Did you make any charitable contributions during the year including assets or securities?	<input type="checkbox"/>	<input type="checkbox"/>
47	Did you pay real estate taxes for your primary or secondary home?	<input type="checkbox"/>	<input type="checkbox"/>
48	Did you pay any mortgage interest?	<input type="checkbox"/>	<input type="checkbox"/>
49	Did you use your car for business?	<input type="checkbox"/>	<input type="checkbox"/>
50	Do you have any job seeking expenses?	<input type="checkbox"/>	<input type="checkbox"/>
51	Did you personally purchase any large asset items during the year?	<input type="checkbox"/>	<input type="checkbox"/>
52	Do you have an office in your home that you use for your business, if you have one?	<input type="checkbox"/>	<input type="checkbox"/>
53	Did you retire during the year?	<input type="checkbox"/>	<input type="checkbox"/>
54	Do you have any moving expenses due to a change in employment?	<input type="checkbox"/>	<input type="checkbox"/>
55	Did you pay a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
56	Do you have any financial interest in or are a signor on any financial account that is located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
57	Do you have any foreign financial accounts?	<input type="checkbox"/>	<input type="checkbox"/>

