

Your Signature _

Please return this questionnaire with your tax data or bring it to your appointment.

Date

Name	e(s)							
Address Cell Phone(s) (Home Phone ()						City	State	ZIP
						Email		
		()		(_)	Email		
	lpι					e a few minutes to complete this que dits that you are eligible for.	estionnaire. The answer	rs to these questions
0	\mathcal{C}	Did you direct depos	sit your refund last y	year? l	f your ba	nk account has changed please pro	ovide a voided check.	
0	\mathcal{C}	Would you like to direct deposit your tax refund? Please provide a voided check.						
Yes N	10	PERSONAL INFORMATION						
0	\supset	Did your marital status change during the year?						
0 (\supset	If yes, did you change your name with the Social Security Administration?						
0	\supset	Did your address change from last year? If so, please fill out the address section above.						
0	\supset	Can you be claimed as a dependent by another taxpayer?						
Yes N	10	DEPENDENT INFORMATION						
0 (\mathcal{C}	Were there any changes in dependents from the prior year?						
0 (\supset	Did you pay for childcare while you worked or looked for work?						
0 (\supset	Did you pay for childcare expenses through your employer's flexible spending plan?						
0 (\supset	Did you provide over half the support for a parent or non-relative?						
Yes N	10	PURCHASES, SALES, AND INHERITANCE						
0 (\mathcal{C}	Did you purchase or sell any real estate, partnership, or corporation interest this year?						
0 (\supset	Did you dispose of any stock during the year (other than stock held in your retirement account)?						
0 (\bigcirc	Did you inherit property in 2019?						
0 (\supset	Did you purchase a ve	ehicle in 2019?					
Yes N	10	ITEMIZED WRITTEN INFORMATION						
0 (Do you have written evidence to substantiate charitable contributions?							
0 (\bigcirc	Did you make any noi	n-cash charitable cor	ntributi	ions (clotl	nes, vehicle, etc.)?		
0 (\supset	Did you make any ma	ajor purchases during	the ye	ar (car, b	oat, etc.)?		
Yes N	10	MISCELLANEOUS	S INFORMATION					
0 (\bigcirc	Did you have qualifyi	ng healthcare for you	ı, your	spouse, a	and your dependents for every mon	th in 2019?	
0 (\bigcirc	Did you make any out	t-of-state purchase fo	or whic	h the sell	er did not collect state sales or use	tax?	
0 (\supset	Did you have any edu	ucational expenses d	uring tl	ne year?			
0 (\bigcirc	Did you make any cor	ntributions to an edu	cation	savings o	r 529 Plan account?		
0 (\supset	Did you participate in	n a Health Savings Ac	count	(HSA) or	Archer MSA?		
0 (\supset	Did you make energy	efficient improveme	nts to	your mair	n home this year		
		(solar energy systems	s, geothermal heat pu	umps, v	vind turb	ines, or fuel cells)?		
0 (\mathcal{C}	Do you have any fore	eign bank accounts?					
0 (\mathcal{C}	Did you sell any crypt	tocurrency in 2019? I	f so, pl	ease prov	ride details of the sale and original p	ourchase of the currenc	cy.