



## CLIENT TAX QUESTIONNAIRE

### TAXPAYER INFORMATION

|                                                 |  |                       |  |               |                |                                                                                                                                      |                               |                               |                                                                                                                                                           |                    |                            |                            |
|-------------------------------------------------|--|-----------------------|--|---------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|----------------------------|
| <b>Taxpayer Last Name:</b>                      |  |                       |  | <b>First:</b> | <b>Middle:</b> | <b>Suffix:</b>                                                                                                                       | <input type="checkbox"/> Mr.  | <input type="checkbox"/> Miss | <b>Marital Status:</b>                                                                                                                                    |                    |                            |                            |
|                                                 |  |                       |  |               |                |                                                                                                                                      | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms.  | Single <input type="checkbox"/> Married <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Widow <input type="checkbox"/> |                    |                            |                            |
| <b>Social Security Number:</b>                  |  | <b>Date of Birth:</b> |  | <b>Age:</b>   |                | <b>Occupation:</b>                                                                                                                   |                               | <b>Home Phone:</b>            |                                                                                                                                                           | <b>Cell Phone:</b> |                            |                            |
|                                                 |  |                       |  |               |                |                                                                                                                                      |                               |                               |                                                                                                                                                           |                    |                            |                            |
| <b>Email Address:</b>                           |  |                       |  |               |                | <b>Preferred Method of Contact:</b>                                                                                                  |                               |                               |                                                                                                                                                           |                    |                            |                            |
|                                                 |  |                       |  |               |                | Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> |                               |                               |                                                                                                                                                           |                    |                            |                            |
| <b>Street Address:</b>                          |  |                       |  |               |                |                                                                                                                                      |                               | <b>Apt. #:</b>                |                                                                                                                                                           |                    |                            |                            |
|                                                 |  |                       |  |               |                |                                                                                                                                      |                               |                               |                                                                                                                                                           |                    |                            |                            |
| <b>City:</b>                                    |  |                       |  | <b>State:</b> |                |                                                                                                                                      | <b>Zip Code:</b>              |                               |                                                                                                                                                           |                    |                            |                            |
|                                                 |  |                       |  |               |                |                                                                                                                                      |                               |                               |                                                                                                                                                           |                    |                            |                            |
| Did your marital status change during the year? |  |                       |  |               |                |                                                                                                                                      | <input type="checkbox"/> Y    | <input type="checkbox"/> N    | Did your address change during the year?                                                                                                                  |                    | <input type="checkbox"/> Y | <input type="checkbox"/> N |

### SPOUSE INFORMATION

|                                |  |                       |  |               |                |                    |                               |                               |  |
|--------------------------------|--|-----------------------|--|---------------|----------------|--------------------|-------------------------------|-------------------------------|--|
| <b>Spouse Last Name:</b>       |  |                       |  | <b>First:</b> | <b>Middle:</b> | <b>Suffix:</b>     | <input type="checkbox"/> Mr.  | <input type="checkbox"/> Miss |  |
|                                |  |                       |  |               |                |                    | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms.  |  |
| <b>Social Security Number:</b> |  | <b>Date of Birth:</b> |  | <b>Age:</b>   |                | <b>Occupation:</b> |                               | <b>Cell Phon</b>              |  |
|                                |  |                       |  |               |                |                    |                               |                               |  |

|                                                                                                                                              | Taxpayer                   |                            | Spouse                     |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| • Were you or your spouse permanently and totally disabled during 2019?                                                                      | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Do you or your spouse want to donate \$3 to the Presidential Election Campaign Fund? If you check yes, your tax or refund will not change. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you or your spouse file for bankruptcy in 2019? <b>List Chapter filed:</b> _____                                                       | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> Y | <input type="checkbox"/> N |

### DEPENDENTS (CHILDREN AND OTHERS)

| Name (Last, First) | Relationship | Date of Birth | Social Security | Months Lived With You | Full-Time Student                                     | Did You Provide More Than Half of the Support?        |
|--------------------|--------------|---------------|-----------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------|
|                    |              |               |                 |                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
|                    |              |               |                 |                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
|                    |              |               |                 |                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
|                    |              |               |                 |                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
|                    |              |               |                 |                       | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

|                                                                                                                  |                            |                            |
|------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| • Do you provide a home for or help support anyone else, not listed above?                                       | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Were there any births, deaths, marriages, divorces or adoptions in your immediate family in 2019?              | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. If there was a death of a taxpayer or spouse, enter date (if during 2019 or 2020)                             | / /                        |                            |
| • Could you be claimed as a dependent on another person's tax return for 2019?                                   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Do you have any dependents that must file a 2019 tax return?                                                   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. If yes, do you want us to prepare the return? Returns can be prepared for your dependents at a reduced price. | <input type="checkbox"/> Y | <input type="checkbox"/> N |

| INCOME INFORMATION                                                                                                                                                |                            |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| • Did you receive any unemployment compensation in 2019? <i>If yes, attach 1099-G.</i>                                                                            | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you receive any social security benefits during 2019? <i>If yes, attach Form SSA-1099.</i>                                                                  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you sell any stocks/investments in 2019? <i>If yes, attach 1099-B.</i>                                                                                      | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you receive interest income from a savings account or dividends from mutual funds/investments in 2019? <i>If yes, attach Form 1099-INT and/or 1099-DIV.</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |

| RETIREMENT INFORMATION                                                                                                                                                                                |                            |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| • Did you or your spouse receive payments/distributions from a retirement plan such as a pension, 401K, IRA in 2019 or plan to in 2020? <i>If yes, attach Form 1099-R.</i>                            | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you receive a distribution from a retirement plan in order to pay medical bills, for higher education expenses or to purchase a home in 2019?                                                   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you make any contributions to a retirement plan such as a pension, 401K, IRA, SEP, SIMPLE in 2019?                                                                                              | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you convert all or part of a traditional IRA into a Roth IRA in 2019?                                                                                                                           | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you receive a total distribution from a 401K plan, IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> Y | <input type="checkbox"/> N |

| HEALTH INFORMATION                                                                                                                                                    |                            |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| • Did you, your spouse and dependent have health insurance for all of 2019? <i>Attach Form 1095A,B or C.</i>                                                          | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. If no, please list number of months you <b>did not</b> have health insurance.                                                                                      | _____ Months               |                            |
| • Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account in 2019? <i>If yes, attach Form 1099-SA and Form 5498-SA.</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you/ spouse/dependent incur a substantial amount of unreimbursed medical expenses in 2019?                                                                      | <input type="checkbox"/> Y | <input type="checkbox"/> N |

| HOUSING INFORMATION                                                                                               |                            |                            |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| • Do you own a home? <i>If yes, attach Form 1098 – Mortgage Interest and 2019 Property Tax Statement.</i>         | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you rent during 2019? <i>If yes and total household income is less than \$60,000, answer the following:</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| a. Name and address of Landlord:                                                                                  |                            |                            |
| b. Monthly rent paid in 2019:                                                                                     |                            |                            |
| c. Number of months rented in 2019:                                                                               |                            |                            |
| d. Is Heat included in your rent payment?                                                                         | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you sell and/or purchase a home in 2019 or 2020? <i>If yes, attach copies of your Closing Disclosure.</i>   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you receive rent from real estate or other property? <i>If yes, attach support for income and expenses.</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Was your principal home or rental property foreclosed on in 2018 or 2019? <i>If yes, attach 1099A or 1099C.</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |

| CHILD AND DEPENDENT CARE                                                                                                                                                     |                                      |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------|
| • Did you receive dependent care benefits from your employer in 2019?                                                                                                        | <input type="checkbox"/> Y           | <input type="checkbox"/> N |
| • Did you pay any child/dependent care expenses in 2019 for a child under 13 years old or costs to care for a handicapped individual? <i>If yes, complete the following:</i> | <input type="checkbox"/> Y           | <input type="checkbox"/> N |
| Name of Child Care Provider:                                                                                                                                                 | Provider EIN/Social Security Number: |                            |
|                                                                                                                                                                              |                                      |                            |
| Provider Address                                                                                                                                                             | Amount Paid to Provider              |                            |
|                                                                                                                                                                              | \$                                   |                            |

| EDUCATION                                                                                                                                                                                                    |                            |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| • Did you, your spouse or a dependent incur any tuition, fees or book expenses that were required to attend college, university or vocational school? <i>If yes, attach 1098-T and support for expenses.</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you, your spouse or a dependent receive scholarships or grants for higher education in 2019?                                                                                                           | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you, your spouse or dependent receive a distribution from a 529 Plan or Education Savings Plan? <i>If yes, attach Form 1099-Q.</i>                                                                     | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you make any contributions to a 529 Plan or Education Savings Plan in 2019? <i>Attach support.</i>                                                                                                     | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you pay any Student Loan Interest in 2019? <i>If yes, attach Form 1098-E.</i>                                                                                                                          | <input type="checkbox"/> Y | <input type="checkbox"/> N |

## ITEMIZED DEDUCTIONS

**Note:** The IRS allows taxpayers to reduce their income by either taking the Standard Deduction or Itemizing Deductions. For 2019, the standard deduction was doubled. This change may make it more beneficial for some taxpayers to use the Standard Deduction.

|                                                                                                                                                                                           |                            |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| • Did you make charitable contributions in 2019? <b><i>If yes, attach receipts or acknowledgements from charity, cancelled check or other proof to substantiate the contribution.</i></b> | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you use your vehicle to provide volunteer services to a charity?                                                                                                                    | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you pay state taxes on a new vehicle purchase or monthly lease in 2019?                                                                                                             | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • List vehicle registration fees paid in 2019.    \$ _____                                                                                                                                |                            |                            |
| • Did you owe State or Local taxes when you filed your 2018 Income Tax Return? <b><i>If yes, please list amount paid in 2019: \$_____</i></b>                                             | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| • Did you have any gambling winnings or losses, including lottery, bingo and raffles in 2019?                                                                                             | <input type="checkbox"/> Y | <input type="checkbox"/> N |

## BUSINESS INFORMATION

**Note:** Complete this section if you are an independent contractor that receives a 1099-MISC or own a small business.

|                                                                                                    |                                              |                                   |  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|--|
| • Date you started your business:                                                                  | /                                            | /                                 |  |
| • Did you materially participate in this business in 2019?                                         | <input type="checkbox"/> Y                   | <input type="checkbox"/> N        |  |
| • Did you pay estimated taxes in 2019?                                                             | <input type="checkbox"/> Y                   | <input type="checkbox"/> N        |  |
| • Do you have records to support your business expenses? <i>If yes, please attach receipts,</i>    | <input type="checkbox"/> Y                   | <input type="checkbox"/> N        |  |
| • Did you use your vehicle for your business?                                                      | <input type="checkbox"/> Y                   | <input type="checkbox"/> N        |  |
| • Do you have written evidence to support your vehicle expenses? <i>Please list the following:</i> | <input type="checkbox"/> Y                   | <input type="checkbox"/> N        |  |
| <b>Business Miles Driven in 2019</b>                                                               | <b><u>Commuting Miles Driven in 2019</u></b> | <b>Other Miles Driven in 2019</b> |  |
|                                                                                                    |                                              |                                   |  |

## FILING QUESTIONS

|                                                                                                                                                                                                                                                                                        |                            |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| <ul style="list-style-type: none"> <li>• Were you notified/audited by either the IRS or a State or Local taxing authority in 2019?</li> </ul>                                                                                                                                          | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| <ul style="list-style-type: none"> <li>• The IRS is able to deposit refunds directly into up to (3) taxpayer's accounts. If you receive a refund, would you prefer a direct deposit into your bank account? <b><i>If yes, please provide the following information:</i></b></li> </ul> | <input type="checkbox"/> Y | <input type="checkbox"/> N |

| Name of Bank | Bank Routing Number | Bank Account Number | Type of Account                   |                                  |
|--------------|---------------------|---------------------|-----------------------------------|----------------------------------|
|              |                     |                     | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
|              |                     |                     | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
|              |                     |                     | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |

Select Type Of Tax Return Copy For Your Personal Files: ☐ Electronic Copy ☐ Paper Copy with Folder

|                                                       |                                                     |                                |
|-------------------------------------------------------|-----------------------------------------------------|--------------------------------|
| <b>How Did You Hear About Berkshire Tax Services?</b> | <input type="checkbox"/> Family/Friend (List Name): |                                |
| <input type="checkbox"/> Google/Website               | <input type="checkbox"/> FaceBook                   | <input type="checkbox"/> Other |

## QUESTIONS, COMMENTS AND OTHER INFORMATION

[illegible]

**Please return the completed form to us with your client tax documents through e-mail ([info@akifcpa.com](mailto:info@akifcpa.com)) or fax it to us at (713) 357- 9694.**

**We encourage you to turn in your tax documents as early as possible! In order to meet the filing deadline, we should receive all the information needed to complete your return no later than March 15, 2018.**