Name:

QUESTIONNAIRE- TO BE ANSWERED BY ALL CLIENTS:

To help assure the accuracy of your tax re-	urn and that all possible tax	deductions are taken, plea	ase complete the following
questions.			

Yes	No	Do you wish to designate a part of your taxes to the Presidential Campaign Fund?
Yes	No	Any births, adoptions, marriages, divorces, or deaths in your immediate family during 2022?
Yes	No	Did you have any children <i>with total <u>investment income</u></i> more than \$2,300, that were under age 19 or full-time students under age 24 at the end of 2022?
Yes	No	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, an S corporation, trust, or REIT, etc?
Yes	No	Did you receive income for which you did not receive a Form W-2 or 1099?
Yes	No	Did you use your car for business purposes (other than to commute to and from work)? Did you commute between first and second jobs? If yes, complete page 3 of the organizer.
Yes	No	Did you move because of a job change? If so, bring moving costs. (May only apply to a State return.)
Yes	No	Did you add/install solar energy?
Yes	No	Did you buy a main home in 2022? If so, please provide the closing statement.
Yes	No	Did you sell or gift any stock, real estate, land, or other property or have any become worthless? If yes, complete page 3 of the organizer and provide the final settlement statement for both the purchase and the sale
Yes	No	Did you sell any gold, old jewelry, or precious metals?
Yes	No	Did you sell any items on EBay?
Yes	No	Did you make a gift to any individual in excess of \$16,000?
Yes	No	Does anyone owe you money for which you have exhausted all reasonable efforts to collect?
Yes	No	Did you employ any household workers? (Specifically, caregivers, nannies, etc.)
Yes	No	Did you pay additional state tax last year because of an audit or filing of a late return?
Yes	No	Did you make an internet purchase on which no state sales tax was collected?
Yes	No	Did you contribute to a retirement plan, including a Roth IRA? What type of plan?
Yes	No	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
Yes	No	Did you make contributions to a Health Savings Account (HSA) this year? (Do not mark "yes" for FSA)
Yes	No	Did you have any foreign income or pay any foreign taxes?
Yes	No	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account that had a balance of \$10,000 at any point during the year?
Yes	No	Did you receive a foreign gift or inheritance from someone in a foreign country or from a foreign entity?
Yes	No	Have you ever had the Earned Income Credit denied?
Yes	No	Did you claim the Homeowners' Credit in 2008 for which you are responsible for paying back each year?
Yes	No	If you bought health insurance through an exchange (i.e. www.coveredca.com), please include in your tax information the Form 1095A that the Health Insurance Exchange sent you. Please bring any forms 1095-B or 1095-C received from an insurance company or employer.
X 7	NT	OPTIONAL Description of the Control
Yes	No	Do you want to sign up for the Care Plan (\$25 per tax return)? If so, please fill out and sign the enclosed IRS Form 8821.
SIGN	ATURE	E REQUIRED:
		f my knowledge, the enclosed information correctly includes all income, deductions, and other information the preparation for this year's income tax returns and I have adequate records to substantiate data.
Taxpayer Date		

Spouse _____

Date _____