

SETCPA

Tax Questionnaire & Document Guide for 2025

ALL CLIENTS: Please complete the following information for both the taxpayer and spouse.

Delivery of all client copies will be uploaded to ShareFile, our secure/encrypted portal.

	Taxpayer	Spouse
Name:		
Preferred contact method	Cell <input type="checkbox"/> Email <input type="checkbox"/>	Cell <input type="checkbox"/> Email <input type="checkbox"/>
Preferred contact person	<input type="checkbox"/>	<input type="checkbox"/>
Occupation:		
Date of Birth:		
Cell Phone:		
Address:		
City, State, Zip:		
If you moved , provide date(s):		
Home in US more than 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required Driver's License Info		
Driver's License#:		
State of Issue:		
Date Issued:		
Date Expires:		
Email for each spouse:		

Signature Authorization Preference: E-Signature ☐ Paper Form ☐

ALL CLIENTS MAKE A SELECTION FOR EACH ITEM:

If you are unsure of an item and would like to discuss it with your tax preparer, please leave the boxes for that item unchecked.

NEW CLIENTS ONLY PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

Copies of your federal, state, & local tax returns filed for the 2 previous years.

Copies of social security cards for yourself, your spouse, and all of your dependents.

Yes	No	Personal Data
<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by another taxpayer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you get MARRIED, SEPARATED, or DIVORCED last year? (Circle any that apply) Date that it occurred: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse under the age of 65 and permanently and totally disabled?
		The IRS requires direct deposit for all refunds. Provide complete bank account information. Bank Name _____ Routing # _____ Account # _____ Checking <input type="checkbox"/> -or- Savings <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Would you like all or a portion of your overpayment to be applied to next year's tax liability?
<input type="checkbox"/>	<input type="checkbox"/>	If you owe tax, would you like to have the balance due directly debited from this account?
<input type="checkbox"/>	<input type="checkbox"/>	Was any member of your family a victim of Identity Theft and received an Identity Protection PIN?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) in the military or reserves?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to contribute \$3 to the Presidential Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received notices from any taxing authority in the last year? If yes , provide copies.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any prior year tax returns that are either not filed or unpaid?
<input type="checkbox"/>	<input type="checkbox"/>	Would you like a tax projection for next year? Additional fees will apply.
Yes	No	Children and Dependents
	<input type="checkbox"/>	If you do not have any children or dependents, check No, and skip to the next section.

If you are claiming any dependents, list info below. **Do not include your spouse.**

Name	DOB	Complete SS#	Relationship	# Of Months lived in the Home during 2025

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Yes	No	Children and Dependents, Continued
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt any children last year? Name: _____ Date of birth: _____ SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your adopted child have special needs? Provide court documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foster children?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any deaths of a spouse or a dependent that lived in your household last year? Name: _____ Date of death: _____ SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming anyone as a dependent that did not live with you for at least 6 months of last year? Name of person(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay more than one-half of the support for your parent(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you need us to file tax returns for any dependents? Name(s) _____, _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you no longer claim a dependent that you claimed last year? Name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have childcare expenses or day camp costs for children under 13? Provide statement(s).
<input type="checkbox"/>	<input type="checkbox"/>	Do any of your children or grandchildren have a Trump Account or want to set up a Trump account?
Yes	No	Business Income
	<input type="checkbox"/>	If you are not involved in any type of business check No and skip this section.
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business last year or set up an LLC? Date started: _____ Check box if: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a sole proprietorship business? If yes , fill out a <i>Business Worksheet</i> - View or provide a profit and loss statement. Provide any Forms 1099-NEC received.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a farm business? If yes , provide profit and loss statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you barter for any services or products?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any business or farm assets, or ownership interests?
Yes	No	Pass Through Entities (Provide Forms K-1)
	<input type="checkbox"/>	Not involved in an S Corp, Partnership, Trust, or Estate check No and skip this section.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a shareholder in an S Corporation? If yes , provide a copy of Form 1120-S, Schedule K-1.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a partner in a Partnership? If yes , provide a copy of Form 1065, Schedule K-1.
<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional ownership in a Partnership or S Corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any or all of a Partnership or S Corporation interest?
<input type="checkbox"/>	<input type="checkbox"/>	Were you a beneficiary of an Estate or Trust? If yes , Provide Form 1041, Schedule K-1.
Yes	No	Rental Income
	<input type="checkbox"/>	Do not own property/equipment rented to others check No and skip this section.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any rental income or expenses? If yes , fill out a <i>Rental Property Worksheet</i> - View
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell, or exchange any rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did the bank foreclose on a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own at least 10% of the rental property and have substantial involvement in managing it?
Yes	No	FOREIGN ACCOUNTS – ALL MUST BE ANSWERED
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any foreign financial accounts, or have signing authority over a foreign financial account? If yes , what was the maximum balance of each account throughout the tax year? 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you own or acquire 10% or more of a foreign company?
<input type="checkbox"/>	<input type="checkbox"/>	Did you own a company, which owned or acquired 10% or more of a foreign company?
<input type="checkbox"/>	<input type="checkbox"/>	Did you hold any interest in a foreign asset during the tax year in which the account balance was in excess of \$50,000 at year-end or more than \$75,000 at any time during the year if filing single? Or, in excess of \$100,000 at year-end or more than \$150,000 at any time during the year if filing married filing joint?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a gift from a foreign person, estate, partnership, or corporation at any time during the year? (Preparer use Form 3520 Page 6, Part IV)

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Yes	No	Investment Data (Provide Forms 1099-B, 1099-DIV & 1099-INT as applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your children have brokerage accounts? If yes , provide 1099 summary report.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any stock, securities, or mutual funds not from a brokerage account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell, or exchange any land or other property? If yes , provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any interest income? If yes , provide Form(s) 1099-INT.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any dividend income? If yes , provide Form(s) 1099-DIV.
<input type="checkbox"/>	<input type="checkbox"/>	Did you change brokerage firms or transfer funds out of a brokerage account?
<input type="checkbox"/>	<input type="checkbox"/>	Have any of your investments become worthless (ex: company bankruptcy)? If yes , provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell property on an installment basis? (Two or more payments received in two separate years.)
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer grant you stock options, or did you exercise and/or sell any stock options?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE or I United States Savings Bonds that were issued after 1989?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts to any one individual person or trust totaling more than \$19,000 during the past year? (These are NOT gifts to charity.)
Yes	No	Retirement Income, Contributions & Distributions
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Social Security or Railroad Retirement Benefits? If yes , provide Form(s) SSA-1099/RRB-1099.
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse contribute to a retirement plan with your employer? (401(k), 403(b), 457, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute, or will you contribute, to a Self-Employed pension plan? (SEP, Simple, Keogh, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Would you like to make additional contributions, if eligible?
<input type="checkbox"/>	<input type="checkbox"/>	Did you take any money out of your 401(k), pension, IRA, or Roth IRA last year? If yes , provide Form 1099-R and if not retired, the reason for the distribution. _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you roll over any funds to a Traditional or Roth IRA last year? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Traditional IRA? If yes , provide year-end statement & Form 5498 (when received).
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Traditional IRA last year? (Do not include rollovers) Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you own a Roth IRA? If yes , provide a year-end statement & Form 5498 (when received).
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Roth IRA last year? (Do not include rollovers) Taxpayer \$ _____ Year Opened: _____ Spouse \$ _____ Year Opened: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever made a non-deductible contribution to your Traditional IRA? New clients provide Form 8606
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a Traditional IRA to a Roth IRA last year? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you retire in the current year, or do you plan to retire in the next 12 months? (Tax planning & projection recommended; additional fees will apply.)
Yes	No	Employment & Non-Business Income (Provide ALL Forms W-2)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any W-2's? If yes , provide all documentation from all employers.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any overtime pay? If yes , provide a copy of your final paystub for the tax year.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips not reported to your employer? Amount \$ _____ Employer: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment? If yes , provide Form 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any royalties? If yes , provide Form 1099-MISC.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving/paying alimony If yes , provide the amount \$ _____ paid or received (circle one), and a copy of your divorce decree or the most recent modification. (Must be 12/31/2018 or prior.)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Jury Duty pay? \$ _____ Taxpayer or Spouse (circle who received)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Election Board pay? \$ _____ Taxpayer or Spouse (circle who received)
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings? If yes , provide Form W-2G and documentation for any gambling losses incurred. Winnings \$ _____ Losses \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your dependent child receive any prizes or awards?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds? If yes , provide Form(s) 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you file bankruptcy or have any debt cancellation/forgiveness? If yes , provide Form 1099-A or -C.
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not mentioned above? Description and amount: _____ \$ _____

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Yes	No	Educational Expenses (Provide Forms 1098-E, 1098-T & 1099-Q as applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family attend college during the year? If yes , provide Form 1098-T and Bursar statement for the tax year.
		Names of students in college: Student #1 _____ Student #2 _____
<input type="checkbox"/>	<input type="checkbox"/>	Do the college courses lead to a degree or certificate? If yes , Student #1 Degree _____ Student #2 Degree _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you withdraw any funds from a College 529 Plan? If yes , provide Form 1099-Q.
<input type="checkbox"/>	<input type="checkbox"/>	Was the withdrawal used for college or secondary school expenses? If yes , provide receipts.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any out-of-pocket college expenses for books, computers, etc.? If yes , provide receipts.
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer reimburse educational expenses? If yes , how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on student loans? If yes , provide Form 1098-E.
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a College 529 Plan? If yes , provide year-end statements.
Yes	No	Health Savings Account (Provide Forms 1099SA & 5498SA)
	<input type="checkbox"/>	If you do not have a Health Savings Account (HSA) check No and skip to the next section
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your employer contribute to your Health Savings Account (HSA) last year? Provide Form 5498-SA. (NOT an FSA, Flexible Spending Account or an HRA, Health Reimbursement Account)
<input type="checkbox"/>	<input type="checkbox"/>	Is the contribution included on your W-2?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make contributions other than through your employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did the plan cover your family?
		The number of months of HSA coverage for the tax year _____. Was it in effect for December? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you use any money from your HSA account? If yes , provide Form 1099-SA.
<input type="checkbox"/>	<input type="checkbox"/>	Was all money used for qualified medical expenses?
Yes	No	Health Insurance & Medical
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out of pocket medical expenses? If yes , fill out a Medical Expense Worksheet - View Medical Expenses include after tax insurance payments (do not include any pre-tax payments)
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for Long Term Care insurance? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance last year? If yes , check all the plans that apply and provide Form 1095-A if medical insurance was purchased through the Marketplace. <input type="checkbox"/> Marketplace <input type="checkbox"/> Individual <input type="checkbox"/> Employer <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> TRICARE <input type="checkbox"/> Veteran's health care programs <input type="checkbox"/> CHIP
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family qualify for an exemption through the marketplace? If yes , provide exemption letter.
<input type="checkbox"/>	<input type="checkbox"/>	Are you an owner of the company through which your health insurance was provided?
Yes	No	Homeowner Deductions & Credits
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a mortgage on any personal residence(s) that you own? If yes , Provide Form(s) 1098.
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your mortgages paid off or refinanced? If yes , provide bank information: Old Bank: _____ New bank: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on a second mortgage, Home Equity Loan or Line of Credit? Provide Form(s) 1098. If yes , what was the money used? _____
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your second mortgages paid off or refinanced? If yes , provide bank information: Old Bank: _____ New bank: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did your home cost more than \$750,000.00? If yes, when did you purchase the home? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your mortgage? If yes , provide the settlement statement (HUD-1).
<input type="checkbox"/>	<input type="checkbox"/>	Is your mortgage balance less than 80% of the current value of your home? If yes , PMI can be cancelled.
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell your home during the tax year? If yes , Provide Form 1099-S and/or HUD statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay points? If yes , provide the settlement statement (HUD-1).
<input type="checkbox"/>	<input type="checkbox"/>	Did the bank foreclose on your home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay real estate taxes not included on your Form(s) 1098? If yes , provide receipts for out-of-pocket real estate taxes paid last year.

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Yes	No	Charity
<input type="checkbox"/>	<input type="checkbox"/>	Did you make monetary payments or write checks to charity, or donate online? If yes , provide documentation and/or cancelled checks. <i>All monetary donations require receipts, and for gifts more than \$250, we must see a written statement or receipt from the charity.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you give any clothing, household items, furniture, etc., to charity? If yes , provide receipts that include the charity name, address, and value of the donation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute an automobile or boat? If yes , provide Form 1099C for each donation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer money from your IRA directly to a charity? (Qualified Charitable Distribution)
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur out of pocket expenses to do volunteer work for charity? If yes , provide receipts.
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car to do volunteer work for charity? If yes , total charity miles _____.
Yes	No	Other Expenses
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a casualty loss in a Federally Declared Disaster Area? If not , skip the following questions.
<input type="checkbox"/>	<input type="checkbox"/>	If yes , did your insurance company reimburse you for any casualty or theft losses?
<input type="checkbox"/>	<input type="checkbox"/>	If yes , did your casualty or theft loss exceed 10% of your income after reimbursement?
<input type="checkbox"/>	<input type="checkbox"/>	If yes , did you use all of the proceeds for the repairs?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur classroom expenses as a teacher for which you were not reimbursed? Amount \$_____ (These expenses may include safety & cleaning supplies.)
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay wages of \$2,800 or more to an individual who worked in your home as a nanny, live-in housekeeper, etc. Do not include cleaning crews or any type of subcontractors.
<input type="checkbox"/>	<input type="checkbox"/>	Did you move as an Active-Duty Military member?
Yes	No	Taxes
<input type="checkbox"/>	<input type="checkbox"/>	Did you make estimated tax payments for last year? (check applicable boxes) <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> School District <input type="checkbox"/> City If yes , provide copies of cancelled checks or a schedule of the payments made.
<input type="checkbox"/>	<input type="checkbox"/>	Did you owe any state or local back taxes from a prior year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any refunds from last year applied to this year's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any large purchases on which you paid sales tax for?
Yes	No	Residential Energy Credits
	<input type="checkbox"/>	If not applicable, check No and skip to the next section
<p>If you made any of the purchases listed below, you must provide the QMID, Qualified Manufacturer Identification Number. (This credit expires 12/31/2025.)</p> <p>During the tax year did you purchase:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Solar Electric System <input type="checkbox"/> Geothermal Heat Pump </div> <div> <input type="checkbox"/> Solar Water Heating System <input type="checkbox"/> Fuel Cell Property </div> <div> <input type="checkbox"/> Small Wind Energy System </div> </div> <p><input type="checkbox"/> Residential energy efficiency replacements: insulation, exterior doors, windows or skylights, air conditioner, furnace, water heater/boiler, or exterior energy efficient building property.</p>		
Yes	No	State Returns
<input type="checkbox"/>	<input type="checkbox"/>	Did you make internet purchases for which you did not pay sales tax? If yes , total amount of purchases subject to sales tax \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to any Ohio Political campaign? If yes , amount \$_____ (last year)
<input type="checkbox"/>	<input type="checkbox"/>	Did you home school your school age dependents? If yes , provide receipts for books, materials, computer software, applications, or subscriptions.
<input type="checkbox"/>	<input type="checkbox"/>	Did you send your school age dependent to a non-public AND non-chartered school? If yes , provide documentation of the school's name, address, and amount of tuition paid.
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate to a Scholarship Granting Organization? If yes , provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you work in multiple city locations?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work from home for any part of the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Are you on a permanent work from home or hybrid work schedule?
		If any of these responses are yes , provide a complete list of days worked in each city location.

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Yes	No	Due Diligence Questions for All Taxpayers				
<input type="checkbox"/>	<input type="checkbox"/>	Are you allowed to work in the United States?				
<input type="checkbox"/>	<input type="checkbox"/>	Did you provide more than half of your own support?				
<input type="checkbox"/>	<input type="checkbox"/>	Did someone else pay more than half of the expenses for your home? Did you pay your bills or did someone else pay them for you? You must be able to provide documentation to substantiate this if audited. IF you are unsure, complete the <i>Home Expense Substantiation Worksheet</i> - View				
<input type="checkbox"/>	<input type="checkbox"/>	Did you live in the United States for 6 months or more of the tax year? (Military personnel on active duty are considered to be living in the US).				
<input type="checkbox"/>	<input type="checkbox"/>	Can you provide documentation to prove you are eligible for your filing status, and any of the credits and/or deductions claimed on your tax return?				
<input type="checkbox"/>	<input type="checkbox"/>	Were you or your spouse at least aged 25, but under age 65 at the end of the year?				
<input type="checkbox"/>	<input type="checkbox"/>	Are you married? If yes , what months did your spouse physically live in the home with you? All 12 months _____ -or- List the months _____				
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a child in your home for more than 6 months during the tax year?				
<input type="checkbox"/>	<input type="checkbox"/>	If no: Did you have a non-dependent child in your home for all 12 months of the tax year?				
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any form of support for the person(s) to be claimed as a dependent(s)? If yes: What kind _____ and how much: \$ _____				
<input type="checkbox"/>	<input type="checkbox"/>	Did the IRS disallow or reduce any tax credits from a previous tax year?				
<input type="checkbox"/>	<input type="checkbox"/>	IF tax credits were disallowed or reduced, did you complete the required recertification?				
<input type="checkbox"/>	<input type="checkbox"/>	Did you (or your spouse) have any foreign earned income?				
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) a non-resident alien for any part of the tax year?				
<input type="checkbox"/>	<input type="checkbox"/>	If you are self-employed, did you provide us with accurate information regarding all business income and business expenses received and/or paid during the tax year?				
<input type="checkbox"/>	<input type="checkbox"/>	Did you provide more than half of the support for your, or your spouse's parent(s)?				
Additional Questions for Taxpayers with Children & College Students						
		Qualifying Child's Name (complete the columns at left)				
		Your Relationship to the Child				
		Child's Age				
Yes	No	Yes	No	Yes	No	Complete 1 column per child, use a 2 nd page if more than 3 children:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the child have an SSN that is valid for employment in the US? New clients provide copies of Social Security Cards for each child.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the child live with you in the US for more than half of the tax year? If yes: Did you give a "Release of Claim to Exemption for Child" to the Non-Custodial Parent for this child? (Provide Form 8332) If no: Do you have a "Release of Claim to Exemption for Child" signed by the Custodial Parent for this child? (Provide Form 8332)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did an adult, other than your spouse, live in the home with you & your child(ren)? If yes: Name of person _____ Relationship to child _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the child married? If yes: Is the child filing a joint return with his or her spouse? If yes: Is the child filing a joint return only as a claim for refund?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the child between the ages of 19 and 24, and a full-time student? If yes: You must provide Form 1098-T, the Bursar statement and/or receipts for this child's tuition and education expenses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the child is over the age of 19 and not a student, is the child permanently and totally disabled? If yes: Do you have a physician's statement or social security records?

I certify that the above information is true and correct, and I have the documentation supporting all the responses.

Signature _____

Date _____