

2019 TAX YEAR QUESTIONNAIRE

Name: _____
Spouses Name: _____
Address: _____
City: _____
Phone Number: _____
Cellphone Number: _____
Email Address: _____

DOB: _____
DOB: _____
State: _____
Zip Code: _____

What was your marital status as of December 31st Single Widowed Separated Married
If Married dose your Spouse live in the house? Yes or No
Do you need to file separate from Spouse? Yes or No
Do you have children living in your home? Yes or No (If yes please fill out Dependent)
Are you supporting any other person? Yes or No
Do you have health Insurance? Yes or No
Are you or your Spouse Legally blind? Yes or No

Dependents Information:

	Name	Relationship	SSN	DOB
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

How do you want your refund? Direct Deposit Check in the Mail Applied to next year

Owe the IRS how do you want to pay? Direct Debit Credit Card Mailing

Payment to ATI, Inc. for Tax Preparation is due at time of service

Note and question you have?

I have reviewed all documents and all the information is correct. I will not hold ATI, Inc. accountable if any information I furnished to them is incorrect. I am responsible for informing the government & ATI, Inc. of any changes I might become aware of after today.

Client's Signature: _____

(FOR OFFICE USE ONLY)

New Client: Yes No
Received Date: _____
Assigned to: _____
Completed: _____
Pickup: _____
Scanned Photo ID _____
Scanned SS Card _____
Previous Years Taxes: _____

Notes:

Tax preparer will fill out this form with you (Do not fill out)

Y	N	INCOME
		Interest Income and / or Dividend Income
		Alimony Income
		Business Income
		Automobile Mileage / Expenses
		Gains / Losses from Sales of Stocks, Securities & Capital Assets
		Income or Loss from S Corporation, Partnerships, LLC's & Trust (20%)
		Income or Loss from Rentals & Royalties
		Income or Loss Farm
		Unemployment Compensation
		Social Security Income, IRA, Annuity Distribution
		Gambling Winnings
		Cancellation of Debt / Sale of Home / Foreclosures / Short Sale
		Do you receive any letters or have a pin from IRS?

Form's	Number	Initial
W-2		
W2G		
K-1		
1095 - A		
1095 - B		
1095 - C		
1098		
1098-T		
1099-A		
1099-B		
1099-C		
1099-DIV		
1099-G		
1099-INT		
1099-MISC		
1099-R		
1099-S		
1099-SA		

ADJUSTMENS TO INCOME

		Alimony Paid
		Moving Expenses (only for taxpayer who are members of the military)
		Do you have a Health Savings Account or Health Insurance?
		Did you contribute to an IRA? or other Retirement Plan?
		Did you "rollover" a retirement plan distribution into another plan?
		Educator Expenses for Teachers
		Student Loan Interest

TAXES & CREDITS

		Estimated Taxes
		Child or Dependent Care Expenses
		Home Energy Credit
		Alternative Motor Vehicle Credit
		Education Expenses - Tuition fees

ITEMIZED DEDUCTIONS

	Medical:	Health Insurance, LTC
		Medical Miles
		Prescriptions
		Lodging
	Taxes:	Real Estate
		Sales taxes
		State Taxes, Car Registration
		Mortgage Interest Paid and / or points
		Charity
		Tax Preparation Fee
		Casualty Losses
		Legal Fee Associated with Income

- I have signed the tax return and have provided a copy of the tax return with all the supporting documents received to the client
- I have asked all questions on this list
- I have scanned all documents
- Paper Return provided
- Emailed Tax Return
- Electronic Backup Provided

Preparers Signature: _____