



I appreciate the opportunity to prepare your 2020 income taxes. In order to better serve my clients, and minimize any chances of missing taxable items or deductions, I'm requiring that this questionnaire be completed in full. Please complete the information on this form and include it with your tax return information. Also include a copy of your 2019 Return.

Taxpayer's Full Name: _____

Spouse's Full Name: _____

Current Address: _____

Home Phone Number: _____ Best time to call: _____

Work Phone Number: _____ May I contact you there? Yes / No

Cell Phone Number(s): _____

Email Address: _____

Taxpayer's Birthdate: ____/____/____ Spouse's Birthdate: ____/____/____

Taxpayer's Occupation _____ Spouse's Occupation _____

Please list any dependants here, including their name, birthdate, relationship to you and SSN:

For security, speed, and tracking purposes I HIGHLY recommend direct deposit/withdrawal for any refunds or amounts due.

Banking Information:

Bank Name: _____ Checking or Savings account (circle one)

Routing Number: _____

Account Number: _____

* Please attach a voided check to this sheet *

By signing below, I acknowledge that the answers and information I am supplying to ML Accounting for the preparation of my individual tax return are true and correct to the best of my knowledge. I have not received any additional taxable income that I am not including in these work papers. I agree to have my refunds deposited, or tax due withdrawn, from the account listed above.

Taxpayer Signature / Date

Taxpayer Signature / Date

For any questions on the back side of this form that you select "Yes", please include supporting documentation with your tax information.

AREA RESERVED FOR ID VERIFICATION (Please bring your license or photo ID with you)

During 2020 did you (or your spouse):

Get married, separated, or divorced?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have a baby or adopt a child?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Change jobs?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have a parent that you provide more than half of their support?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Pay any post-high school tuition for your dependant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Pay tuition for your child(ren) to attend a private K-12 school?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Buy or sell a home?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Pay rent for your place of residence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If you paid rent, was heat included in your rent?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If you paid rent, what was the total you paid during 2019?	\$			
Pay any mortgage interest on your primary or secondary residence?	<input type="checkbox"/>		<input type="checkbox"/>	
Pay interest on a home equity loan used to buy, build or improve your home?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Pay any property taxes (even if you are unable to itemize)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Pay interest on a school loan?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Take any college or technical school classes?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Pay any daycare expenses for your dependant(s)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have a Dependant Care Flex Spending Account through your employer?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Make any cash contributions to a non-profit business or church?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Donate any non-cash items to St. Vincent De Paul, Goodwill, etc.?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do any travel for charitable reasons? (include number of miles)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have medical, dental & vision bills (including premiums) in excess of 7.5% of your joint income that were not paid with pre-tax dollars?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Did you receive or pay any alimony (do NOT include child support)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Did you receive any Unemployment Compensation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Sell any stock, bonds, or property?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Cash out any IRA's or Retirement accounts?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you pay for any Long Term Care Insurance (Nursing Home Ins.)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Did you pay Health Insurance premiums that were not deducted pre-tax from your payroll?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Start a new business?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Buy any rental property or receive rent for one of your personal properties?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Did you have income from a foreign account, a foreign distribution or; receive, sell or acquire Virtual Currency?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Did you make purchases while in WI that you did not pay sales tax on?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If you answered Yes above: What is the total cost of those purchases?	\$			
Receive any correspondence from the IRS or WI Dept. of Revenue?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If you do not have retirement through your employer, would you be interested in seeing your tax savings by investing in an IRA?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Complete this section if you had insurance through Marketplace:				
Did you take the advanced premium tax credit?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Did you receive a statement from Marketplace?(please include w/information)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO