



In order to better serve my clients, and minimize any chances of missing taxable items or deductions, I require that this questionnaire be completed in full. Please answer the Y/N questions and complete the reverse side (including your contact & direct deposit info). At least one taxpayer must sign the form. If you have questions, never hesitate to contact me. I appreciate your past business and look forward to completing your tax return again this year.

******* If you answer YES to any of the following questions, please be sure to include the ***** supporting information with your tax documents that you give me for tax preparation.**

During 2021 did you (or your spouse):

Receive any Child Tax Credit Payments ? Yes / No (Circle one) Total Received:	\$		
Get married, separated, or divorced?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Have a baby or adopt a child?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Change jobs?	<input type="checkbox"/> YES	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> NO
Pay any post-high school tuition for your dependant?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Pay tuition for your child(ren) to attend a private K-12 school?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Buy or sell a home?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Pay rent for your place of residence?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
If you paid rent, was heat included in your rent?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
If you paid rent, what was the total you paid during 2021?	\$		
Pay any mortgage interest on your primary or secondary residence?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Pay interest on a home equity loan used to buy,build or improve your home?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Pay any property taxes (even if you are unable to itemize)?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Pay interest on a school loan?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Take any college or technical school classes?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Pay any daycare expenses for your dependant(s)?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Have a Dependant Care Flex Spending Account through your employer?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Make any cash contributions to a non-profit business or church?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Donate any non-cash items to St. Vincent De Paul, Goodwill, etc.?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Do any travel for charitable reasons? (include number of miles)	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Have medical, dental & vision bills (including premiums) in excess of 10% of your joint income that were not paid with pre-tax dollars?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Did you receive or pay any alimony (do NOT include child support)?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Did you receive any Unemployment Compensation?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Sell any stock, bonds, or property?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO
Cash out any IRA's or Retirement accounts?	<input type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO

Do you pay for any Long Term Care Insurance (Nursing Home Ins.)?
 Did you pay Health Insurance premiums that were not deducted pre-tax from your payroll?
 Start a new business?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<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
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<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?

Did you make purchases while in WI that you did not pay sales tax on?

If you answered Yes above: What is the total cost of those purchases?

\$		
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Receive any correspondence from the IRS or WI Dept. of Revenue?

If you do not have a retirement plan 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
<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? YES NO

Did you receive a statement from Marketplace?(please include w/information) YES NO

Did the taxpayer or spouse renew their drivers license in 2021? If yes, complete below.

Taxpayer Issue Date:	Expiration Date:	Spouse Issue Date:	Expiration Date:
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Please update Occupations below if they have changed this year:

Taxpayer's Occupation: _____ Spouse's: _____

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 below.

Taxpayer Signature / Date

Taxpayer Signature / Date

Which account would you like to use for your refund/tax due?

Same account as last year

Bank Name: _____ Checking or Savings (Circle One)

New account

Bank Name: _____ Checking or Savings (Circle One)

Routing Number: _____ Acct Number: _____

Even if nothing has changed, please complete the following:

Current Address: _____

Home Phone Number: _____ Best time to call: _____

Taxpayer's Cell Number: _____ Spouse's Cell Number: _____

Best Contact Email Address: _____