Taxpayer Questionnaire

PERSONAL INFORMATION

Primary Taxpayer

First Name:	**Last Name:**		**M.I.:**
S.S.N. :	**Birthdate:**	Taxpayer's PIN:	
Home Phone:	Work Phone:	Cell Phone:	
Occupation:	Dependant on another return? Yes No	Legally Blind?	Disabled?
Email Address:	Text Message Yes No	Cell Phone Carrier	

Filing Status (Circle which Status number applies)

1 = Single — If: You were NOT married on or before December 31, 2011
Your dependents lived with you less than 6 months during the year.

2 = Married Filing Joint — If: You were married as of December 31, 2011 or your spouse died during 2011.

3 = Married Filing Separate — If: You were married on or before December 31, 2011 and your spouse is filing a tax return using this filing status.

* If **MFS**, did you live together at ANY time during the tax year? Yes No

If yes, did you live together during the final 6 months? Yes No

* If **MFS**, did your spouse itemize his/her deductions? Yes No

NOTE: If spouse itemized deductions, taxpayer must also Itemize deductions.

4 = Head of Household — If: You were NOT married as of December 31, 2011
Your child, foster child, or grandchild lived with your more than 6 months.

5 = Qualified Widow(er) — If: Your spouse died during either 2009 or 2010, and
Your child, stepchild or foster child lived with you for 12 months in 2011.

Spouse

First Name:	Last Name:		M.I.:
S.S.N. :	**Birthdate:**	Spouse's PIN:	
Home Phone:	Work Phone:	Cell Phone:	
Occupation:	Dependant on another return? Yes No	Legally Blind?	Disabled?

Address

Care-of (oradditional) Address Information		
Street Address:		Apt. #:
City:	State:	Zip Code:
Military Address Info:(1=APO/FPO, 2=Stateside, 3=Foreign or Blank)	Combat Zone:	

Bank Information

(for Direct Deposit intoTaxpayers Personal Acct.)

Bank Name:	Account Type: Savings Checking
Routing Number:	Account Number:
Will this refund go to an account outside of the US? Yes No	

Dependents

First Name	Last Name	Birthdate	SSN	Relationship	# of Months	Dep. Code	EIC
	Children who lived with you and are being claimed on another return						

Enter the dependents name, birthdate, SSN, Relationship, number of months lived with the taxpayer, starting with the youngest dependent. Refer to the information below for Dep. and EIC Codes.

Dependent Codes

1 = Lived with Taxpayer
2 = Lived Elsewhere
3 = Taxpayer's parent
4 = Other Dependent

EIC Codes

E = Eligible as of December 31, 2011, under the age of 19
S = Student as of December 31, 2011, under the age of 24 and full-time student
D = Disabled as of December 31, 2011, Permanently & totally disabled, at any age
K = Qualifing Child was Kidnapped
N = Not eligible

Child Tax and Earned Income Credit

This Information is included in the Dependents Table above	**Number of Children under age 17 (CTC)**	
	Number of Children under age 19 (EIC)	
	Number of Children between age 17 & 24, full time student (EIC)	
	Number of Children Totally Disabled (EIC)	
	Include Form 8862 - Information to Claim EIC After Disallowance?	**Yes** **No**

Total Amount Paid:	**CHILD CARE CREDIT**	**Number Cared for:**

A. If married, did both, Taxpayer and Spouse work during the time of dependent care? Yes No

B. If no to A, was Taxpayer or Spouse disabled or a full-time student for more than 5 months?
____ No
____ Yes, Disabled
____ Yes, Student

If no to A and B, this return is not eligible for dependent care credit

Care Provider #1 Information

Name	___SSN or ___EIN
Address	Amount Paid **$**

Care Provider #2 Information

Name	___SSN or ___EIN
Address	Amount Paid **$**

DEPENDENT CARE EXPENSES

List dependents cared for

First Name	Last Name	SSN	Expenses
			$
			$
			$
			$

WAGES and SALARIES

(Use Actual Form W-2 for Data Entry)

Taxpayer Employer's Name	Wages	Federal Withholding	St Withholding
Spouse Employer's Name	**Wages**	**Federal Withholding**	**St Withholding**

INTEREST AND DIVIDEND INCOME

(Use Actual Forms 1098, 1099B, 1099-INT, 1099-DIV for Data Entry)

Payer's Name	Interest Earned	Dividends	Withholding

OTHER INCOME

Unemployment Income (Other Income wkst, Line 19)	
Social Security, from Form 1099SSA (Other Income wkst, Line 20b)	
Other Income:	
Scholarship income not included onForm W-2	
Prior Year's State and Local Income Tax Refund	
Alimony Received	
Gambling Income	
Other Income Subject to Self-employment Tax	
Schedule C - Business Income/(Loss)	
IRA OR Pension Distribution from 1099R	
Railroad Retirement from Form 1099RRB	

ADJUSTMENTS

Student Loan Interest Deduction	
IRA Contributions (Limit of $5,000 per taxpayer, if over 50 limit is $6,000)	
Tuition and Fees Deduction	
Alimony Paid Recipient's SSN Recipient's Name	

CREDITS

Education Credits	
American Opportunity Credit	
Life Time Learning qualified expenses	
First Time Home Buyer Credit	
Other Federal Tax Payments	

ITEMIZED EXPENSES	Sch-A
Medical and Dental Expenses	Miles
Number of Miles driven to Doctor / Dental Visits during the year (line 1)	
Medical / Dental Expense Description	Amount
Medical / Dental Expense Description	Amount
Taxes Paid	Amount
State Taxes Paid on last year's state return (line 5, wkst)	
Real Estate Property Taxes Paid (line 6)	
Personal Property Taxes Paid (i.e. vehicle registration) (line 7)	
Other Taxes Paid (i.e. Non-resident State Taxes Paid) (line 8)	
Interest Paid	Amount
Home Mortgage Interest, from Form 1098 (line 10)	
Points Paid (Principle Purchase of Residence **OR** Qualified Refinance) (See Form Instructions)	
Gifts to Charity	Miles
Number of Miles driven for Volunteer Work with Charitable Organization (line 16)	
Charitable Cash or Check Contributions	Amount
Description (line 16)	
Description	
Description	
Description	
Non-Cash Charitable Contributions (if more than $500 must attach Form 8283)	Amount
Description (line 17)	
Description	
Description	
Job Expenses and Other Miscellaneous Expenses	Amount
Un-reimbursed employee expenses (i.e. union dues, uniforms, tools specific to work) (line 21) **Prep Note:** all other Un-reimbursed employee expenses must be filed on Form 2106	
Tax Preparation Fees (line 22)	
Other Expenses (safe deposit box, attorney fees for production of income, etc.)	
Description (line 23)	
Description	
Other Miscellaneous Deductions	Amount
Other Miscellaneous Expenses (I.e. gambling losses-no more than reported winnings) (line 28)	
Other Expenses	Amount
Description (line 28)	
Description	
Description	

EARNED INCOME CREDIT

Part I: Qualifications

Could you, or your spouse if filing jointly, be considered a "Qualifying Child" on another persons tax return during tax year 2011?	Yes	No

NOTE: If you answered "Yes" , you are not able to qualify for the earned income credit (skip Part II and Part III).

Part II: Qualifying Children

Part II: Qualifying Children	Child 1		Child 2	
Is the Child: (line 9)	Name		Name	
The Taxpayer's Son, Daughter, or adopted child **OR** A child of the Taxpayer's son, daughter or adopted child **OR** The Taxpayer's stepchild **OR** The Taxpayer's eligible foster child?	Yes	No	Yes	No
If the child is married, are you claiming this child as a dependent? (If child is not married, then simply mark yes) (line 10)	Yes	No	Yes	No
Did the child live with you in the United States for over half of the year, **OR** The full year if the child is an eligible foster child? (line 11)	Yes	No	Yes	No
Was the child, at the end of the year: (line 12) Under age 19 **OR** Under age 24 and a full-time student **OR** Any age and permanently and totally disabled?	Yes	No	Yes	No
Could any other person check "Yes" on lines 9 through 12 for the child? **Prep Note**: If yes, questions on line 13bb. through 13c must also be answered.(line 13a)	Yes	No	Yes	No

- **If you checked "No" on any of the first four questions above, then:**

The child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to "Part III" to see if the taxpayer can clain the EIC for people who do not have qualifying children

Part III: Earned Income Credit for Taxpayers without a Qualifying Child

Was your main home, and your spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the U.S. are considered to be living in the U.S. during that period.)	Yes	No

NOTE: If you answered "No" , you are not able to qualify for the earned income credit (skip Part II and Part III).

Form 8879 Information

		Tax Payer's PIN	**Spouse's PIN**
(1) = Check mailed from IRS	(4) = Balance Due		
(2) = Direct Deposit to TP's Acct.	(5) = RAC (14 Days) *		
(3) = RAL (2 Days) *			

* Please complete Pg. 6 - FINANCIAL PRODUCTS if selected.

Was the return prepared by the Taxpayer (self-prepared)? ☐ Yes ☐ No

Was the return prepared by an external Paid-Preparer? ☐ Yes ☐ No

TAXPAYER QUESTIONNAIRE REVIEW

The above information is true and correct, and I / we understand that the information given on this questionnaire will be used to complete my / our 2011 tax return(s). I / We agree to hold this company harmless for any errors that they may make on my / our tax return. I / We also understand that error on my / our return will cause a delay in the processing of the return and the receipt of the refund, if any.

Customer Signature: ______________________________ Date: ______________

Spouse Signature: ______________________________ Date: ______________