Date:		File Name
Name:	<u>Spouse:</u>	ne
Cell / Work #	Cell / Work #	
Email	Email:	
Home Street	(Office Use Only):	Tax Year
City, State, Zip	Date Start Stop	ar C
Landline	-	
1. How would you like your completed return? Mailed O or Pick-up O or Email with DocuSign		
2. <u>Direct deposit info</u> : Same as last yr: or Bank R	Routing # Checking #	
3. Would you like any taxes that are due <i>automatically v</i>	withdrawn from your bank account?	
4. Did you collect any unemployment last year?		
5. Did you have a financial interest in or signature authorized	ority over any foreign financial acct at any time last year?	
6. Did you contribute to or take a distribution from a 52	29 Plan (Education Savings Account) last year?	Name
7. Did you or do you plan to contribute to a traditional	IRA or Roth IRA for last year?	0
8. Did you file a New York return? If yes, did you	renew your driver's license last year?	
9. Did you make any estimated tax payments last year?		
10. Do you have an HSA Plan (Health Savings Account)?	? or FSA (Flexible Spending Account)?	
11. Do you or your spouse have a dependent care (child	d care) plan at work?	
12. Do you have a home line of credit/home equity?	If yes, were <u>all</u> of the proceeds used for home improvement?	- Y
13. Do you have an LLC or corporation? If yes, did	d you file your annual report last year?	Year
14. Did you buy or sell any crypto currency last year?		
15. Do you have any children in private school, K-12? _		
16. Are you insured through CT Access Health or the Af	ffordable Care Act (Obamacare)?	
17. Did you buy an electric vehicle or make any energy	improvements to your home last year?	
18. Do you receive transfers, loans, paybacks or income	e from PayPal, Venmo, Stripe, Square, Uber, Door Dash, etc.?	
19. Did you receive a transfer, bequest, or inheritance of	f \$100,000 or more from a foreign country?	
20. Did you apply for & receive an ERC (Employee Reter	ntion Credit) for your business last year?	

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