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| **Tax Questionnaire – All Taxpayers Must Answer if Not Completing Full Tax Organizer** | | | | | *Return will not be started if unanswered* |
| Yes |  | No |  | Did you purchase or sell a main home during the year?  *If yes, provide the closing statement* | |
| Yes |  | No |  | Did you refinance a mortgage or take a home equity loan?  *If yes, provide details* | |
| Yes |  | No |  | Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?  *If yes, How much* | |
| Yes |  | No |  | Did you make any new energy-efficient improvements to your home?  *If yes, provide detail and cost* ***(This credit can be taken each year for up to $1,200)*** | |
| Yes |  | No |  | Did you purchase a new energy-efficient car, truck, or van?  *If yes, provide detail and cost* | |
| Yes |  | No |  | Are you a member of the military?  Sate of residency: | |
| Yes |  | No |  | Did you provide driver’s license or state-issued photo ID for you and your spouse (if filing joint) if you are a new client or a returning client with a new license? Our office can scan your id. | |
| Yes |  | No |  | Did all members of your household have healthcare coverage all year? *If yes, and you received your coverage through the Marketplace please provide a copy of your 1095-A.* | |
| Yes |  | No |  | Were any children born or adopted in 2022?  *If yes, provide statement for other expenses and complete the Dependent Children on the back side of this form* | |
| Yes |  | No |  | Were any children attending college?  *If yes, provide Form 1098-T and any other mandatory expenses* | |
| Yes |  | No |  | Did you or your spouse receive unemployment?  *If yes, you must provide a copy of your 1099-G.* | |
| Yes |  | No |  | Did you receive any payments from a pension, profit sharing, or 401(k) plan?  *If yes, you must provide a copy of your 1099-R.* | |
| Yes |  | No |  | Did you receive any Social Security benefits?  *If yes, you must provide a copy of your SSA-1099.* | |
| Yes |  | No |  | Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?  *If yes, you must provide documentation of the transaction.* | |
| Yes |  | No |  | Did you receive any distribution from a Health Savings Plan (HSA), Archer MSA, or Medicare Advantage MSA during the year? *If yes, you must provide a copy of your 1099-SA.* | |
| Yes |  | No |  | Were you, your spouse, or any dependents issued an Identity Protection PIN? *If yes, you must provide Notice CP01A from the IRS.* | |
| Yes |  | No |  | Did you receive (as a reward, award, or payment for property or services), sell, send, exchange, or otherwise dispose of a digital asset? | |
| Yes |  | No |  | Did you have any financial interest in or signature authority over a financial account or asset located in a foreign country? | |
| Yes |  | No |  | Can you or your spouse be claimed as a dependent by someone else? | |
| Yes |  | No |  | Would you like to donate to the MN Non-Game Wildlife Fund. If you do, it will decrease your refund or increase what you owe. How much would you like to donate ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Free Loon Common Loon vector and picture | |

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| **Questions – Answer only if you are claiming** | | | | | | | | | | | | | | | | | **Dependents** *(children or relatives)* | | | | | | | | | | | | | | | **Earned Income Credit** (EIC) | | | | | | | | | | | | | | | | | | | | | **Filing as Head of Household** | | | | | | | | | | | | | | | |
| **EIC** | | | Can you provide documentation, if required, to substantiate your eligibility? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Were any of these credits disallowed or reduced in a prior year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| **Dependents** | | | Did you provide documentation of your child’s residence? *Examples include school records, healthcare provider statement, childcare provider record, medical record, social services record* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Were any of these credits disallowed or reduced in a prior year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Is each qualifying person you are claiming a citizen, national, or resident of the US? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Did all the children you are claiming for the CTC or ACTC reside with you for 6+ months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Is there an active Form 8332 (Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent?) in place? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Did you release the claim for exemption to another person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| **Head of Household** | | | Can you provide documentation, if required, to substantiate your eligibility? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Were you unmarried or considered unmarried on the last day of the tax year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Did your spouse live with you in the last 6 months of the tax year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Did you provide more than half of the cost of keeping up your home? *Examples include mortgage/rent statements, utility bills, grocery bills, repair bills, property tax, home insurance* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
| Did your dependent *(child or relative)* live with you for more than half of the year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | | |  | | | | N/A | |  |
|  | | | *Signature* |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Date* | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Questions – Answer if** | | | | | | | | | | | | | | **Returning Client - Only Provide Updates** | | | | | | | | | | | | | | | | | | | | | | | **New Client – Complete Fully** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL** | | **Taxpayer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SSN | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *First* | | | | | | | | | | *M.I.* | | | | | | | | | *Last* | | | | | | | | | | | | | | | Email | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | |  | | | | | | | | | | | | | | | Date of Birth | | | | |  | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | City | | |  | | | | | | | | | | | | State | | | | |  | | | | Zip | | | | | | |  | | | | | | | | | | | | | | | | |
| Driver’s License *No.* | | | | | | |  | | | | | | | | | | | | | | | | *State* | | | | |  | | | | | *Issue Date* | | | | | | | |  | | | | | | | | | *Exp. Date* | | | | | | | | |  | | | | | | | |
| **Spouse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SSN | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First | | | | | | | | | | M.I. | | | | | | | | | Last | | | | | | | | | | | | | | | Email | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | |  | | | | | | | | | | | | | | | Date of Birth | | | | |  | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | City | | |  | | | | | | | | | | | | State | | | | |  | | | | Zip | | | | | | |  | | | | | | | | | | | | | | | | |
| Driver’s License *No.* | | | | | | |  | | | | | | | | | | | | | | | | *State* | | | | |  | | | | | *Issue Date* | | | | | | | |  | | | | | | | | | *Exp. Date* | | | | | | | | |  | | | | | | | |
| Bank Information For | | | | | | Direct deposit of refund | | | | | | | | | |  | | Direct debit of balanced due | | | | | | | | | | | | |  | | | | | *Bank Name* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| *Checking* | | |  | | *Savings* | | |  | *Routing number* | | | | | | | |  | | | | | | | | | | | | | | | | | | | *Account Number* | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Marital Status at 12/31/2021: | | | | | | | | | | | Single | |  | | | | | | | | Married | | | |  | | | | | | | Separated | | | | | | | |  | | | | | | | Widower | | | | | | | | | |  | | | | | | | | | |
| Were you divorced/separated during the year? | | | | | | | | | | | | | | | | | | | | Yes | |  | No | |  | | | | Were there any deaths in the family? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | No | | |  |
| **DEPENDENTS** | | Dependent children | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Child’s full name* | | | | | | | | | | | | | | *Social Security Number* | | | | | | | | | | | | *Date of birth* | | | | | | | | | | | *Months lived in home in 2021* | | | | | | | | | | | *Relationship to taxpayer* | | | | | | | | | | | | | *College Student?* | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |
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| Other dependents or people who lived with you | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Did any of the children have unearned income above $1100 for the year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  | |
| Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent in 2021? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  | |
| Did you have childcare expenses during the year? If yes, provide daycare (name, taxpayer id, address) and amount paid for each child. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  | |
| **Did you complete page 2 of this sheet if you are claiming a dependent, earned income credit, or head of household filing status?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | | | | No | | |  | |