

Date:

Name:

Cell / Work #

Email

Home Street

City, State, Zip

Landline

Spouse:

Cell / Work #

Email:

(Office Use Only):

Date

Start

Stop

Inv #

\$:

1. How would you like your completed return?

Mailed ☐ or **Pick-up** ☐ or **Email with DocuSign** ☐

2. Direct deposit info: Same as last yr: _____ or Bank Routing # _____ Checking # _____

3. Would you like any taxes due *automatically withdrawn* from your bank account? _____

4. Did you collect any unemployment last year? _____

5. Did you have a financial interest in or signature authority over *any* foreign financial acct at *any* time last year? _____

6. Did you contribute to or take a distribution from a 529 Plan (Education Savings Account) last year? _____

7. Did you or do you plan to contribute to a traditional or Roth IRA for last year? _____

8. Do 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 (Health Savings Account)? _____ or FSA (Flexible Spending Account)? _____

11. Do you or your spouse have a dependent care (child care) plan at work? _____

12. Do you have any children in private school, K-12? _____

13. Are you insured through CT Access Health or the Affordable Care Act? _____

14. Did you buy or sell any crypto currency last year? _____ Receive staking, mining or other crypto income? _____

15. Do you have a line of credit/home equity? _____ If yes, were all of the proceeds used for home improvement? _____

16. Do you have an LLC or corporation? _____ Did you file your annual report last year? _____ Any ownership changes? _____

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 from PayPal, Venmo, Stripe, Square, Uber, Door Dash, etc.? _____

19. Did you receive a transfer, bequest, or inheritance of \$100,000 or more from a foreign country? _____