

Byrd Accounting
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2017 Tax Year Client Questionnaire

To better serve you and help us to prepare your return correctly,
please complete information below.

Today's Date: _____

Name: _____ Spouse's Name: _____

Please Print

SS#: _____ Birthdate: _____ SS#: _____ Birthdate: _____

Contact Phone #: _____ Contact Phone #: _____

E-Mail: _____ E-Mail: _____

(Required by IRS: We must have your email address to efile your return.)

Wedding Anniversary Date: _____

Mailing Address: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Do you have dependents? YES NO

**If you have had IDENTITY THEFT in the past associated with the IRS,
provide annual PIN here:**

Taxpayer _____ Spouse _____ Dependent _____

General Engagement Letter for Individual Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- . We will prepare your 2017 federal tax return and if applicable, state tax returns, based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- . This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- . The tax return preparation fee does not include bookkeeping.
- . Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- . Preparation fees do cover limited assistance and consultation during the year.
- . The engagement to prepare your 2017 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- . You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- . You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- . You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- . You must review the return carefully before signing to make sure the information is correct.
- . Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed.

Signatures: By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

- . You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Taxpayer

Spouse

Date

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.

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Taxpayer: _____

“You” refers to both taxpayer and spouse - enter “?” If unsure about a question. All questions pertain to 2017 tax year.

LIFESYTL & TAXES

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your marital status change?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony ? <i>Paid/Received \$</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you qualify for any Social Security Benefits?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any disability or unemployment income?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any significant changes in income or deductions next year, such as retirement?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any individual \$2000 or more for domestic services in your home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a new ELECTRIC car, truck or van?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the military? Did you receive nontaxable military payments?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or own foreign assets?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any student loan interest?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a teacher or school administrator who bought school supplies for your job?

CHILDREN & EDUCATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children born or adopted ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for college for a dependent or yourself? Must provide 1098T.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your dependent live with you at least six months of the year? (excluding school boarding) If required could you provide documentation to prove this?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If your dependent child did not live with you at least 6 months of the year, do you have a signed Form 8332, Release/Revocation of Release of Claim to Exemption for child by Custodial Parent?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay child or dependent care so you could work or go to school?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If so did you bring documentation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children who earned more than \$2,100 of investment income?

INVESTMENTS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you, or will you, contribute any money to an IRA? (not through your employer)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you roll over any amounts from a retirement account ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell or transfer any stock or sell rental or investment property ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive K-1 forms from any nonretirement investments?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any investments become worthless or were you a victim of investment theft?
<input type="checkbox"/> Yes <input type="checkbox"/> No	At anytime did you have rental property during the tax year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employee stock options?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you withdraw IRA, Roth IRA, or other retirement funds during the year?

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BUSINESS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work from a home office?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any unreimbursed employee expense or an allowance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use your car on the job, but not for commuting?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you maintain mileage logs for vehicle driven for business purposes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work out of town during the year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you keep records to support business purpose for all travel, meals and entertainment expenditures?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive or issue any 1099 forms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you engage in any bartering transactions?

HOME

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase or sell a main home during the year? If yes, provide closing statement.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you bring your forms for home interest paid and property taxes paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were solar water heater or solar panels installed at your home? (not for pool heating)

OTHERS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive correspondence from the Internal Revenue Service?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any gifts this year of more than \$14,000 to any one individual?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any gambling income and do you have proof of losses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you experience any casualty loss during the year?

DEDUCTIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any interest on a loan for a boat or RV that has living quarters?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay sales taxes on a major purchase, such as a vehicle, boat, motorcycle or manufactured home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any uninsured loss to your property, greater than 10% of your income?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay long-term care (nursing home) premiums for yourself or your family?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay real estate taxes for any property?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have proof for all your charitable contributions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any moving or job-seeking expenses?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a speciality auto tag? Yes, What type?

\ *QUESTIONS*
