



## INITIAL CONTACT QUESTIONNAIRE

### Personal Information

Taxpayer		Spouse	
First Name	_____ M.I. _____	First Name	_____ M.I. _____
Last Name	_____ Suffix _____	Last Name	_____ Suffix _____
SSN/TIN	_____	SSN/TIN	_____
Date of Birth	_____	Date of Birth	_____
Email	_____	Email	_____
Mobile #	_____	Mobile #	_____
Work #	_____	Work #	_____
Occupation	_____	Occupation	_____
Legally blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	_____		
City	_____	State	_____ Zip Code _____

### Marital Status and Household Information

1a. As of December 31, 2019, what was your marital status?

- ☐ Single  
☐ Married

a. If yes, did you get married in 2019?

☐ Yes ☐ No

b. Did you live with your spouse during any part of the last six months of 2019?

☐ Yes ☐ No

- ☐ Divorced  
☐ Legally Separated  
☐ Widowed

Date of final decree: \_\_\_\_\_

Date of separate maintenance agreement: \_\_\_\_\_

Year of spouse's death: \_\_\_\_\_

1b. Filing status:

- ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

2. List the names below of: **everyone** who lived with you last year (*other than spouse*); **anyone** you supported but that did not live with you last year.

First Name	Last Name	DOB	SSN/TIN	Relationship	Months Home	Dependent Code (see below)
A.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled
B.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled
C.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled
D.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled

**Dependent Codes: 1 = Child who lived with you; 2 = Child who did not live with you; 3 = Other dependent**

### **Income and Assistance Information**

#### **Wage Income**

Your Employer: \_\_\_\_\_

Wages: \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One) Hrs per wk: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Wages: \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One) Hrs per wk: \_\_\_\_\_

#### **Other Income**

Alimony \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Child Support \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Retirement Income \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Disability \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Social Security & SSI \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Veteran's Benefits \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Unemployment                \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Rental Income                \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Interest, Dividend, Other    \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

**Social Services That You Qualify For**

Welfare (AFDC)                \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Food Stamps                \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Medicaid                \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

Other                \$ \_\_\_\_\_ Yr Mo Wk BiWk Hr (Circle One)

**Assets and Liabilities**

**Checking, Savings, Retirement (401(k), IRS, etc.), Stock Trading, or Other Accounts**

Bank/Financial Institution	Location	Type of Account	Average Balance

**Real Estate, including rental properties owned by you and/or your spouse**

Type	City	Value	Liability	Monthly Payment
Home:				
Rental:				
Other Real Estate:				
Have any of these properties been foreclosed on? Yes ____ No ____				

**Vehicles**

Vehicle 1	Year		Make/Model		Mileage	
	Loan Amt		Monthly Pmt		Months Rem.	

	Insurance Cost		Fuel Cost		Maint. Cost	
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Vehicle 2	Year		Make/Model		Mileage	
	Loan Amt		Monthly Pmt		Months Rem.	
	Insurance Cost		Fuel Cost		Maint. Cost	

Any other owned property worth more than \$1,000, please describe: \_\_\_\_\_

### **Expenses and Liabilities**

#### **Expenses**

Childcare           \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Medical             \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Transportation:   \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Education:         \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Rent/Housing:     \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Electricity:        \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Gas:                \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Water:             \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Phone:             \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Other:              \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Other:              \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Other:              \$ \_\_\_\_\_           Comments: \_\_\_\_\_

#### **Liabilities**

Credit Cards:      \$ \_\_\_\_\_           Comments: \_\_\_\_\_

IRS:                \$ \_\_\_\_\_           Comments: \_\_\_\_\_

Medical Debts: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

### **Tax History**

**YES NO**

- ☐ ☐ Have you discussed this matter with another Enrolled Agent, CPA, or Attorney?
- ☐ ☐ Are you withholding a sufficient amount of taxes to meet your income tax obligation?
- ☐ ☐ Have you filed all required income tax returns?
- ☐ ☐ Did you include all income reported to you on a W-2 or Form 1099?
- ☐ ☐ Have tax returns been filed by the due dates?
- ☐ ☐ Did you pay the balance of taxes due?
- ☐ ☐ Have you failed to receive an expected refund?
- ☐ ☐ Are you currently making monthly payments to the IRS?
- ☐ ☐ Have you previously signed an installment agreement with the IRS?
- ☐ ☐ If yes, have you entered into an agreement that requires periodic payments?
- ☐ ☐ Have you previously submitted an Offer in Compromise?  
  
If yes, what was the amount offered and amount owed: \_\_\_\_\_
- ☐ ☐ Have you received a letter from the IRS stating that your tax return was being reviewed and you had 30 days to provide information to support the claims made on your tax return?
- ☐ ☐ Have you received a letter from the IRS stating that your tax return was changed and you have 90 days to petition the U.S. Tax Court before additional taxes were assessed against you? The letter would be titled "Notice of Deficiency."
- ☐ ☐ Have you previously filed a petition to the U.S. Tax Court?
- ☐ ☐ If you operate(d) a business, did you file all employment tax returns?

**YES NO**

- ☐ ☐ Did you remit the required employment taxes to the IRS?
- ☐ ☐ Are you currently involved in a bankruptcy proceeding?
- ☐ ☐ Are you contemplating filing a bankruptcy petition?
- ☐ ☐ Have you previously filed a bankruptcy petition?

If yes, what year(s) did you file: \_\_\_\_\_

**Accuracy Declaration**

I submit that I have, to the best of my knowledge, provided true and correct responses to the questions herein.

**TAXPAYER**

**SPOUSE**

Name: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_