

Confidential Client Questionnaire

Taxpayer Name¹ DOB SSN
Gender M F Blind Y N Disabled Y N Job Title DOD
Dependent on another return? Y N Name SSN
Spouse Name² DOB SSN
Gender M F Blind Y N Disabled Y N Job Title DOD
Dependents

DOB	SSN	Disabled	Relation	Lived With	Student
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Primary Telephone Alternate Telephone
Mailing Address
Physical Address

**If a move occurred during the tax, year please make notes in additional information section.*

County School District City/TWP/Boro
Bank Name Routing# Account# CK S

Please enter the number of income forms for the Taxpayer¹ and the Spouse².

W2 ¹ ² 1099I ¹ ² 1099D ¹ ² 1099G ¹ ² 1099R ¹ ² 1099A ¹ ²
1099B ¹ ² 1099C ¹ ² SS ¹ ² W2G ¹ ² K-1 ¹ ² Jury ¹ ²
1099Misc ¹ ² Bus Income (Sch C) Y N Rent Income (Sch E) Y N Farm Income (Sch F) Y N
Alimony Received Y N Whom SSN Amount
Moving Exp. IRA/Pension Contribution Student Loan Int. ¹ ²
Qualified Reservist Exp ¹ ² Teacher Exp ¹ ² Housing Allowance ¹ ²
Alimony Received Y N By Whom SSN Amount
Penalty Early Withdrawal Bank Self Employed Health Ins. ¹ ² HSA
Med/Dental Ins. Co-pays RX Med Miles Testing
Prop Tax LST ¹ ² PAUC ¹ ² Pers Prop Taxes (WV)
Mortgage Int. 1098 (# of statements) Seller Finance Mort Other
(Receipts) Charity Cash Charity Property Donations Charity Mileage
Casualty/Theft Losses Y N Description Amount Date
Attorney Fees for Income Gambling Losses with W2G Other
Job Expenses Y N (Form 2106 /UE-1)

Day Care- Name Agency EIN# Amount
Education Credit- Name 1098T Y N Additional Costs (Books, Laptop, Etc)
Energy Credit- Windows/Doors/Metal Roof/Alternate Energy- (10-30%, \$500 Lifetime Max) Item Amount
Other Taxes- Unreported Tips 1st Time Home Buy Tax Free Repay(IRS Letter) Other
Estimated Payments

	IRS	IRS Refund Applied	Total Amount
State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local	<input type="text"/>	<input type="text"/>	<input type="text"/>

Property Tax or Rent Rebate
Taxpayer Over 65 Y N Spouse Over 65 Y N Disabled Over 18 Y N Widow Over 50 Y N
Property Tax Yearly Rent First Time Applying Y N (If yes copy drivers license)
Non-Taxable Income: Veterans Disability Workers Comp Long Term Car Ins
Disability Benefits Public Asst. Cash

Over

Confidential Client Questionnaire
Electronic Communication Consent

Signature

Date

Thank you for selecting Wood Accounting Services LLC to assist you with the preparation of your tax return. Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time specified below.

We are requesting that you sign this form if you are interested in having your return sent by email. We cannot send your return to a third party. The return will be sent to the email address that you provide on this form. The return will be sent to you as a PDF file and it will not be encrypted. This will allow you to forward the return to any requesting party. If you prefer we will encrypt and password protect the PDF file using a password that you will provide us on this form. If you choose to forward the encrypted file to a bank or other third party you would then have to give them the password.

I do agree do not agree to allow you to send my tax return to me by email.

I do want an electronic copy after completion, with encryption without encryption .

Email

Password (Required for encryption)

We are requesting that you sign this form if you are interested in receiving limited information regarding your tax return via email or text messaging. Your cell phone number and your carrier are required to facilitate the texting process. Your email will be required for the emailing process. We will use our Gmail account for this type of communication. For security reasons we will request that you include the password that you are providing on this form in all communications. While there are no fees associated with this on our end, standard messaging fees apply in accordance with you carrier.

I do agree do not agree to allow limited email or text message communications.

Cell Phone Number

Carrier

Email

Password (Required for text)

The tax information may not be disclosed or used by Wood Accounting Services LLC for any other purpose other than that permitted by this consent document.

This consent will be valid for a period of three years from the date of signature. It applies to all tax returns, including previous and future years.

Signature

Date