

# CLIENT TAX INFORMATION

Tax Year: 2022

Date \_\_\_\_\_ ☐ Returning Client ☐ New Client—How did you hear about us? \_\_\_\_\_

**PLEASE COMPLETE ALL PAGES!** THIS IS IMPORTANT INFORMATION THAT WE NEED IN ORDER TO COMPLETE YOUR TAX RETURNS. THE QUESTIONS HEREIN PERTAIN SOLELY TO THE CURRENT TAX YEAR AND MAY BE DIFFERENT FROM PRIOR TAX YEARS. FAILURE TO COMPLETE THIS QUESTIONNAIRE MAY RESULT IN TAXPAYER PENALTIES AND/OR MISSED CREDITS AND/OR ADDITIONAL TAX. THANK YOU.

## PERSONAL INFORMATION

Client Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN (if not on file): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
(Please check the best contact phone & e-mail address to use)  
☐ Home: \_\_\_\_\_  
☐ Work: \_\_\_\_\_  
☐ Cell: \_\_\_\_\_  
☐ E-mail (MUST CONSENT): \_\_\_\_\_  
☐ Yes ☐ No Allocate \$3 to Pres. Election Campaign Fund

Spouse Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN (if not on file): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
(Please check the best contact phone & e-mail address to use)  
☐ Home: \_\_\_\_\_  
☐ Work: \_\_\_\_\_  
☐ Cell: \_\_\_\_\_  
☐ E-mail (MUST CONSENT): \_\_\_\_\_  
☐ Yes ☐ No Allocate \$3 to Pres. Election Campaign Fund

Address (if changed) or New Clients

\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Check only one: ☐ Own Home ☐ Pay Rent ☐ Live w/Family

Change in Marital Status? ☐ Yes ☐ No

New Marital Status, if applicable: \_\_\_\_\_

Current School District: \_\_\_\_\_

If moved, prior School District & County: \_\_\_\_\_

If you moved during the year, please indicate the dates you lived at each address (use additional pages if necessary):

Old Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

I can be claimed as a dependent of another person (not my spouse)

☐ Yes ☐ No ☐ Unsure

**CHILDREN/DEPENDENTS**

☐ Not Applicable (skip to next page)

☐ Yes ☐ No I have an adult relative (ie. elderly parent) who may be claimed as my dependent. List this person below.

☐ Yes ☐ No I have Dependent Care Benefits included in my or my spouse's W2. (If yes, please provide child care details)

To qualify as your dependent, you must provide over half the support for a person who (a) is closely related to you OR lives in your household all year, and (b) is under age 19 OR is a full-time student under age 24 OR has less than \$4,400 of gross income. Citizenship and marital status are also factors.

☐ Yes ☐ No My dependent received health insurance from the marketplace. If YES, a tax return must be filed for that dependent.

Returning Clients: you may omit birthdates and SSN if we have them on file. Use additional pages if necessary. Please indicate any children that have recently been adopted (possible credit available).

NAME (include last if different from yours)	SSN (if not on file)	DOB	Dependent this year?	Full-time college student?	\$1,150+ int/div/gains	Any Amt Wages or SE Income?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REFUND INFORMATION (if applicable)**

- ☐ I do NOT want direct deposit. I wish to receive a Paper Check.
- ☐ Do not apply my refund (or a portion) to next year's return, even if I pay estimated tax. (If you do not sign the *Consent to Use of Tax Information Form*, only YOU can decide how your refund should be applied.)

**Fill out this section only if you want Direct Deposit:**

Returning Clients, same as before? (SKIP THIS SECTION) ☐

FOR FEDERAL RETURNS ONLY, you may request Direct Deposit into multiple accounts. Most states, including Pennsylvania, allow only ONE account for Direct Deposit. *You may also provide a VOIDED check.*

**Bank Account Information**

Bank Routing Number:

Account Number:

Type of Account ☐ Checking ☐ Savings Bank Name: \_\_\_\_\_

If you wish to deposit your FEDERAL refund into more than one account, please check here: ☐

**ESTIMATED TAXES PAID**

Fill out this section ONLY if you paid ESTIMATED TAXES last year.

If you have enclosed paperwork where you have already provided this information, check here and skip: ☐

Quarter	Date Paid	Federal	PA	Other State _____	Local
4th Qtr '21 paid 1/18/22					
Qtr 1 2022 (due 4/18/22)					
Qtr 2 2022 (due 6/15/22)					
Qtr 3 2022 (due 9/15/22)					
Qtr 4 2022 (due 1/17/23)					

## CLIENT COMMUNICATIONS

- ☐ Yes ☐ No Were you notified of a tax issue or audited by either the IRS or your State or local tax collector recently?
- ☐ Yes ☐ No I or my spouse has contacted the IRS regarding identity theft and received an IP PIN, or I am participating in the IRS IP PIN program.

**IRS COPIES FOR SUE:** You may choose to have copies of IRS notices, letters and other written communications regarding your 2022 tax return sent directly to Susan Walla on an ongoing basis. A copy of Form 8821 will be provided to you for your signature if you choose this option. This form only covers copies of IRS notices; we will not receive notices from PA or any other state. *There is no charge to receive copies.* Would you like this office to receive copies of letters the IRS may send to you? ☐ Yes ☐ No

## GENERAL TAX ISSUES

- ☐ Yes ☐ No I was divorced before 12/31/18 and modified my alimony agreement after 1/1/19.  
Alimony Received, if applicable (divorces prior to 12/31/18 ONLY), *not* including child support: \_\_\_\_\_  
Alimony Paid, if applicable (divorces prior to 12/31/18 ONLY), *not* including child support: \_\_\_\_\_  
For Alimony Paid, Recipient's name & SSN (if not on file): \_\_\_\_\_ Date of agreement: \_\_\_\_\_
- ☐ Yes ☐ No Did you or will you contribute to an IRA, ROTH or SEP for this tax year (2022)? Max IRA contribution \$6,000, or \$7,000 if over 50.  
(Please choose NO if you only contributed to your employer's 401(k), 403(b) or similar plan.)  
If yes, how much to YOUR: Traditional IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_ SEP \_\_\_\_\_  
Your SPOUSE's: Traditional IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_ SEP \_\_\_\_\_
- ☐ Yes ☐ No Did you incur any losses from a Federally Declared Disaster?  
If yes, which disaster (storm) \_\_\_\_\_ and area (county/state) \_\_\_\_\_ and date \_\_\_\_\_
- ☐ Yes ☐ No Did you purchase, sell, or refinance your home or secondary home?  
☐ Yes ☐ No If yes, did you pay points?  
If you refinanced your home, for how many years? \_\_\_\_\_
- ☐ Yes ☐ No ☐ N/A Is any portion of your home equity loan used for a purpose other than buying, building or improving your home?  
If yes, how much of the principal? \_\_\_\_\_

## **INCOME**

- ☐ Yes ☐ No Did you receive any income from an installment sale?
- ☐ Yes ☐ No Did you have any debts cancelled or forgiven? *(Please provide 1099-C)*
- ☐ Yes ☐ No Did you have any savings bonds that matured in 2022 or did you redeem any savings bonds?
- ☐ Yes ☐ No Did you cash savings bonds to pay for college?
- ☐ Yes ☐ No Are you or your spouse required to take an RMD from your IRA?
- ☐ Yes ☐ No ☐ N/A If Yes, did you (and/or your spouse) take your RMD by 12/31/22?
- ☐ Yes ☐ No Did you or your spouse contribute any portion of your RMD to charity?
- ☐ Yes ☐ No Did you receive a 1099-K for credit card, Venmo or similar third-party payment services? *(Please provide 1099-K)*
- ☐ Yes ☐ No Do you have any foreign income or pay any foreign taxes, other than in brokerage accounts?
- ☐ Yes ☐ No Do you own any foreign financial assets that are not maintained by a US payer or broker? (Form 8938)
- ☐ Yes ☐ No Do you have signing rights to a foreign bank account? (You may need to file FinCEN Form 114 online)
- ☐ Yes ☐ No Do you expect your 2023 taxable income or withholding to change significantly from 2022\*?
- ☐ Yes ☐ No I (we) have digital assets. As a reminder, taxpayers must report all worldwide income. If YES, complete Digital Asset section below.

## **DIGITAL ASSETS (CRYPTO/NFTS)** (Please complete if you answered “Yes” to owning Digital Assets)

- ☐ Yes ☐ No ☐ Unsure Did you Sell/Trade or Exchange any digital assets?
- ☐ Yes ☐ No ☐ Unsure Did you receive any digital assets as payment for goods or services?
- ☐ Yes ☐ No ☐ Unsure Did you receive any digital asset through mining or staking?
- ☐ Yes ☐ No ☐ Unsure Did you receive any digital asset through a hard fork?
- ☐ Yes ☐ No ☐ Unsure Did you receive any goods, services or property in exchange for digital assets? (i.e. did you buy something w/your asset?)
- ☐ Yes ☐ No ☐ Unsure Did you exchange or trade any virtual currency for any another virtual currency?
- ☐ Yes ☐ No ☐ Unsure Did you dispose of your asset in any other way?

If you answered “Yes” to any of the above questions, please provide documentation from a Conversion Platform such as Cointracker or Koinly.

## **HEALTH CARE**

- ☐ Yes ☐ No I or my spouse purchased health insurance through a public exchange. *(Provide all copies of your 1095-A)*
- ☐ Yes ☐ No I (we) contributed to a Health Savings Account (HSA) (Note: A HSA is DIFFERENT from a cafeteria plan, MSA or Flexible Plan, please check NO if you have one of these). *Provide Form 5498-SA or your Dec statement to determine your total contribution amount.*
- ☐ Yes ☐ No ☐ N/A For HSA ONLY: All my distributions were for MEDICAL purposes ONLY. *(Provide 1099-SA)*

## **ACTIVE DUTY MILITARY PERSONNEL ONLY**

- ☐ Yes ☐ No Have you recently moved because of a military order?
- ☐ Yes ☐ No Did you receive active duty military pay (may be exempt from state & local tax). If yes, where were you stationed?  
*(Provide copies of military orders and Leave & Earnings Statements month by month.)*

## **CREDITS**

- ☐ Yes ☐ No I or my spouse applied for the First Time Homebuyers Credit for new homes purchased in 2008 (the \$7,500 loan repayments are being made in tax years 2010 and beyond).
- ☐ Yes ☐ No Did you make any SOLAR, WIND POWER, or GEOTHERMAL energy-efficient improvements to your home?
- ☐ Yes ☐ No Did you make any Energy Property Improvements to your home (i.e. insulation, storm door, window improvements, A/C, boilers, water heater, furnace)? Max lifetime combined credit for all tax years 2005-2022 is \$500. *(provide proof of eligibility for credit)*
- ☐ Yes ☐ No Did you pay college tuition for you or your dependents? If yes, how much tuition was paid (not just billed) during 2022?  
*(Please provide receipts, 1098-T, 1099-Q, etc.)*

**BUSINESS OWNERS / EMPLOYEE BUSINESS EXPENSES**

☐ Yes ☐ No Did you start a new business?

☐ Yes ☐ No If you are self employed, did you work in Philadelphia or any other municipality that has business taxes?

☐ Yes ☐ No Did you purchase, dispose of or convert any business property to personal use?

**PA ONLY (FOR EMPLOYEE BUSINESS DEDUCTIONS):**

☐ Yes ☐ No I have Union Dues

☐ Yes ☐ No My spouse has Union Dues

☐ Yes ☐ No I have unreimbursed business expenses

☐ Yes ☐ No My spouse has unreimbursed business expenses

**OTHER TOPICS**

☐ Yes ☐ No Did you make gifts of \$16,000 or more to any individual in 2022?

☐ Yes ☐ No I (we) contributed to a 529 plan in 2022 (use additional pages if necessary)

Child's Name: \_\_\_\_\_ SSN (If not on file) \_\_\_\_\_ How much for 2022? \_\_\_\_\_

Child's Name: \_\_\_\_\_ SSN (If not on file) \_\_\_\_\_ How much for 2022? \_\_\_\_\_

Child's Name: \_\_\_\_\_ SSN (If not on file) \_\_\_\_\_ How much for 2022? \_\_\_\_\_

☐ Yes ☐ No Did you purchase taxable items or services outside of your home state or online on which no sales tax was collected? (It is possible that you owe Use Tax).

ATTENTION: If you lived or worked in the following states, the following information is **REQUIRED** for e-file: Alabama, New Mexico, New York, Ohio and Vermont. This information is **VOLUNTARY** for Pennsylvania and New Jersey returns. Many other states are also asking for, but not requiring this information for e-filing of your tax returns. The intent is to verify e-filed tax returns with a valid driver's license from both you and your spouse in order to prevent fraud and identity theft. Please provide ALL INFO in the section below if you would like to or are required to add this extra layer of security to your returns.

Your Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

New York Resident? Provide PIN # \_\_\_\_\_

Your Spouse's Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

New York Resident? Provide PIN # \_\_\_\_\_

☐ Yes ☐ No I would like an electronic copy of my completed 2022 tax return (and scanned copies of tax documents)

If yes, please specify: ☐ CD-ROM (\$20) or ☐ FLASH (\$30)

All taxpayers receive a paper copy of their returns at no extra charge. (Please retain a copy of your tax return for at least 4 years after the filing date.) After your tax return has been filed and marked as final, we charge a minimum of \$35.00 for additional copies of your tax returns per year requested, regardless of the form of the copy desired (paper, electronic, CD or Flash). International clients only will receive an electronic copy in lieu of a paper copy.

The following information will help us plan our work flow:

☐ Yes ☐ No In case we need to reach you, will you be traveling between January 31 and April 18, 2023?

If yes, when? \_\_\_\_\_

Completed return delivery preference (check one): ☐ No Preference ☐ Mail ☐ Pickup ☐ Other/Note: \_\_\_\_\_

If you would like to name a third party (an adult child, for example) to discuss your taxes with in in case of an emergency only, please provide their name, relationship and phone number here:

\_\_\_\_\_  
\_\_\_\_\_



Items you'd like to discuss during your appointment or questions you may have\* (use additional space as necessary):

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PLEASE PROVIDE ALL FORMS 1098, 1099, W-2, K-1, 1095, BROKERAGE STATEMENTS, CLOSING STATEMENTS, TAX NOTICES, ETC. AS THEY PERTAIN TO YOUR TAX SITUATION. SOME DOCUMENTS MAY BE DELIVERED TO YOU VIA E-MAIL OR AVAILABLE ELECTRONICALLY, PLEASE CHECK ALL YOUR SOURCES FOR 2022 TAX FORMS AND DOCUMENTS. THANK YOU.

\*Cannot discuss any issue unrelated to 2022 tax preparation, including tax projections for taxes due for 2023, unless you sign and accept the CONSENT TO USE OF 2022 TAX RETURN INFORMATION document (per IRS Regulations as of 1/1/09). Unfortunately, we can not accept or send ANY EMAIL if you do not sign and accept the CONSENT TO DISCLOSE OF 2022 TAX INFORMATION document because it is in direct conflict to IRS and FINRA regulations. WE DO NOT SELL OR PROVIDE YOUR PRIVATE INFORMATION TO ANY THIRD PARTY UNLESS REQUIRED BY LAW.

I (we) have completed this questionnaire to the best of my (our) knowledge. I understand that failure to provide complete information to my tax preparer may result in penalties and/or additional taxes that I may owe and that I may also be disregarding certain tax credits, deductions, or other tax advantages that I may otherwise be entitled to. Items left unanswered or blank are considered as "No". I take full responsibility for penalties and/or additional taxes that I may incur as a result of incomplete or inaccurate information. By signing this, I authorize Susan Walla to file federal, state and local extensions as needed.

TAXPAYER: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_