

TIMPE CPA's, LLC

2018 TAX RETURN CLIENT UPDATE

FOR BETTER ACCURACY, PLEASE PRINT YOUR CURRENT INFORMATION LEGIBLY

Please print your name as it appears on your Social Security Card, i.e. maiden name

Taxpayer Information

Spouse Information

Name, SSN, Date of Birth, Driver's License #, DL Issue Date, State, DL Expiration Date, Daytime Phone #, Cell Phone #, Email, Street Address, City, State, Zip Code

Dependents: Name, SSN, Birthdate (If Necessary)

Dependent 1: Dependent 2: Dependent 3: Dependent 4:

BRIEF QUESTIONNAIRE

Thank you for your time, with your help we can better accurately prepare your returns!

Please Circle (or highlight)

- 1) Did you have health insurance all year? Yes No
2) Did you pay for childcare services? Yes No 2b) W-2/Employer help for childcare? Yes No
3) Did you have a child attending a private school or who is home schooled? Yes No
4) Did you pay student loan interest during the year? Yes No
5) Did you contribute to a College Choice 529 Plan? Yes No
6) Did you contribute to an IRA during 2018? Yes No
7) Did you have a parent living with you, providing over half of their support/medical bills? Yes No
8) Did you have financial interest in a foreign financial account(s) totaling over \$10,000? Yes No
9) Would you like a tax organizer for next year at no cost to you? Yes No If so, by Email or Mail
10) Would you like a tax projection prepared for next year? (Recommended for those who estimate large income fluctuations, a separate fee is required, and a quote will be given beforehand) Yes No