

Date dropped off \_\_\_\_\_

Referred by: \_\_\_\_\_

Email Address \_\_\_\_\_ Real Estate Taxes Paid in 2017 \_\_\_\_\_

health # of  
insur months  
**YOUR NAME NEEDS TO MATCH WHAT IS ON YOUR SECURITY CARD**

Name \_\_\_\_\_ D.o.B. \_\_\_\_\_ S.S.# \_\_\_\_\_ y / n \_\_\_\_\_

Spouse \_\_\_\_\_ D.o.B. \_\_\_\_\_ S.S.# \_\_\_\_\_ y / n \_\_\_\_\_

Present Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

What School District Did You Live In? \_\_\_\_\_ How Many Months In 2017? \_\_\_\_\_

Did You Live In The City Limits? \_\_\_\_\_ How Many Months in 2017? \_\_\_\_\_

Filing Status? Circle One Single Married filing Joint Married filing Separate Head of Household

Your Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Can anyone claim you as a Dependent? Y or N

Dependents that you are claiming for 2017. Do not list Yourself or Spouse	Birthdate	Social Security #	# months they lived with you	Relationship	student?	disabled?	insurance?
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n

Will any of the dependents above file their own tax return? Y or N \_\_\_\_\_

Did you or do you plan on contributing to an IRA, SEP, KEOGH OR SIMPLE PLAN for tax year 2016? Y or N Federal State Local

If you pay quarterly estimated taxes, did you pay all of the estimates that we sent you? Y or N

QTR	Federal	State	Local
1st	_____	_____	_____
2nd	_____	_____	_____
3rd	_____	_____	_____
4th	_____	_____	_____

**If you have Health Insurance coverage in 2017, please answer below:**

Health care Exchange Yes / No if yes (must include all dependents tax returns if filed) and provide **Form 1095A**.

Employer: Yes / No If yes provide **Form 1095B and or 1095C**. Medicare yes / no

Private Insurance Yes/No If yes provide **Form 1095B**. Caresource (medical card) / Medicaid yes / no

***Please provide a Voided Check or Verification of your bank account if you would like your Refund Direct Deposited.***

Name of Your Bank \_\_\_\_\_ Account # \_\_\_\_\_ Checking  Savings

Routing Number \_\_\_\_\_

**DISCLAIMER**

**By refusing to complete this questionnaire, I agree not to hold Mark A. Frazier CPA & Associates Inc. responsible for any errors on my tax return as a result of omitted information.**

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_