

Date dropped off _____

Email Address _____ (MANDATORY)

Real Estate Taxes Paid in 2018 on personal residence \$ _____

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? 1st _____ Months In 2018? Start _____ End _____
2nd _____ Months In 2018? Start _____ End _____

Did You Live In The City Limits? 1st _____ Months In 2018? Start _____ End _____
2nd _____ Months In 2018? Start _____ End _____

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 2018. 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 2018? 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
1st _____
2nd _____
3rd _____
4th _____

If you have Health Insurance coverage in 2018, 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 _____