

CLIENT QUESTIONNAIRE - PLEASE COMPLETE
RETURN TO OFFICE WITH TAX INFORMATION

CLIENT NAME _____

CURRENT ADDRESS _____

YES I WILL ATTEND DURING MY APPOINTMENT TIME

_____ BY PHONE NUMBER _____

_____ BY ZOOM EMAIL _____

NO I DO NOT NEED AN APPOINTMENT TIME

I WILL SEND MY INFORMATION IN AND WAIT FOR YOU TO CONTACT ME WITH QUESTIONS

CONTACT NUMBER _____

CONTACT EMAIL _____

COVID-19 ITEMS

ALL INDIVIDUALS - HOW MUCH DID YOU RECEIVE IN STIMULUS PAYMENTS? _____

SELF-EMPLOYED INDIVIDUALS - WERE YOU OUT OF WORK DUE TO COVID-19?

_____ DAYS OUT FOR SELF QUARANTINE

_____ DAYS OUT CARING FOR CHILDREN QUARANTINED/SCHOOL OR DAYCARE CLOSED

PLEASE LIST OUT / ATTACH DOCUMENTATION RELATING TO THE FOLLOWING ITEMS:

PPP LOANS RECEIVED / FORGIVENESS APPLICATION _____

EIDL GRANTS RECEIVED _____

STATE/LOCAL GRANTS RECEIVED _____

SBA LOAN PAYMENT FORGIVENESS _____

MISCELLANEOUS

NOTE ANY CHANGES FROM PAST YEAR

OTHER IMPORTANT ITEMS TO INCLUDE

ITEM:

INCLUDE:

DIRECT DEPOSIT

VOIDED CHECK

IRS OR MN CORRESPONDENCE

LETTERS RECEIVED

MN SURE FOR HEALTH INSURANCE

FORM 1095-A

HEALTH SAVINGS ACCOUNT

FORM 1099-SA

COLLEGE

FORM 1098-T

CHILDREN

BIRTHDATE & CURRENT GRADE

**** PLEASE COMPLETE WHAT APPLIES TO YOU ON THE ENCLOSED WORKSHEETS****