## 411-Tax Services of Maryland – Tax Preparer Questionnaire (DO NOT EMAIL)

Name:	Date of Birth (New Client):
Email Address:	Phone Number:
Circle One: Checking or Saving Account Numbe	erBank Routing Number:
Provide proof of income received such as: W-2s, unemployment insurance, military income, or retirement pensions.	
If claiming Dependents, did you provide at least 50% of their support? _Yes NoInitials	
(New Client/Dependent) Name:	Date of Birth
Social Security Number:	Relationship to Dependent:
(New Client/Dependent) Name:	Date of Birth
Social Security Number:	Relationship to Dependent
(New Client/Dependent) Name:	Date of Birth
Social Security Number:	Relationship to Dependent
I certify that the listed Qualifying Relative(s) lived in my household at least 6 months of tax year	
Did you have child care expenses? Provide writ	(Signature) tten receipts from your provider (Showing EIN or SSN of Provider).
Did you attend college part-time or full-time during the year? If yes, provide Tuition Statement(s) (Form 1098-T).	
Did you receive any Retirement Distributions (401K)? If yes, provide any forms indicating amount taxable (Form 1099-R).	
Did you have interest or dividends payments from any financial institutions or student loans? If yes, need amount paid.	
Do you own your home? If yes, you may qualify to file itemized expenses. Provide a list of your expenses such as:	
✓ Need Mortgage Statement Medical &	Dental Expenses \$ Employee Expenses \$
	hold items \$ Fair Market Value \$ . (Need Name of Charity ORG if over \$500.00)
✓ Rental Property? Provide proof of rental expenses and rent collected. Attach Written Documentation.	
✓ Home-based business? Provide name of the second seco	of business, income earned, and expenses of business. Other Expenses?
✓ Made energy saving improvements or purchased energy saving appliances for your home? Provide receipts.	
✓ FOR NEW CLIENTS ONLY: Did you file itemized expenses for the previous tax year? If yes, provide copies of previous federal & state tax returns.	