Sauppé Tax Service LLC New Client Tax Questionnaire 2022

${\tt Name(1st,Last)}$):				Spou	se: _					
Taxpayer Soc. Sec#				S	Spouse S	Soc. S	Sec.	#			
Taxpayer Date	of Bi	rth		_	Spouse	DOB:				_	
Address:										_	
City, State,	& Zip:										
Primary Phone	#			Sec	condary	Phone	e#				
E-mail:											
Routing #					Bank A	ccour	nt #				
Please list all eligible months during the yea dependent must be a and you usually must	depende ar and und relative, u have con	nts for 202 der the agous usually mu tributed m	Eligible 22. **Your on e of 24 all y st be a mer	Dep hild b ear. A mber	pendents oorn prior to Any child w of your hou	for 202 o 1/1/200 ho does usehold, ort	2 4 must not me must h	be a full et this aç ave inco	-time stu ge/studer me below	dent for a nt test or v \$4,300	at least five any other for the year
Dependent Name	Date of Birth		cial curity #	Rel	pendent lationship Taxpayer	Months 2022 L with yo	ived	Months 2022 a Time S	Full		ayer paid than 50% oport
										YES	NO
										YES	NO
										YES	NO
										YES	NO
Estimated tax paym quarter of 2023. Federal		es NOT me	necks writean withho					3	payments	in the	e first
DATE AMOUN	т	DATE	AMOUNT		DATE	AMO	UNT	DATE		MOUNT	TALE
Description of IDC to guidations	vous fodor	al and atota	roturno vill ho	olo otr			a ampleto	and return		LIDC weign	or of electronic
Because of IRS regulations filing prior to our completion be deducted from this accompany read the terms of engineering the second seco	n of your reto unt on April	urn. Any refu 15 th By sign	und on these r ing below you	eturns are co	will be depos onfirming that	ited into the	e bank a	ccount sho	wn above a	and any ba	alance due will
Signature of taxpayer				;	Signature o	f spouse)				_
Taxpayer occupation Please turn over	- cont	inued o		;	Spouse occ	cupation					-

	277 6 4	1		1 000	_				
			ons pertain tails and do			y <u>YES</u> answ	ers will		
1			reign bank accou			ution from a fo	oreign trust?	YES	NO
2	YEŚ, you MUST complete the Charitable Deduction Recap in our annual newsletter.							YES	NO
3		Did you purchase any goods online or through catalogs that did NOT include sales tax? If yes, please indicate total amount purchased \$							NO
4		Do you have written documentation for all business miles? If yes, you MUST complete the mileage section on the bottom of this form. If no, you cannot claim mileage.							NO or N/A
5	- ,	Do you have any bartering or trading income or any other income to report (i.e. jury duty, prizes, awards)? If yes, please provide all details.							NO
6	, ,		penses? If yes, p Indent covered, t					YES	NO
7	settlement	statement from	e this year or ref n the purchase, s e loan proceeds	ale, or refinan				YES	NO
8	of work, ar year. Inclu	nd provide detai de proof that th	vings Account? If ils, including the ese distributions recap showing n	1099SA form, were spent or	for any withd n qualified me	rawals made dical care by	during the	YES	NO
9			pendents, contri ies of all pertiner				ate 529 plan?	YES	NO
10) Did you pa								NO
1	1 Did you have any student loan amounts forgiven in 2022? If yes, please provide all details. You may or may not have received a 1099C for the debt cancelled.							YES	NO
12	2 Did you pay any post-secondary (beyond high school) expenses for you, your spouse, or your dependents? This does NOT include student loan interest. If yes, you must provide Form 1098T and DETAILED documentation on all amounts paid during the year.						NO		
1;	If you answ		uestion 11, do ar			nave a felony	drug	YES	NO or N/A
14			or had your own iire you to file an			scale), did yo	u make any	YES	NO or N/A
1	If you ansv	vered yes to qu	estion 13, did yo	u or will you fil	le all required	1099 forms?		YES	NO or N/A
10		ve any children se provide deta	under the age o	f 24 with unea	rned (<u>not</u> fror	n a job) incon	ne over \$350?	YES	NO
17		Did you make a gift or gifts to any individual during the year worth \$16,000 or more? If yes, YES NO provide name of recipient, address, description of item(s) given, and amount.							
18	Did you get insurance through the Marketplace (healthcare.gov)? If yes, provide Form 1095A.					YES	NO		
19	Did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency?						ual currency?	YES	NO
20	Do any of these situations apply to you? Circle any that apply to you and provide all pertinent details. Legally blind. Paid for domestic service in your home. Purchased any items that qualify for the energy credits. Contributed to a retirement account outside of work. A full time teacher and purchased supplies for the classroom. Purchased a car, boat, or truck in 2022.								
2′	l What is yo	our marital sta	tus as of 12/31/2	22?				Single	Married
_		4st p	L and D		eage Recap		-		8 gr)
-	1/1 to 6/20	1 st Business	2 nd Business	Charitable	Medical	Moving	Personal	Total All	Miles**
	1/1 to 6/30								

	1 st Business	2 nd Business	Charitable	Medical	Moving	Personal	Total All Miles**
1/1 to 6/30							
7/1 to 12/31							
7/1 (0 12/31							

"*The	total must equa	I the sum of the oth	er categories and	should be the tota	l of all mi	iles driven during the yea	ır.
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Car Information: Make	Model	Year	

Your signature(s) on page one verifies that this log is a true and accurate reflection of mileage for 2021 and that you have the records to substantiate this mileage.