

2021 TAX YEAR QUESTIONNAIRE

Taxpayer's name:		SSN:	
Spouse's name:		SSN:	
Date of birth:			
Address:			
City, state, ZIP:			
Phone number:			
Email:			

Marital status at 12/31/2021:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow(er)
Were you divorced or separated during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are either you or your spouse legally blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Did you purchase health insurance through the marketplace? If so, please provide Form 1095-A.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Did you receive the Economic Impact payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, provide the amount:	<input style="width: 100%;" type="text"/>
Did you receive Advance Child Tax Credit payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, provide the amount:	<input style="width: 100%;" type="text"/>
Did you get any PPP or SBA Loan proceeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If PPP, was the loan forgiven?	<input style="width: 100%;" type="text"/>
Are you new to our firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Dependent information:	Name	Social Security #	Date of birth	Relationship	Months lived in home
1)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Bank information: Use for	<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Direct debit	Name of bank:	<input style="width: 100%;" type="text"/>
Routing number:	<input style="width: 100%;" type="text"/>	Account number:	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Payment to ATI, Inc. for tax preparation is due at time of service!

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation do not include auditing, review, or any other verification or assurance. You will be assessed a fee for any additional service you may require.

Any extra questions or notes?	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	

I have reviewed all documents and all the information is correct. I will not hold ATI, Inc. accountable if any information I furnished to them is incorrect. I am responsible for informing the government & ATI, Inc. of any changes I might become aware of after today's date.

Taxpayer's Signature:	<input style="width: 100%;" type="text"/>	Spouse's Signature:	<input style="width: 100%;" type="text"/>	Date:	<input style="width: 100%;" type="text"/>
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