

2022 TAX YEAR QUESTIONNAIRE

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

Marital status at 12/31/2022:
 Single
 Married
 Separated
 Widow(er)

Were you divorced or separated during the year?
 Yes
 No

Are either you or your spouse legally blind?
 Yes
 No

Did you purchase health insurance through the marketplace? If so, please provide Form 1095-A.
 Yes
 No

Did you or your spouse receive, sell, send, exchange, or acquire any financial interest in virtual currency?
 Yes
 No

Are you new to our firm?
 Yes
 No

Dependent information:

	Name	Social Security #	Date of birth	Relationship	Months lived in home
1)					
2)					
3)					
4)					
5)					

Bank information: Use for
 Direct deposit
 Direct debit
 Name of bank: _____

Routing number: _____
 Account number: _____
 Checking
 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? _____

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: _____
 Spouse's Signature: _____
 Date: _____