

TAX QUESTIONNAIRE

Thank you for taking the time to complete this form. This will ensure our records are current and we are able to accurately prepare your tax returns.

Please fax or email this completed form to:

POMARES ACCOUNTING SOLUTIONS, LLC
(786) 228-0049 (fax) or pomaressolutions@gmail.com(e-mail)

If you are a new customer, please complete the full questionnaire. If you are a client from previous years, only complete the information that has had any change regarding the information that appears on this page.

In the case of new client please provide a copy of all social security card and Driver Licenses if apply

YOUR NAME: _____ DATE OF BIRTH: _____

S.S. #: _____ OCCUPATION: _____

SPOUSE NAME: _____ DATE OF BIRTH: _____

S.S. #: _____ OCCUPATION: _____

DEPENDENT NAME: _____ D.O.B.: _____ S.S. #: _____

DEPENDENT NAME: _____ D.O.B.: _____ S.S. #: _____

DEPENDENT NAME: _____ D.O.B.: _____ S.S. #: _____

ADDRESS: _____

EMAIL ADDRESS: _____

COMPLETE THIS SECTION TO HAVE YOUR REFUND DIRECTLY DEPOSITED INTO YOUR ACCOUNT. IF YOU DO NOT COMPLETE THIS SECTION, YOUR REFUND WILL NOT BE DIRECTLY DEPOSITED.

Your refund is usually deposited into your account within 7-10 business days of electronic filing.

BANK ACCOUNT INFORMATION

NAME OF INSTITUTION: _____

ADDRESS: _____

CHECKING: SAVINGS:

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

POMARES ACCOUNTING SOLUTIONS, LLC
TAX INFORMATION CHECKLIST

Name: _____

Phone Number: _____

DOCUMENTATION NEEDED

COMPLETE

- Prior 1 years Income Tax Returns (Federal, State, and Local) (**NEW CLIENTS ONLY**) _____
- Social Security numbers and birth dates for dependents (required a copy for new client) _____
- All W-2s _____
- All 1099s for pension, retirement, and miscellaneous income _____
- Any K-1 Schedules for Partnerships or S-Corporations _____
- Social Security and unemployment income _____
- Alimony paid or received (totals only) _____
- All 1099s for interest and dividend income, _____
- All sales of investments during the taxable year (please provide the purchase value, plus, capital gain distributions and dividends reinvested) _____
- Rental property income and expenses (totals only) _____
- IRA contributions made in the taxable year (Roth, Traditional, Educational) _____
- All 1099s and closing statements (when applicable) for real estate transactions _____
- Medical and dental expenses (totals only & mileage for medical and dental visits) _____
- 1098s for mortgage interest and real estate taxes paid in the taxable year _____
- Dates and amounts of any estimated Federal, State, and Local tax payments made (Provide copies of cancelled checks if possible) _____
- Cash and non-cash charitable contributions paid in the taxable year (totals only) _____
- Non-reimbursed employee business expenses paid in the taxable year (totals only) _____
- Child and/or dependent care expenses (totals only) and provider information (Please provide name, address and tax ID number) _____
- Student loan interest paid in the taxable year. _____
- College educational expenses paid in taxable year. _____

ADDITIONAL QUESTIONS:

- Did you receive stimulus payment from government during the pandemic? If yes, please provided amount received in each time.
- You were unable to provide services as a self-employed person or as an employee because you were caring for yourself or another person or child during COVID19? If yes, please provide number of days and remuneration received at this time.
- Did you receive the advance child tax credit? If yes, please provide letter 6419 from the IRS
- Did you make any estimate payment? If yes, please provide amounts and date corresponding to each quarter of the year.
- Did you or any of your dependents receive an Identity Protection PIN from the IRS? If yes, please attach the IRS letter.
- Do you make any donation during the year? Please provide amount.

Do You Have Specific Questions You Would Like to Ask?

1. _____

2. _____

Signature: _____

Date: _____

Thank You for doing business with Us.