

Global Alliance Solution, LLC

**TAX RETURN QUESTIONIER
For W2 / 1099 Clients & Others**

(For us to best serve you to maximize your refund or minimize your tax liability, if necessary, please fill in this form)

1. Name of Principal Tax Payer: _____

2. Social Security Number: _____/_____/_____

3. Date of Birth: _____/_____/_____ Age _____

4. Address: _____

5. Occupation: _____

6. Driving License Number: _____

Issued Date: _____/_____/_____ Expiration Date: _____/_____/_____

7. Tel: Home _____ Work _____ Mobile: _____

8. Fax: _____ Email: _____

9. Website: _____

10. Bank/Financial Institution Info: _____

(Bank Name)

A/C No.: _____/ Routing No.: _____

(You may choose up to three (3) accounts to receive or distribute your refund or to pay the taxes you owe:

Do you want to use this option? If yes, then use the lines below.)

Bank/Financial Institution Info: _____

(Bank Name)

A/C No.: _____/ Routing No.: _____

Bank/Financial Institution Info: _____

(Bank Name)

A/C No.: _____/ Routing No.: _____

11. Spouse Name: _____

12. Social Security Number: _____/_____/_____

13. Date of Birth: _____/_____/_____ Age _____

14. Occupation: _____

15. Driving License Number: _____

Issued Date: ___/___/_____ Expiration Date: ___/___/_____

16. **DEPENDENTS**

a. Name: _____

Sex: M / F Relationship: _____

Date of Birth: ___/___/_____ Age ___ SSN ___/___/_____

Occupation: _____

(Did dependent live with you? ___ If yes, how many months in the year? ___ Can anyone claim dependent or is dependent filing independently for themselves? ___ Is dependent disabled? ___)

b. Name: _____

Sex: M / F Relationship: _____

Date of Birth: ___/___/_____ Age ___ SSN ___/___/_____

Occupation: _____

(Did dependent live with you? ___ If yes, how many months in the year? ___ Can anyone claim dependent or is dependent filing independently for themselves? ___ Is dependent disabled? ___)

c. Name: _____

Sex: M / F Relationship: _____

Date of Birth: ___/___/_____ Age ___ SSN ___/___/_____

Occupation: _____

(Did dependent live with you? ___ If yes, how many months in the year? ___ Can anyone claim dependent or is dependent filing independently for themselves? ___ Is dependent disabled? ___)

d. Name: _____

Sex: M / F Relationship: _____

Date of Birth: ___/___/_____ Age ___ SSN ___/___/_____

Occupation: _____

(Did dependent live with you? ___ If yes, how many months in the year? ___ Can anyone claim dependent or is dependent filing independently for themselves? ___ Is dependent disabled? ___)

e. Name: _____

Sex: M / F Relationship: _____

Date of Birth: ___/___/_____ Age ___ SSN ___/___/_____

Occupation: _____

17. (Did dependent live with you? ___ If yes, how many months in the year? ___ Can anyone claim dependent or is dependent filing independently for themselves? ___ Is dependent disabled? ___)

18. **Filing Status:** _____

(Determine the filing status)

(Go straight to question 26 if you operated no business, otherwise continue with question 18 - 25 v)

19. **Name of Business:** _____

20. **DBA (Doing Business As):** _____

21. **Nature of Business:** _____

22. **Business Address:** _____

23. **EIN #:** _____ **Year Business Acquired:** _____

24. **INCOME EXAMINER**

- a. Wages, Salary, Tips - \$ _____
- b. Business Income (Sales / Services): \$ _____
- c. Taxable Interest Income \$ _____
- d. Taxable Ordinary Dividend \$ _____
- e. Taxable Refund from State & Local Taxes \$ _____
- f. Alimony Received \$ _____
- g. Business Income / Loss \$ _____
- h. Capital Gains / Losses \$ _____
- i. Other Gains / Losses \$ _____
- j. Taxable IRA Distributions \$ _____
- k. Taxable Pensions & Annuities \$ _____
- l. Rental, Royalties, Partnership, S Corp., Trust \$ _____
- m. Farm Income / Losses \$ _____
- n. Unemployment Income \$ _____
- o. Taxable Social Security Benefits \$ _____

25. Cost of Goods Sold / Services Rendered: \$ _____

26. **EXPENSES EXAMINER**

- a. Advertising: \$ _____
- b. Car & Truck Expenses: \$ _____
- c. Compensation / Labor / 1099s: \$ _____
- d. Depreciation: \$ _____
- e. Employees' Benefit Programs: \$ _____
- f. Insurance (Not Health): \$ _____
- g. Interest: _____ \$ _____
- h. Legal & Professional Fees: \$ _____
- i. Office Expenses \$ _____
- j. Rent / Lease (Bus Housing / Vehicles / Machinery / Equipment) \$ _____
- k. Repairs & Maintenance: \$ _____
- l. Supplies: \$ _____
- m. Taxes & Licenses: \$ _____
- n. Travel: \$ _____
- o. Meal: \$ _____
- p. Entertainment: \$ _____
- q. Utilities: \$ _____
- r. Wages: \$ _____
- s. Miscellaneous: \$ _____
- t. Other Expenses: \$ _____
- u. Others 1: _____ \$ _____
- v. Others 2: _____ \$ _____

27. **Health Insurance:** Did everyone in your household have health insurance in 2016? _____

28. Was health insurance purchased from Gov. marketplace or obtained Privately or through Employer?

29. Did you pay estimated taxes in 2016?

30. Did you pay college tuition cost in 2016?

31. Did you pay student loan interest in 2016?

32. Circle and fill in any one of these that applies to you in 2016:

- a. moving expense: \$ _____
- b. educator: \$ _____
- c. alimony: \$ _____
- d. state or local taxes \$ _____
- e. unreimbursed expenses: \$ _____
- f. health saving plans: \$ _____
- g. medical and dental: \$ _____
- h. home mortgage \$ _____
- i. property taxes \$ _____
- j. charity \$ _____
- k. sales taxes
- l. casualty and

theft \$ _____ m. job / investment cost \$ _____ n. Miscellaneous
\$ _____ o. adoption \$ _____ p. residential energy \$ _____

33. **CREDIT EXAMINER**

List credits you are entitled to claim: _____

(An agent will interview you concerning the credits listed here and others not listed. If you are qualified for any credits, they would be included in your returns)

34. **TAX EXAMINER**

List the taxes including estimated taxes you paid during this tax period (This does not apply to W-2s): a. _____ Tax \$ _____

b. _____ Tax \$ _____

c. _____ Tax \$ _____

(An agent will interview you concerning the taxes you paid. W-2s are not applicable here.)

35. List all the states where you worked and paid taxes:

a. _____

b. _____

36. Do you owe IRS / State? ____ If so, how much? IRS \$ _____ State \$ _____

Name Signature Date

FOR OFFICIAL USE, ONLY

Tax Professional Code: _____ Interview Conducted by: _____ Date: _____

Returns Reviewed by: _____ Date Filed (Electronically / Paper Mail): _____

IRS / State Filing Result: Accepted / Rejected Reason/s: _____

Client's Independent Survey

a) Is client satisfied with services? ____ b) Is client likely to refer GAS to others? ____

c) Is client going to be loyal? ____ d) Did the client get maximum refund? ____

e) Is client's tax liability reached fair to him / her? ____ f) Are there any other tax services or needs? ____

g) (If yes to (f) above, will client consider our services?)