

Global Alliance Solutions, LLC

FAX: (202) 888-6724 or (301) 355-8626

Email: GASTAXSolution@yahoo.com, Question? Call (202) 888-6723

(You may download this questionnaire form from our website: www.gasolution.us)

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

(To best serve you, please fill in this form, email or fax to us)
Questions with hysteries (*) must be answered if applicable to your case

1. *Name of Principal Tax Payer: _____

2. *Social Security Number: _____/_____/_____

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

4. *Address: _____

*City: _____ State: _____ Zip Code: _____

County: _____ School District: _____

5. Occupation: _____

6. *Driving License or State ID Number: _____

Issued State: _____ Issued Date: ____/____/_____ Expiration Date: ____/____/_____

*(please photo shot, fax or send by email attachment, you and your spouse’s driving licenses, back & front)

7. Tel: Home _____ Work _____ Mobile: _____

8. Fax: _____ Email: _____

9. Website: _____

10. Name of your Bank/Financial Institution: _____

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

Checking__ / Savings__ (You have an option of 3 accounts to receive or distribute your refund or to pay the taxes you owe)

11. *Spouse Name: _____

12. *Social Security Number: _____/_____/_____

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

14. Occupation: _____

15. *Driving License Number or State ID: _____

Issued State: _____ 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: _____ Title _____

(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? ___)

17. Filing Status: _____

18. Name of Business: _____
(Go straight to question 27 if you had no business / investment income, otherwise continue with question 19 thru 26)

19. DBA (Doing Business As): _____

20. Nature of Business: _____

21. Business Address: _____

22. EIN #: _____ Year You Acquired Business: _____

23. **INCOME EXAMINER** (If your income is shown on W-2, skip question 23, 24 & 25)

- 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 \$ _____

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

25. **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: _____ \$ _____

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

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

28. Did you pay estimated taxes in 2016?

29. Did you pay college tuition cost in 2016?

30. Did you pay student loan interest in 2016?

31. 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 \$ _____

32. 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.)

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

a. _____ b. _____ c. _____

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

By signing here below, I certify that to the best of my knowledge and ability, I have answered all questions applicable to me on this form accurately and truthfully.

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 verified, if any? _____ f) Are there any other tax services or needs? _____

g) (If yes to (f) above, will client consider our services? h) if yes to (g), get client to sign IRS Forms 8821 & 2848

GLOBAL ALLIANCE SOLUTION, LLC

Tax Professionals * Accountants * Management Consultants

Payment Authorization Form

Complete this form to authorize Global Alliance Solution LLC (GAS) to debit your bank account or charge your credit card account for services rendered or book purchases as designated and/or stipulated below. By signing this payment authorization form, you give GAS the permission and authority to debit your bank account or charge your credit card account to pay for services or book purchases as indicated below. This authorization is for the transaction/s listed below only, and does not represent standing authorization for any other transaction/s not herein mentioned unless otherwise indicated above.

Cardholder/Bank Account Holder Name: _____

(Exact name as appears on credit card or debit card)

Address: _____ / _____ / _____ / _____
(Street) (City) (State) (Zip-Code)

Phone #: (____) _____ Email: _____

Credit Card / Debit Card Type: Visa MasterCard AMEX Discover Others: _____

Credit/Debit Card Number: _____ / _____ / _____ / _____ / _____ Expiration Date: ____/____ (mm/yy)

CVC: _____ (3 digits code on the back of the card, 4 digits on front of AMEX)

Bank Name: _____ Account #: _____ Routing #: _____
(if paying via your bank account)

Amount to Charge: \$ _____ (USD) Quantity of Goods: _____ (for book orders only)

PAYMENT OPTIONS

___ Please bill my credit card / debit card / bank account ONCE for the amount indicated above.

___ Please apply this payment to the following Order/Invoice # _____.

___ Please bill my credit / debit card / bank account Monthly in the amount of \$ _____ for services provided.

Description of Goods or Services (Circle goods or services apply)

Tax Preparation / Tax Planning / Tax Research / Individual Tax Audit / Business Tax Audit / Book-Keeping

Accounting / Business Compliance (including Annual Minutes, SOX & Internal Controls) / Business Registration /

Management Consultancy / Other Business Services / Dysfunctional One by John Davies (book title)

I certify that I am the owner of the account indicated above. I authorize Global Alliance Solutions, LLC (GAS) to charge the amount or amounts indicated herein and agreed to for service/s rendered or for book purchases ordered by me. I understand this is only for up to this amount during the 'Date of Charges' referenced above. If additional charges are going to be authorized, a new form will have to be completed. I certify that all information above is complete and accurate.

Authorizer's Name: _____

(Please print name)

Authorizer's Signature: _____ DATE _____