BETTER BOOKKEEPING & TAX SERVICES, LLC
CLIENT TAX QUESTIONNAIRE

2026

TAXPAYER INFORMATION

Taxpayer Last Name:	First:	Middle:	Suffix:	☐ Mr.	☐ Miss	Marital Status:
				☐ Mrs.	☐ Ms.	Single☐ Married☐ Div☐ Sep☐ Widow☐

Social Security Number:	Date of Birth:	Age:	Occupation:	Home Phone:	Cell Phone:

Email Address:	Preferred Method of Contact:
	Home Phone ☐ Cell Phone ☐ Email ☐ Text☐

Street Address:	Apt. #:

City:	State:	Zip Code:

Did your marital status change during the year?	☐ Y	☐ N	Did your address change during the year?	☐ Y	☐ N

SPOUSE INFORMATION

Spouse Last Name:	First:	Middle:	Suffix:	☐ Mr.	☐ Miss	
				☐ Mrs.	☐ Ms.	

Social Security Number:	Date of Birth:	Age:	Occupation:	Cell Phone:

DEPENDENTS (CHILDREN AND OTHERS)

Name (Last, First)	Relationship	Date of Birth mm/dd/yyyy	Social Security Number	Months Lived With You	Full-Time Student		Did You Provide More Than Half of the Support?	
					☐ Y	☐ N	☐ Y	☐ N
					☐ Y	☐ N	☐ Y	☐ N
					☐ Y	☐ N	☐ Y	☐ N
					☐ Y	☐ N	☐ Y	☐ N
					☐ Y	☐ N	☐ Y	☐ N

• Do you provide a home for or help support anyone else, not listed above?	☐ Y	☐ N
• Were there any births, deaths, marriages, divorces or adoptions in your immediate family in 2026? ***(If yes, list details in "Other Information" Section on page 3)***	☐ Y	☐ N
• Could you be claimed as a dependent on another person's tax return for 2026?	☐ Y	☐ N
• If requested by the IRS, do you have documentation (i.e. receipts, records) to substantiate your eligibility for the Child Tax Credit, Earned Income Tax Credit and/or Head of Household Filing Status?	☐ Y	☐ N

INCOME INFORMATION

• Did you receive any income from employment as an employee or independent contractor? ***(If yes, attach Form W-2 and/or 1099-NEC)***	☐ Y	☐ N
• Did you receive any Unemployment Compensation in 2026? ***(If yes, attach 1099-G)***	☐ Y	☐ N
• Did you receive any Social Security benefits during 2026? ***(If yes, attach Form SSA-1099)***	☐ Y	☐ N
• Did you sell any Stocks/Investments in 2026? ***(If yes, attach 1099-B)***	☐ Y	☐ N
• Did you receive Interest Income from a savings account or dividends from mutual funds/investments? ***(If yes, attach Form 1099-INT and/or 1099-DIV)***	☐ Y	☐ N
• Did you have any gambling winnings or losses, including lottery, bingo and raffles? ***(If yes, attach W2-G)***	☐ Y	☐ N
• Did you receive, sell, exchange or dispose any virtual currency?	☐ Y	☐ N

HEALTH INFORMATION

• Did you purchase health insurance from the Healthcare.gov Marketplace in 2026? ***(If yes, attach Form 1095-A)***	☐ Y	☐ N
• Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account in 2026? ***(If yes, attach Form 1099-SA and Form 5498-SA)***	☐ Y	☐ N
• Did you/ spouse/dependent incur a substantial amount of unreimbursed medical expenses in 2026?	☐ Y	☐ N

CHILD AND DEPENDENT CARE

• Did you receive dependent care benefits from your employer in 2026?	☐ Y	☐ N
• Did you pay any child/dependent care expenses in 2026 for a child under 13 years old or costs to care for a handicapped individual? If yes, complete the following:	☐ Y	☐ N

Name of Child Care Provider:	Provider EIN/Social Security Number:
Provider Address	**Amount Paid to Provider**
	$

EDUCATION

• Did you, your spouse or a dependent incur any tuition, fees or book expenses that were required to attend college, university or vocational school in 2026? ***(If yes, attach 1098-T and support for expenses)***	☐ Y	☐ N
• Did you, your spouse or a dependent receive scholarships or grants for higher education in 2026?	☐ Y	☐ N
• Did you, your spouse or dependent receive a distribution from a 529 Plan or Education Savings Plan in 2026?***(If yes, attach Form 1099-Q.)***	☐ Y	☐ N
• Did you make any contributions to a 529 Plan or Education Savings Plan in 2026? ***(Attach support)***	☐ Y	☐ N
• Did you pay any Student Loan Interest in 2026? ***(If yes, attach Form 1098-E)***	☐ Y	☐ N

FILING QUESTIONS

• Did you receive or request a six-digit Identity Protection PIN number from the IRS?	☐ Y	☐ N
• The IRS is able to deposit refunds directly into up to (3) taxpayer's accounts. If you receive a refund, would you like a direct deposit?	☐ Y	☐ N

• If yes, please provide the following information:

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account
			☐ Checking ☐ Savings
			☐ Checking ☐ Savings
			☐ Checking ☐ Savings

Select type of Tax Return Copy for your personal files:	☐ Electronic Copy	☐ Paper Copy with Folder

QUESTIONS, COMMENTS AND OTHER INFORMATION