TAX RETURN QUESTIONNAIRE



WARREN	TAX R	ETURN QUESTIONN	AIRE	Tax Year:
SASSER &	Name(s) on return:		<i>I</i>	Phone #:
ASSOCIATES Certified Public Accountants	E-Mail Address:			Opt out of our newsletter:
	r phone number change? If	f yes, what is your new add	ress or phone number?	Yes
Did your filing state	us change? If yes, why?			 Yes
Was there any char	nge in your dependents? If	yes, who needs to be adde	ed or deleted?	 Yes
Name:		DOB:	SS#:	
			ealth insurance all year? Ple apses in coverage for you ar	ease provide all Forms nd your dependents Yes
		payments for postseconda		Yes
		entals or a farm, were you r d file them with the IRS?		o?N/A Yes
			hases on which no sales tax our documents	N/A Yes
			ise provide sales tax paid. A olicable if you itemize your d	lso please leductions)N/A Yes
			IRA, SEP, Solo 401(k), etc.,	outside of payroll Yes
		ncipal residence or other re orms 1099)?		Yes
			ntribute to a prepaid tuition	n plan or Yes
Do you expect any	changes to your income o	r deductions for 2018 (retir	ement, job change, etc.)? If	yes, please explainYes
Did you make any o	estimated tax payments fo	or 2017? If yes, please provi	de amounts paid:	Yes
Date:	Amount:	Date:	Amount:	
Date:	Amount:	Date:	Amount:	
If you get a refund,	do you want to use direct	deposit? If yes, please prov	vide bank information:	Yes
Financial Institution	n:	Checking	or Savings	
Routing #:		Account #:		
At any time during financial account ir Did you at any time bonds, mutual fund	oreign income or pay any f the tax year, did you have n a foreign country or were e during the tax year, have ds, partnerships, interests,	an interest in or a signatur you a grantor to a foreign an interest in or any autho etc.) held in foreign financi	e or other authority over a l trust? rity over any foreign accour ial institutions that exceede	Yes nts or assets (i.e. stocks,
time doming the year				