Martinez Tax Service
Tax Consultants

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CLIENT INFORMATION SHEET

Taxpayer	Spouse
First Name_____	First Name_____
Last Name_____	Last Name_____
SSN:_____	SSN:_____
Occupation_____	Occupation _____
Date of Birth_____	Date of Birth_____
Daytime No._____	Daytime No._____
Mobile No._____	Mobile No._____
Email Address_____	Email Address_____

Current Address_____Apt#_____

City_____ State_____ Zip_____ County_____

Tax Year _____ Type of Service_____ Tax Consultant_____

Dependents

Name	DOB	SSN	Relationship

Direct Deposit Info

Bank Name_____

Routing Number_____

Account Number_____

Payment Information

Credit Card Number_____

Expiration Date_____Billing Zip Code _____

Health Care Coverage Certification

In March 2010 President Obama signed the Affordable Care act. One provision of the Act required that all Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we require that all individuals positively affirm the following items related to Health Care. Please initial the appropriate item(s) and sign the bottom of the affirmation.

☐ 1. We have provided you with all copies of Forms 1095-B, 1095-B, and 1095-C we received.

☐ 2. We did not receive all Forms 1095-A because we have alternate government provided qualified health care insurance form Medicare, Medicaid, or Tri-care that covers all members of our household. **Enter N/A if not applicable**.

☐ 3. We have qualified employer-provided health insurance for the entire year for our entire household.

☐ 4. We have qualified other health insurance we purchased directly from an agent or insurance company for the entire year which covers our entire household.

In the event you do not have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-4 above or item 5 below, and the absence of your providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include with your return.

Name	**Period of Coverage** (*months and year*)	**Insured Signature** (*Taxpayer or Spouse*)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature 1 **Signature 2**

_____ _____

_____ _____

BY: (Print Name) **BY: (Print Name)**

Dated:_____ **Dated:**_____

Martinez Tax Service

Client Questionnaire

Name:

The following items may affect your tax return. Please answer all questions carefully. Questions pertain to the current tax year unless otherwise noted. If married filing jointly, questions apply to you and your spouse.	**Y**	**N**
1) Did you pay or receive alimony? Do not include child support. (Select one) Pay ☐ Receive ☐ To/From: **Name**_____ **SSN**_____ **Amount** $_____	☐	☐
2. Did all members of your household (you, your spouse and your dependents) have health care coverage for the entire year?	☐	☐
3) Did you (or do you plan to before April 15) contribute to a traditional IRA or Roth IRA? **Self:**Traditional IRA $_____ Roth IRA $_____ **Spouse:** Traditional IRA: $_____ Roth IRA $_____	☐	☐
4) Did you convert a traditional IRA or rollover a qualified plan distribution to a Roth IRA If yes, amount converted/rolled over: $ _____	☐	☐
5) Did you (or do you plan to before April 15th) contribute to a health savings account (HSA) ? Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your W-2.) **Self:** $_____ **Spouse:** $_____ Self-only ☐ Family ☐	☐	☐
6) Did you receive any distributions from your health savings account (HSA)? Amount of distributions: $_____ Amount of unreimbursed qualified medical expenses: $_____	☐	☐
7) Are you a grade K-12 Teacher? Did you work at least 900 hours during the tax year? If yes, enter amount of out-of-pocket classroom expenses you paid or incurred: $_____	☐	☐
8) Did you pay child care costs for a dependent child under 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school or look for a job?	☐	☐
If yes, provide the amounts paid for each individual and the names, address and taxpayer ID numbers of the care providers. Use the Tax-Masters Itemized Deduction and Credits worksheet form to provide this information.	☐	☐
9) Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred: $_____	☐	☐
10) Did you pay an individual $2,000 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener? (You are required to issue a W-2 to the service provider)	☐	☐
11) Did you have any debts cancelled or reduced (including credit cards), property repossesed or foreclosed upon, or did you file for bankruptcy?	☐	☐
12) Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during the year? A financial account is located in a foreign country if it is physically located outside the U.S., including an account maintained with a branch of a U.S. bank	☐	☐
If Yes did the aggregate value of all accounts exceed $10,000 at any time during the year?	☐	☐
13) Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?	☐	☐
14) Do you have financial accounts maintained by a foreign (non-US) bank or financial institution that totaled more than $50,000 on the last day of the year or more than $75,000 at any time during the year ($100,000 and $150,000, respectively, if married filing jointly)?	☐	☐
15) Did you own any foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?	☐	☐
16) Did you have any children under age 19 (or age 19-23 and full-time students) who had unearned income over $1,050 for the year?	☐	☐
17) Did you make gifts totaling more than $14,000 to any individual during the year? If so, please provide recipient's name, address, relationship to you and the amount of the gift.	☐	☐

Client Questionnaire (Continued)

Check any of the boxes below that apply

☐	Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). (Attach Form 1095-A, Health Insurance Marketplace Statement).
☐	Granted stock options by your employer and/or exercised employer stock options.
☐	Owned any securities or held any debts that became worthless during the year.
☐	Contributed to or received distributions from an Archer Medical Savings Account (MSA).
☐	Purchased a qualified fuel cell vehicle.
☐	Purchased a four-wheeled, plug-in electric drive motor vehicle or a 2 or 3-wheeled electric vehicle.
☐	Traveled more than 100 miles to perform duties as a National Guard member or reservist.
☐	Performed services in the performing arts for at least two employers.
☐	Lived or worked in a foreign country.
☐	Issued an Indentity Protection PIN by the IRS. Add PIN: _____
☐	Served in the Military.
☐	Received any notice from the IRS or a state taxing authority. (Attach a copy for any unresolved issues).
☐	Have a Solo 401K or other qualified pension plan (connected with self-employment) with plan assets equal to or greater than $250,000 at any time during the tax year.

Please provide any other information related to your taxes not reported elsewhere on the questionnaire.