



KEY TAX SERVICE, LLC
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Date: _____ Taxpayer Questionnaire Tax Year _____

**WE ARE REQUIRED TO ASK THESE QUESTIONS.
PLEASE ANSWER ALL QUESTIONS!**

Can Anyone Else Claim You Or Your Spouse On Their Tax Return? Yes No

Do You Have Medical Insurance? Yes No

Is It Through Your Job? Yes No

Did You Attend College? Yes No

If Yes: Undergraduate Graduate

Do You Owe Student Loans? Yes No

Do You Have Form 1098T? Yes No

Did You Receive Any Unemployment In 2020? Yes No

If So Do You Have Form 1099-G? Yes No

Did You Catch the COVID-19 Virus? Yes No
If So How Long Were You Out Of Work? _____

Did You Take Time Off Work To Take Care Of Anyone Infected With COVID-19? Yes No
If So How Long Were You Out Of Work? _____

Do You Have Proof Of Infection Such As A Doctors Note or Test? Yes No

Did You Receive A Stimulus Check? Yes No

If So, How Much? _____

Did You Receive A Second Stimulus Check? Yes No

If So How Much? _____

Have Dealt In Foreign Currency, Forex Trading Or Crypto Currency Such As Bitcoin? Yes No

I certify that the information I provided on this form is accurate and correct to the best of my knowledge.

X _____
Taxpayer Signature

X _____
Spouse Signature