



KEY TAX SOLUTIONS  
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Date: \_\_\_\_\_

## Taxpayer Questionnaire

Tax Year \_\_\_\_\_

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

Are You Current In Filing All Tax Returns From 2015 to 2020 (current)? Yes No

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 2021? 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 The Advanced Child Tax Credit? Yes No

If So Do You Have Letter 6419 (Credits for Qualifying Children and Other Dependents) Yes No

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