

2019 Tax Update Questionnaire

Client Name: _____

**** I do not need your License # unless you had to renew in 2019.
If you did, I will need the updated Issue and Expiration date. ****

Client #1 Drivers License ID #, Date of Issue, and Expiration:

_____ / _____ / _____

Client #2 Drivers License ID #, Date of Issue, and Expiration:

_____ / _____ / _____

Y / N Did you have Health Insurance purchased from the
“Marketplace” in 2019?

Y / N Did you contribute to a 529 plan in 2019?

If “yes” Beneficiary: _____

529 state: _____

Y / N Did you have any education expenses for yourself or your
Child(ren)?

If “yes” Please have expenses already listed or
complete on the back of this page.

Y / N Did you contribute to or convert an IRA or Roth IRA or
HSA in 2019?

If “yes” Traditional or Roth IRA or HSA

\$ Amount Contributed _____