

**Global Alliance Solutions, LLC**  
Phone: (202) 888-6723 FAX: (202) 888-6724

Email: GASTAXSolution@yahoo.com

(You may download this questionnaire form from our website: [www.gasolution.us](http://www.gasolution.us))

**TAX RETURN QUESTIONNAIRE**

**For W2 / 1099 Clients & Others**

To best serve you, please fill in this form, email or fax to us. Questions with hysteries (\*) must be answered.

**PART I**

1. \*Name of Principal Tax Payer: \_\_\_\_\_

2. \*Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. \*Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

4. \*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. \*Driving License or State ID Number: \_\_\_\_\_

Issued State: \_\_\_\_\_ Issued Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*(please photo shot, fax or send by email attachment, you and your spouse's driving licenses, back & front)

7. Tel: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile: \_\_\_\_\_

8. Fax: \_\_\_\_\_ Email: \_\_\_\_\_

9. Name of your Bank/Financial Institution: \_\_\_\_\_

A/C No.: \_\_\_\_\_/ Routing No.: \_\_\_\_\_

Checking\_ / Savings\_ (The bank account where you want your refund deposited)

**PART II**

10. Spouse Name: \_\_\_\_\_

11. Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

12. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

13. Occupation: \_\_\_\_\_ Email \_\_\_\_\_

14. Driving License Number or State ID: \_\_\_\_\_

Issued State: \_\_\_\_\_ Issued Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PART 111**

**16. DEPENDENTS**

a. Name: \_\_\_\_\_

Sex: M / F Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

(Did dependent live with you? \_\_\_ If yes, how many months in the year? \_\_\_ Can anyone claim dependent or is dependent filing independently for themselves? \_\_\_\_ Is dependent disabled? \_\_\_\_)

b. Name: \_\_\_\_\_

Sex: M / F Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

(Did dependent live with you? \_\_\_ If yes, how many months in the year? \_\_\_ Can anyone claim dependent or is dependent filing independently for themselves? \_\_\_\_ Is dependent disabled? \_\_\_\_)

c. Name: \_\_\_\_\_

Sex: M / F Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

(Did dependent live with you? \_\_\_ If yes, how many months in the year? \_\_\_ Can anyone claim dependent or is dependent filing independently for themselves? \_\_\_\_ Is dependent disabled? \_\_\_\_)

d. Name: \_\_\_\_\_

Sex: M / F Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_

(Did dependent live with you? \_\_\_ If yes, how many months in the year? \_\_\_ Can anyone claim dependent or is dependent filing independently for themselves? \_\_\_\_ Is dependent disabled? \_\_\_\_)

e. Name: \_\_\_\_\_

Sex: M / F Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Title \_\_\_\_\_

(Did dependent live with you? \_\_\_ If yes, how many months in the year? \_\_\_ Can anyone claim dependent or is dependent filing independently for themselves? \_\_\_\_ Is dependent disabled? \_\_\_\_)

17. Filing Status: \_\_\_\_\_

**PART IV**

Fill in this part if you own a business or provides contractual services (1099)

(Continue to question 26 if you do not own a business or provide contractual services)

18. Name of Business: \_\_\_\_\_

19. DBA (Doing Business As): \_\_\_\_\_

20. Nature of Business: \_\_\_\_\_

21. Business Address: \_\_\_\_\_

22. EIN #: \_\_\_\_\_ Year You Acquired Business: \_\_\_\_\_

23. Website: \_\_\_\_\_

24. **INCOME EXAMINER** (If your income is on W-2, skip question 23, 24 & 25)

- a. Wages, Salary, Tips - \$ \_\_\_\_\_
- b. Business Income (Sales / Services): \$ \_\_\_\_\_
- c. Taxable Interest Income \$ \_\_\_\_\_
- d. Taxable Ordinary Dividend \$ \_\_\_\_\_
- e. Taxable Refund from State & Local Taxes \$ \_\_\_\_\_
- f. Alimony Received \$ \_\_\_\_\_
- g. Business Income / Loss \$ \_\_\_\_\_
- h. Capital Gains / Losses \$ \_\_\_\_\_
- i. Other Gains / Losses \$ \_\_\_\_\_
- j. Taxable IRA Distributions \$ \_\_\_\_\_
- k. Taxable Pensions & Annuities \$ \_\_\_\_\_
- l. Rental, Royalties, Partnership, S Corp., Trust \$ \_\_\_\_\_
- m. Farm Income / Losses \$ \_\_\_\_\_
- n. Unemployment Income \$ \_\_\_\_\_
- o. Taxable Social Security Benefits \$ \_\_\_\_\_

25. Cost of Goods Sold / Services Rendered: \$ \_\_\_\_\_

25. **EXPENSES EXAMINER**

- a. Advertising: \$ \_\_\_\_\_
- b. Car & Truck Expenses: \$ \_\_\_\_\_
- c. Compensation / Labor / 1099s: \$ \_\_\_\_\_

- d. Depreciation: \$ \_\_\_\_\_
- e. Employees' Benefit Programs: \$ \_\_\_\_\_
- f. Insurance (Not Health): \$ \_\_\_\_\_
- g. Interest: \_\_\_\_\_ \$ \_\_\_\_\_
- h. Legal & Professional Fees: \$ \_\_\_\_\_
- i. Office Expenses \$ \_\_\_\_\_
- j. Rent / Lease (Bus Housing / Vehicles / Machinery / Equipment) \$ \_\_\_\_\_
- k. Repairs & Maintenance: \$ \_\_\_\_\_
- l. Supplies: \$ \_\_\_\_\_
- m. Taxes & Licenses: \$ \_\_\_\_\_
- n. Travel: \$ \_\_\_\_\_
- o. Meal: \$ \_\_\_\_\_
- p. Entertainment: \$ \_\_\_\_\_
- q. Utilities: \$ \_\_\_\_\_
- r. Wages: \$ \_\_\_\_\_
- s. Miscellaneous: \$ \_\_\_\_\_
- t. Other Expenses: \$ \_\_\_\_\_
- u. Others 1: \_\_\_\_\_ \$ \_\_\_\_\_
- v. Others 2: \_\_\_\_\_ \$ \_\_\_\_\_

**PART V**

- 26. Health Insurance: Did everyone in your household have health insurance in 2018? \_\_\_\_\_
- 27. Was health insurance purchased from Gov. marketplace or obtained Privately or through Employer?
- 28. Did you pay estimated taxes in 2018?
- 29. Did you pay college tuition cost in 2018?
- 30. Did you pay student loan interest in 2018?
- 31. Circle and fill in any one of these that applies to you in 2018:
  - a. moving expense: \$ \_\_\_\_\_ b. educator: \$ \_\_\_\_\_ c. alimony: \$ \_\_\_\_\_ d. state or local taxes \$ \_\_\_\_\_
  - e. unreimbursed expenses: \$ \_\_\_\_\_ f. health saving plans: \$ \_\_\_\_\_
  - g. medical and dental: \$ \_\_\_\_\_ h. home mortgage \$ \_\_\_\_\_
  - i property taxes \$ \_\_\_\_\_ j. charity \$ \_\_\_\_\_ k. sales taxes
  - l. casualty and theft \$ \_\_\_\_\_ m. job / investment cost \$ \_\_\_\_\_
  - n. Miscellaneous \$ \_\_\_\_\_ o. adoption \$ \_\_\_\_\_ p. residential energy \$ \_\_\_\_\_

**32. TAX EXAMINER**

List the taxes including estimated taxes you paid during this tax period (This does not apply to W-2s): a. \_\_\_\_\_ Tax \$ \_\_\_\_\_

b. \_\_\_\_\_ Tax \$ \_\_\_\_\_

c. \_\_\_\_\_ Tax \$ \_\_\_\_\_

(An agent will interview you concerning the taxes you paid. (W-2s are not applicable here.)

33. \*List all the states where you worked and paid taxes:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

34. \*Do you owe IRS / State? \_\_\_\_ If so, how much? IRS \$ \_\_\_\_\_ State \$ \_\_\_\_\_

By signing here below, I certify that to the best of my knowledge and ability, I have answered all questions applicable to me on this form accurately and truthfully.

\_\_\_\_\_  
Name Signature Date

**FOR OFFICIAL USE, ONLY**

Tax Professional Code: \_\_\_\_\_ Interview Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Returns Reviewed by: \_\_\_\_\_ Date Filed (Electronically / Paper Mail): \_\_\_\_\_

IRS / State Filing Result: Accepted / Rejected Reason/s: \_\_\_\_\_

**Client's Independent Survey**

a) Is client satisfied with services? \_\_\_\_\_ b) Is client likely to refer GAS to others? \_\_\_\_\_

c) Is client going to be loyal? \_\_\_\_\_ d) Did the client get maximum refund? \_\_\_\_\_

e) Is client's tax liability verified, if any? \_\_\_\_\_ f) Are there any other tax services or needs? \_\_\_\_\_

g) (If yes to (f) above, will client consider our services? h) if yes to (g), get client to sign IRS Forms 8821 & 2848

NOTE: If you are paying for our services from your tax refund, then you must fill out this payment authorization form using your bank debit card or credit card, for electronic withdrawal of our fees. All fields with asterisks (\*) must be filled.

**GLOBAL ALLIANCE SOLUTION, LLC**

**Tax Professionals \* Accountants \* Management Consultants**

**Payment Authorization Form**

By completing and signing this form, you, the authorizer, authorize Global Alliance Solution LLC (GAS) to debit your bank account or charge your debit or credit card for services rendered or for book purchases as stipulated below. You may also use this form to authorize installment payments.

\*Cardholder/Bank Account Holder Name: \_\_\_\_\_

(Exact name as appears on credit card or debit card)

\*Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Street)

(City)

(State)

(Zip-Code)

\*Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\*Credit Card / Debit Card Type:  Visa  MasterCard  AMEX  Discover Others: \_\_\_\_\_

\*Credit/Debit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yy)

\*CVC: \_\_\_\_\_ (3 digits code on the back of the card, 4 digits on front of AMEX)

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

(if paying via your bank account)

Amount to Charge: \$ \_\_\_\_\_

Quantity of Goods: \_\_\_\_\_ (for book orders only)

**PAYMENT OPTIONS**

\_\_\_ Please charge my credit card / debit card / bank account \_\_\_\_\_ times for the amount indicated above.

\_\_\_ Please apply this payment to the following Order/Invoice # \_\_\_\_\_.

\_\_\_ Please charge my credit or debit card or bank account Monthly in the amount of \$ \_\_\_\_\_ x \_\_\_ Months

**Description of Goods or Services (Circle goods or services apply)**

Tax Preparation / Tax Planning / Tax Research / Individual Tax Audit / Business Tax Audit / Book-Keeping

Accounting / Business Compliance (including Annual Minutes, SOX & Internal Controls) / Business Registration /

Management Consultancy / Other Business Services / Book Sales: Dysf. One / Cheology of Chess, by JCD

I certify that I am the owner of the account indicated herein and I authorize Global Alliance Solutions, LLC (GAS) to charge the amount or amounts indicated herein and agreed to for service/s rendered or for book purchases ordered by me.

\*Authorizer's Name: \_\_\_\_\_

(Please print name)

\*Authorizer's Signature: \_\_\_\_\_ DATE \_\_\_\_\_