



DYNAMIK SOLUTION CLIENTS' QUESTIONNAIRE

Last Name:	First Name:	Middle Name:
Marital Status:	Has your Marital Status changed during the year?	
Did you live in the US for more than half of the year?		
Has anyone else claimed you or your dependents?		
Did you receive any IRS letters (Identity Verification Audit or Balance Due)? (If yes, please provide copies of the letter)		
INCOME VERIFICATION		
Did you have income from any source, even if you did not receive a form?		
Did you work for cash, side jobs, self-employment, or gig work?		
Did you receive unemployment, disability, or retirement income?		
Did you sell stocks, crypto, or other Investments?		
LIFE CHANGE		
Did you move, separate, divorce, or marry this tax year?		
Did anyone move into or out of your household?		
Did any dependents pass away or were born during the year?		
HEAD OF HOUSEHOLD		
Were you married on the last day of the year?		
If married, but filing separately, have you lived apart from your spouse for the last 6 months?		
Who lived in your home, and for how long?		
Did you pay more than half the cost of keeping up your home?		
Do you have proof of household expenses (rent, utilities, mortgage)?		
DEPENDENTS & CHILD-RELATED CREDITS		
Child's Last Name:	Child's First Name:	
Child's Middle Name:	Child's SSN:	
Gender:	Relationships to the child?	
Child's Last Name:	Child's First Name:	
Child's Middle Name:	Child's SSN:	
Gender:	Relationships to the child?	

Child's Last Name:	Child's First Name:	
Child's Middle Name:	Child's SSN:	
Gender:	Relationships to the child?	
Child's Last Name:	Child's First Name:	
Child's Middle Name:	Child's SSN:	
Gender:	Relationships to the child?	
Did the child provide more than half of their own support?		
Was the Child claimed by anyone else? Yes / No	Did the Child attend School or Daycare?	
Do you have documents showing residency (School, medical, or lease)?		
Did the qualifying child live with you for at least 6months?		
Who provided food, housing, clothing, and medical care?		
Did anyone else financially support the Child?		
INCOME		
What work did you perform to earn income?		
How were you paid (W-2, Cash, Zelle, Cash apps, Checks)		
Do you have records of self-employment income and expenses?		
SELF – EMPLOYMENT		
What type of business do you operate?		
When did you start the business?		
How do you receive payments?	Do you keep records of income and expenses?	
What business expenses did you have?		
Did you use your vehicle for business?	Do you have a separate business bank account?	
EDUCATION CREDITS		
Who paid the tuition and fees?		
Was the student enrolled at least half-time?	Is this the first 4years of higher education?	
Did the student receive scholarships or grants?	Did you receive Form 1098-T?	
HEALTH INSURANCE		
Did anyone in your household receive marketplace Insurance?		
Did you receive Form 1095-A?		
Did your household size or income change during the year?		

ATTESTATION	
Is all the information provided true and complete to the best of your knowledge?	
Do you understand that providing false information may result in penalties?	
Do you agree to provide documents if requested by the IRS?	
Do you authorize me to prepare your return based on the information provided?	
Full Name:	Phone Number:
Date:	Email:
Signature:	
SERVICE FEE & PAYMENT INFORMATION (Administrative Use Only)	
Service Fee Amount: \$	
Payment Method: Zelle (Dynamik Solution)	Zelle Email: Dynamiksolutions23@gmail.com
Payment Status:	
Paid	Not Yet Paid
Date of Payment (if paid):	
Note: <i>Payment information is collected for billing and record-keeping purposes only and is not part of the tax return submitted to the IRS.</i>	