

Questionnaire 2018 Taxes

Please circle the appropriate answer and include all necessary details and documentation.

Personal Information

- Yes No Did your marital status change during the year?
If yes, explain: _____
- Yes No Did your address change from last year?
- Yes No Can you be claimed as a dependent by another taxpayer?
- Yes No Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?
- Yes No Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.
- Yes No Did you reside in or operate a business in a Federally declared disaster area?

Dependent Information

- Yes No Were there any changes in dependents from the prior year?
If yes, explain: _____
- Yes No Do you have any children with unearned income in excess of \$2,100 **AND** under age 19 or a full-time student under age 24?
- Yes No Do you have dependents who must file a tax return?
- Yes No Did you provide over half the support for any other person(s) other than your dependent children during the year?
- Yes No Did you pay for child care while you worked, looked for work, or while a full-time student?
- Yes No Did you pay any expenses related to the adoption of a child during the year?
- Yes No If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?
- Yes No Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.

Purchases, Sales and Debt Information

- Yes No Did you start a new business or purchase rental property during the year?
- Yes No Did you sell, exchange, or purchase any assets used in your trade or business?
- Yes No Did you acquire a new or additional interest in a partnership or S corporation?
- Yes No Did you sell, exchange, or purchase any real estate during the year?
- Yes No Did you purchase or sell a principal residence during the year?
- Yes No Did you foreclose or abandon a principal residence or real property during the year?
- Yes No Did you acquire or dispose of any stock during the year?
- Yes No Did you take out a home equity loan this year?
- Yes No Did you refinance a principal residence or second home this year?
- Yes No Did you sell an existing business, rental, or other property this year?
- Yes No Did you lend money with the unbecame totally uncollectable?

Purchases, Sales and Debt Information (cont.)

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|-----|----|---|
| Yes | No | Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? |
| Yes | No | Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle in 2018? |

Income Information

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|-----|----|---|
| Yes | No | Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? |
| Yes | No | Did you receive any income from property sold <i>prior</i> to this year? |
| Yes | No | Did you receive any unemployment benefits during the year? |
| Yes | No | Did you receive any disability income during the year? |
| Yes | No | Did you receive tip income not reported to your employer this year? |
| Yes | No | Did any of your life insurance policies mature, or did you surrender any policies? |
| Yes | No | Did you receive any awards, prizes, hobby income, gambling or lottery winnings? |
| Yes | No | Do you expect a large fluctuation in income, deductions, or withholding next year? |
| Yes | No | Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment? |

Retirement Information

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|-----|----|---|
| Yes | No | Are you an active participant in a pension or retirement plan? |
| Yes | No | Did you receive any Social Security benefits during the year? |
| Yes | No | Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? |
| Yes | No | If yes, were any withdrawals due to a Federally declared disaster? |
| Yes | No | Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? |
| Yes | No | Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan <i>other than</i> through your employer? |

Education Information

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|-----|----|--|
| Yes | No | Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? |
| Yes | No | Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T. |
| Yes | No | Did anyone in your family receive a scholarship of any kind during the year? |
| Yes | No | If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? |
| Yes | No | Did you make any withdrawals from an education savings or 529 Plan account? |
| Yes | No | If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account? |
| Yes | No | Did you make any contributions to an education savings or 529 Plan account? |
| Yes | No | Did you pay any student loan interest this year? |

Health Care Information

- Yes No Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Yes No Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your Family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Yes No Did anyone in your family qualify for an exemption from the health care coverage, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Yes No Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Yes No Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Yes No Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Yes No Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Yes No Did you pay long-term care premiums for yourself or your family?
- Yes No Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes please attache Form(s) 5498-QA you received.
- Yes No Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- Yes No If you are a business owner, did you pay health insurance premiums for your employees?
- Yes No Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

Itemized Deduction Information

- Yes No Did you incur a casualty or theft loss or any condemnation awards during the year?
- Yes No If yes, did the loss occur in a Federally declared disaster area?
- Yes No Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Yes No Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a cancelled check, or record of payment, to substantiate all contributions made.
- Yes No Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Yes No Did you pay real estate taxes for your primary home and/or second home?
- Yes No Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Yes No Did you make any major purchases during the year (cars, boats, etc.)?
- Yes No Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Yes No Did you make gifts of more than \$15,000 to any individual?
- Yes No Did you utilize an area of your home for business purposes?
- Yes No Did you engage in any bartering transactions?
- Yes No Did you retire or change jobs this year?
- Yes No Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Yes No Did you pay any individual as a household employee during the year?
- Yes No Did you make energy efficient improvements to your main home this year?
Please list _____
- Yes No Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Yes No Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Yes No Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Yes No Did you receive correspondence from the State or the IRS?
If yes, explain: _____
- Yes No Do you have previous years of tax returns that are either unfiled or filed with unpaid balance?
- Yes No Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.
- Yes No Have you been given a copy of our privacy policy? If no, please ask for one at the front desk.
- Yes No Will you allow us to send you a text regarding your taxes such as questions we may have while preparing your taxes or an alert when they are ready for pickup? If yes, please indicate what number to use. _____ We will not share this number.

X _____ (Client Signature) _____ (Date)

X _____ (Client Signature) _____ (Date)

By signing this document, the signer(s) agrees that all questions are answered truthfully.