



# Tax Return Questionnaire

*Directions: Print and complete this form prior to your consultation. Bring it with you when you come to the office or contact us for email or fax instructions. Preparing this form ahead of time will allow us to serve you more effectively. If we did not prepare your Tax Return, please provide a copy.*

## CLIENT INFORMATION:

<b>Primary Taxpayer:</b>	<b>Spouse:</b>	
<b>Address:</b>	<b>Address:</b>	
<b>City/State:</b>	<b>City/State:</b>	
<b>Zip Code:</b>	<b>Zip Code:</b>	
<b>Telephone Number:</b>	<b>Telephone Number:</b>	
<b>Birth Date:</b>	<b>Birth Date:</b>	
<b>Email Address:</b>	<b>Email Address:</b>	
<b>Filing Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow		
<b>Do you wish to make a \$3.00 donation to the Presidential Election Campaign? (tax amount not affected)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Did you settle any notices or settle any tax examinations concerning your prior years' tax returns?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, please provide a copy of all documents)		
<b>If you would like your tax refund (if any) deposited directly into your bank, provide:</b>		
<b>Account Type:</b>	<b>Your Account Number:</b>	<b>Bank Routing Number:</b>
Checking [ ] Savings [ ]		

## HEALTH INSURANCE COVERAGE:

**YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE BEGINNING ON JANUARY 1, 2017.**

The IRS requires that you report certain information related to your health care coverage on your tax return. Please read the following statements carefully. More than one might apply to your "tax family".

1. If you had health care coverage with a government Marketplace (Exchange). Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. Are you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, you will also need a copy of that taxpayer's 1095-A.



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3. Has your dependent filed a tax return? If so, provide a copy of the return.
4. Did you have compliant health insurance through an employer plan, private policy or with a government plan? If so, please provide Form 1095-B, 1095-C or other proof of insurance documents.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

**DEPENDENTS:**

Name (First, Initial, Last)	Date of Birth	Social Security Number	Relationship	Months Lived in Home

*Directions: Please answer each question by circling Yes or No*

**INCOME:**

- Wages and Salaries (Attach W-2's)** – Did you or your spouse receive any Form W-2's? **Yes No**
- Interest Income (Attach 1099's)** – Did you or your spouse receive any 1099-INT? **Yes No**
- Seller Financed Income** - Did you or your spouse receive any 1099-S? **Yes No**
- Dividend Income** - Did you or your spouse receive any form 1099-DIV? **Yes No**
- Capital Gains and Losses** - Did you or your spouse receive any form 1099 for Capital Gains? **Yes No**
- Other Gains and Losses** - Did you or your spouse receive any other gains & losses? **Yes No**
- Pensions, IRA Distributions, Annuities and Rollovers** - Did you or your spouse receive any Pensions, IRA Distributions, Annuities and Rollovers? **Yes No**



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**Rents/Royalties, Partnerships, S Corporations, Estates, and Trusts** – Did you or your partner receive any Rents/Royalties, Partnerships, S Corporations, Estates, Trusts? **Yes No**

**Unemployment Compensation** - Did you or your spouse receive any Unemployment Compensation? **Yes No**

**Social Security Benefits** - Did you or your spouse receive any Social Security Benefits? **Yes No**

**State or Local Tax** – Did you or your spouse receive any State or Local tax refunds for the prior tax year? **Yes No**

**Other Income** - Did you or your spouse receive any other income? **Yes No**

## **CREDITS:**

### ***CHILD & DEPENDENT CARE:***

Did you or your spouse pay any Child or Dependent Care? **Yes No**

If Payment were made to an individual, were the services performed in your home? **Yes No**

If "Yes", have payroll reports been filed? **Yes No**

Did you adopt a child during the current year? **Yes No**

### ***TUITION & FEES PAID FOR EDUCATION:***

Did you or your spouse pay any tuition and fees for higher education? **Yes No**

**Foreign Tax Credits** - Did you or your spouse pay any taxes to a foreign country? **Yes No**

### ***ITEMIZED DEDUCTIONS:***

**Medical and Dental** – Did you or your spouse have any out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B)? **Yes No**  
(reduce any insurance reimbursements)? **Yes No**

Did you or your spouse have any state or local taxes not listed elsewhere? **Yes No**

Did you or your spouse have any home mortgage interest paid to financial institutions or individuals? **Yes No**

Did you or your spouse have any real estate taxes (not listed elsewhere)? **Yes No**

Did you or your spouse have any personal property taxes (includes owners tax on auto registration)? **Yes No**

Did you donate any money or item(s) to charity? **Yes No**



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## **CONTRIBUTIONS:**

Did you donate any money or item(s) to charity? **Yes No**

## **DEDUCTIONS:**

Did you or your spouse have any moving expenses? **Yes No**

Did you sell your primary residence? **Yes No**

If "Yes", provide a copy of the closing statements of the sale and a copy of the Closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale.

Did you or your spouse have any qualifying Traditional or ROTH? **Yes No**

Did you or your spouse have any student loan interest? **Yes No**

## **RENTAL & ROYALTY – INCOME & EXPENSES:**

Did you or your spouse own any rental property? **Yes No**

Did you or your spouse own a business? **Yes No**

## **BUSINESS USE OF HOME:**

Did you or your spouse use any part of your home regularly and exclusively for business? **Yes No**

*Directions: Please elaborate on any of your tax data, or include facts and circumstances we should be aware of in order to properly prepare your tax return. Also include any questions you may have.*

## **ADDITIONAL INFORMATION:**




# Tax Return Questionnaire