

Tax Return Questionnaire

This questionnaire is designed to help you provide us with the information necessary to prepare a complete and accurate tax return, and to find all the deductions you may be entitled to.

We require this questionnaire to be completed before we begin your return.

Please check the appropriate box and include all necessary details and documentation.

	<u>Yes</u>	<u>No</u>
Personal Information		
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that were used last year to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock/mutual funds, etc. during the year? If so, please provide all Forms 1099-B and related purchase cost information	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDE ADDITIONAL DOCUMENTATION FOR QUESTIONS ANSWERED "YES"

	<u>Yes</u>	<u>No</u>
Did you sell an existing business, rental, or other property this year?	p	p
Did you incur any non-business bad debts this year?	p	p
Did you have any debts canceled or forgiven this year?	p	p
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	p	p
Did you pay any student loan interest this year?	p	p

Income Information

Did you have any foreign income or pay any foreign taxes during the year?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any lump-sum payments or withdrawals from a pension, profit sharing, 401(k) plan, IRA, SIMPLE or SEP plan? If so, be sure to include all related Forms 1099-R	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you receive any unemployment benefits during the year?	p	p
Did you receive any disability income during the year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
Do we have all of your income in order to prepare a complete and accurate return?	p	p

Itemized Deduction Information

Did you incur a casualty or theft loss during the year?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Do you have evidence to substantiate charitable contributions?	p	p
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	p	p

PROVIDE ADDITIONAL DOCUMENTATION FOR QUESTIONS ANSWERED "YES"

Miscellaneous Information

	<u>Yes</u>	<u>No</u>
Did you make gifts of more than \$13,000 to any individual?	<input checked="" type="radio"/>	<input type="radio"/>
Did you have any educational expenses during the year?	<input checked="" type="radio"/>	<input type="radio"/>
Did you make any contributions to an education savings or 529 Plan account?	<input checked="" type="radio"/>	<input type="radio"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input checked="" type="radio"/>	<input type="radio"/>
Did you make, or do you wish to make, any contributions to a traditional or a Roth IRA account?	<input checked="" type="radio"/>	<input type="radio"/>
Did you pay long-term care premiums for yourself or your family?	<input checked="" type="radio"/>	<input type="radio"/>
Did you pay any COBRA health care coverage continuation premiums?	<input checked="" type="radio"/>	<input type="radio"/>
Are you an active participant in a pension or retirement plan?	<input checked="" type="radio"/>	<input type="radio"/>
Did you incur moving costs because of a job change?	<input checked="" type="radio"/>	<input type="radio"/>
Did you pay any individual as a household employee during the year?	<input checked="" type="radio"/>	<input type="radio"/>
Did you make energy efficient improvements to your main home this year?	<input checked="" type="radio"/>	<input type="radio"/>
Were you a grantor or transferor for a foreign trust, or do you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input checked="" type="radio"/>	<input type="radio"/>
Did you incur educational expenses in excess of \$250 for a dependent attending a school in grades K-12 ?	<input checked="" type="radio"/>	<input type="radio"/>
Did you make federal or state estimated tax payments during the year? If yes, please provide payment dates and amounts paid.	<input checked="" type="radio"/>	<input type="radio"/>
If you receive a refund, do you want the refund fully refunded or applied to next year's estimated taxes? <input checked="" type="radio"/> Refunded <input type="radio"/> Applied to next year		
If you receive a refund, do you want your refund electronically deposited to your checking or savings account(s)? If so, please make sure we have your correct banking information.	<input checked="" type="radio"/>	<input type="radio"/>
If you owe taxes upon the completion of your return, do you want the IRS or state to debit your bank account for the balance(s) due? If so, please make sure we have your correct banking information.	<input checked="" type="radio"/>	<input type="radio"/>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain and provide copies of notices received: <hr/>	<input checked="" type="radio"/>	<input type="radio"/>
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.	<input checked="" type="radio"/>	<input type="radio"/>
Would you like your returned delivered via a secure portal? If so, do you still require a paper copy for your files?	<input checked="" type="radio"/> <input checked="" type="radio"/>	<input type="radio"/> <input type="radio"/>

PROVIDE ADDITIONAL DOCUMENTATION FOR QUESTIONS ANSWERED "YES"