



## 2017 Questionnaire

**Taxpayer Name:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_

**Taxpayer Occupation:** \_\_\_\_\_ **Spouse Occupation:** \_\_\_\_\_

**Taxpayer Email:** \_\_\_\_\_ **Spouse Email:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Taxpayer Cell:** \_\_\_\_\_ **Spouse Cell:** \_\_\_\_\_

	Yes	No
<b>Personal Information</b>		
Would you like any taxes owed to be directly withdrawn from your bank account?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like any tax refund to be directly deposited into a bank account?	<input type="checkbox"/>	<input type="checkbox"/>
Bank Name (update annually): _____		
Routing Number: _____ Acct Number: _____		
Did you make any estimated payments towards your 2017 tax liability?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, new address: _____		
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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Is there anyone else who might claim any of your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
Have any of your dependents claimed themselves on a personal return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children who have investment income of more then \$2,100? (Investment Income includes: Interest, Dividends, and Stock Transactions)	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care to qualified facilities while you worked/looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<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 during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts cancelled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Income Information</b>		
Did you pay or receive any alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any payments on private mortgages?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retirement Information</b>		
Are you an active participant in a retirement plan through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under age 59-1/2, what was the reason? _____		
Were any funds used for repairing damage due to disaster (i.e. Hurricane Irma)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? (outside of employer)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education Information</b>		
Did you, your spouse, or your dependents attend college during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were scholarship funds received?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form(s) 1098-T?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use personal funds or student loans to pay for educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Information</b>		
Please select the type(s) of health insurance coverage you & your family had:		
<input type="checkbox"/> Medicaid or Medicare	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Employer plan
<input type="checkbox"/> Government	<input type="checkbox"/> Marketplace Coverage (healthcare.gov)	<input type="checkbox"/> COBRA Insurance
<input type="checkbox"/> VA		
Did you have health insurance for all 12 months of 2016 for you, your spouse and anyone claimed as a dependent on this tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family qualify for an exemption from the health care mandate?	<input type="checkbox"/>	<input type="checkbox"/>
If you had Market Place Coverage, have you received Form(s) 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form(s) 1095-B (Health Coverage)?	<input type="checkbox"/>	<input type="checkbox"/>
If you are employed by a large employer (50+ employees), did you receive Form(s) 1095-C?	<input type="checkbox"/>	<input type="checkbox"/>
If you have a private health insurance plan (not an employer plan), did you receive a partial refund of prior year premiums?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a Health Savings Account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

**Itemized Deduction Information**

- Did you incur any casualty, disaster, or theft loss (hurricane, fire, flood, or accident)?  Yes  No
- If yes, were any proceeds from an insurance claim received?  Yes  No
- If yes, did you make repairs to any damaged property?  Yes  No
- Do you have written substantiation or receipts for cash contributions?  Yes  No
- Did you make any noncash charitable contributions (clothing, furniture, etc)?  Yes  No
- Did you use your car on the job, except for driving to/from work?  Yes  No
- If yes, were you reimbursed for your mileage?  Yes  No
- Do you have a home office used regularly and exclusively for business?  Yes  No
- If yes, was it required by your employer?  Yes  No
- Did you make any major purchases (car, boat, RV, home improvements)?  Yes  No
- Did you make alternative energy efficient improvements to your main home (for example, wind or solar appliances)?  Yes  No
- Did you pay any real estate taxes?  Yes  No
- Did you pay substantial (i.e., \$5,000+) out-of-pocket medical expenses?  Yes  No
- Did you make any contributions to a Traditional or Roth IRA account?  Yes  No
- Did you pay any financial advisor fees or investment fees?  Yes  No
- Would you like to put money into a retirement plan (IRA) to save on taxes?  Yes  No

**Miscellaneous Information**

- Did you make gifts of more than \$14,000 to any individual?  Yes  No
- Did you retire or change jobs this year?  Yes  No
- Did you incur moving costs because of a job change (over 50 miles)?  Yes  No
- Did you pay any individual as a household employee during the year?  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
- Did you receive correspondence from the State or the IRS?  Yes  No
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?  Yes  No
- If yes, explain: \_\_\_\_\_
- Who is the primary person to contact regarding this return: \_\_\_\_\_

**What format do you prefer for your copy of the 2017 tax return? (check all that apply)**

- PDF by E-mail
- PDF via Portal
- Paper Copy I will pick up
- Paper Copy by mail (\$5 fee)