

**Documentation Questions**The documentation questionnaire is needed **before** we are able to start your tax return. Please check the appropriate box and include all necessary details and documentation.

**Personal Information**

1. Did your marital status change during the year?

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your home address change from last year?
2. Can you be claimed as a dependent by another taxpayer?
3. Did you change any bank accounts that have been used to direct deposit (direct debit) funds from (or to) the IRS or other taxing authority during the tax year?

**Dependent Information**

1. Do you have any dependents on this year’s return?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of dependents** | **Date of birth** | **Months lived in home** | **Relationship to taxpayer** | **College student?** | **Filed a tax return?** | **Any Investments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

If yes, please fill out chart below:

1. Did you provide over half the support for any other person(s) during the year?

If yes, please fill out chart below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of dependents living with you** | **Social Security #** | **Date of Birth** | **Relationship to taxpayer** | **Income** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Did you pay for child care while you worked or looked for work?
2. Did you pay any expenses related to the adoption of a child during the year?

**Yes No**

1.

2.
3.
4.

5.

6.

7.

8.

1. 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? If not, Form 8332 maybe required.

**Purchases, Sales, and Debt Information**

1. Did you sell, exchange, or purchase any real estate during the year?
2. Did you purchase or sell a principle residence during the year?
3. Did you foreclose or abandon a principal residence or real property during the year?
4. Did you acquire (buy) or dispose (sale) of any stock during the year?
5. Did you take out a home equity loan this year?
6. Did you refinance a principal residence or second home this year?
7. Did you incur any non-business bad debts this year?
8. Did you have any debts canceled or forgiven this year?
9. Did you purchase a new plug-in or electric motor energy efficient vehicle this year?
10. Did you pay any student loan interest this year?

**Income Information**

1. Did you receive any income from property sold prior to this year?
2. Did you make any withdrawals out of:
\_\_\_IRA \_\_\_SEP

\_\_\_Roth \_\_\_401K

\_\_\_Keogh \_\_\_Other qualified retirement plan

\_\_\_SIMPLE

1. Did you make any contributions to a:

\_\_\_IRA \_\_\_SEP

\_\_\_Roth \_\_\_401K

\_\_\_Keogh \_\_\_Other qualified retirement plan

\_\_\_SIMPLE

1. Did you make any withdrawals from an education savings or 529 Plan account?
2. Did you make any contributions to an education savings or 529 Plan account?
3. Did you receive any distributions from:

\_\_\_Health Savings Account (HSA)

\_\_\_Archer MSA

\_\_\_Medicare Advantage MSA

1. Did you make any contributions to a Health Savings Account (HSA) or Archer MSA?
2. Did you receive any Social Security benefits during the year?

 **Yes No**

 9.

 10. 11.

 12.

 13.

 14.
 15.

 16.
 17.
 18.

 19.

 20.

 21.

 22.

 23.

 24.

 25.

 26.

 27.

1. Did you receive any unemployment/workshare during the year?
2. Did you receive any disability income during the year?
3. Did you receive tip income not reported to your employer this year?
4. Did any of your life insurance policies mature, or did you surrender any policies?
5. Did you cash any Series EE or I U.S. Savings Bonds issued after 1989?
6. Are you actively contributing to a pension or retirement plan?
7. Did you retire or change jobs this year?
8. Did you incur moving costs because of a job change?

**Itemized Deduction Information** *(if you itemize)*

1. Did you incur a casualty or theft loss during the year?
2. Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.)?
3. Do you have evidence to substantiate charitable contributions?
4. Did you make any noncash charitable contributions (clothes, furniture, etc.)?
5. Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
6. Did you have an expense account or allowance during the year?
7. Did you use your car on the job, for other than commuting?
8. Did you work out of town for part of the year?
9. Did you have any expenses related to seeking a new job during the year?
10. Did you make any major purchases during the year (cars, boats, etc.)?
11. Did you pay health care premiums/nursing home for yourself or your family? (Nursing home insurance, etc.)
12. Did you pay any COBRA health care coverage continuation premiums?
13. Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

**Business/Self Employed/Rental**

1. Are you a business owner and have paid health insurance premiums for your employees this year?
2. Did you utilize an area of your home for business purposes?
3. Did you engage in any bartering transactions?
4. Did you start a new business during the year?
5. Did you purchase rental property during the year?
6. Did you acquire a new or additional interest in a partnership or S Corporation?
7. Did you sell an existing business, rental, or other property this year?

 **Yes No** 28.

 29.
 30.

 31.

 32.

 33.
 34.
 35.

 36.
 37.

 38.

 39.

 40.

 41.

 42.
 43.
 44.

 45.

 46.

 47.

 48.

 49.

 50.
 51.
 52.
 53.
 54.

 55.

**Foreign Information**

1. Were you a grantor or transferor for a foreign trust, have an interest in or signature or other authority over a bank account, securities account, or other financial account in a foreign country?
2. Did you have any foreign income or pay any foreign taxes during the year?
3. Do you have any interest in or signature/authority over a foreign account in a foreign country?

If yes, please specify country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Form TD F 90-22.1 must be filed if the taxpayer had an account or accounts which had a value or accumulative value at any time during the year exceeding $10,000. Failure to disclose such an account and file Form TD F 90-22.1 can subject the taxpayer to fines as large as $500,000.***

**Miscellaneous Information**

1. Did you make gifts of more than $14,000 to any individual?
2. Did you pay any educational expenses during the year?
3. Did you participate as a clown in the circus this year?
4. Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
5. Did you pay any individual as a household employee during the year?
6. Did you make energy efficient improvements to your main home this year?
7. 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?
8. Did you receive correspondence from the State or Internal Revenue Service?

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you want to designate $3 to the Presidential Election Campaign fund:

 \_\_\_\_Taxpayer \_\_\_\_Spouse

1. Is there any other information we need to know that was not included in this questionnaire?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IRC 6662(d) assesses an accuracy penalty of 20% when the taxpayer substantially understates their income by the great or 10% or $5,000. However, in the case of unreported foreign account income the penalty is 40%.***

Can we email/text you notifications?
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Cell Phone Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Yes No**

 56.

 57.

 58.

59.
60.
61.
62.

63.

64.

65.

 66.

 67.

 68.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_