



2016 Individual Federal and State Tax Return Questionnaire

If I have not prepared your prior year return, please provide a copy of it. **Adhering to, and completing this checklist will greatly facilitate the preparation of your tax return(s).** Please **review, complete and return this document** along with your tax paperwork:

Please remember to submit the following most common income items:

- W-2 forms for wages & a copy of your last paycheck stub(s), if available
- 1099 Div forms for dividend income
- 1099 Int forms for interest income
- 1099 R forms for retirement income
- Gambling Income
- Other Income – 1099 Misc for rent received or non employee compensation
- Tax refund form 1099 G for last year's refund
- Unemployment compensation
- Business income

Please remember to submit the following most common expenses to deduct (amount can be written in right margin but I would also like to see the supporting document(s)):

- Real estate taxes
- Mortgage Interest (Form 1098) or interest expense paid on a financed RV
- Contributions, please provide substantiation – cash or non cash
- Business expenses (please provide detail)
- Gambling expenses
- If you, or your spouse, teach, I will presume you incurred teaching expenses of \$250, the maximum federal deduction, unless you tell me otherwise. I will also take a \$100 credit on the Indiana return for eligible teachers
- Any moving expenses
- Student loan interest, please provide forms
- HSA distribution or contribution made by you (not your employer)
- Uniforms, union dues, safe deposit box fee, expenses related to investment income and/or last year's tax prep fee (miscellaneous deductions)
- Tuition or fees for higher education, please provide forms
- Excise tax portion on your personal vehicles (on your car registration)
- Unreimbursed employee expenses such as union dues, job mileage (but not commuting miles), job education or job tools
- Indiana taxpayers - Residential rent paid in 2016
- Any other deduction information – provide detail
- Indiana taxpayers - if you have full time students, either homeschooled or in private school (grades K-12) and you incurred \$1,000 of education expenses, please advise me.

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Medical expenses (prescription drugs, doctor/dentist fees, hospital fees, glasses, contacts, miles on vehicle, etc.) generally cannot be deducted unless you incur a lot of unreimbursed expenses. The amount to deduct is dependent upon your adjusted gross income.

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Please answer the following questions by writing 'yes', 'no' or the requested information in the margin.

- Did you adopt any child(ren) in 2016? If so, provide name and SS# or other ID#.
- Did your marital status change during 2016? If so, to what.
- Did your address change in 2016 or 2017? If so, please provide address and date it changed. The prior year's address will be the address used unless you tell me otherwise.
- Do you have any children under age 24 with interest, dividends or gains of over \$2,000?
- What are the dates of birth for all persons that will be listed on your 2016 tax return?
- **Can you or your spouse** (not 'will you') be claimed as a dependent by another taxpayer?
- Are any of your dependents married? Do they have children?
- Were there any changes in dependents from the prior year? If yes, explain and if there is a new dependent, provide name and SS#.
- Amount of child care you paid while you worked or looked for work?
- Did you sell any assets in 2016 (house, stocks, business ownership or stock club ownership)?
- Did you pay any estimated tax payments towards 2014 taxes on the dues dates of April 15th 2016, June 15th 2016, Sept 15th, 2016 or January 15th 2016? If so, please write the amount paid for federal and for state taxes.
- Did you make a large purchase in 2016 (car, boat, RV, etc.)? Provide sales tax paid on item.
- Did you cash in any retirement funds early? If so, please provide name of company and how much. Please also provide the 1099-R form.
- What state were you a resident of as of December 31st?
- If you were part year residents, please provide dates of residency and the names of the states.
- What was your county of residence as of January 1, 2016?
- What was your spouse's county of residence as of January 1, 2016, if applicable?
- What school district do you currently live in?
- Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.
- **Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? Extremely large penalties for not reporting. Please notify me if you would like me to efile Form 114 for you.**
- Are you planning on contributing to a Roth IRA, deductible IRA or nondeductible IRA?
- Please provide amounts paid for higher education costs (Form 1098T) or student loan interest.
- If you incurred higher education costs, what year of college is your dependent in?
- Please provide amounts contributed to a section 529 college savings plan in 2016.
- If 529 college savings plan was an Indiana college choice plan, please provide account number.
- Do you, your spouse or dependents have trusts?
- What account do you want your refund/pymt to be deposited/taken? Provide the name of financial institution, account #, routing # and whether it is a checking or savings account.
- Do you want to electronically pay taxes due?
- May I be authorized to speak to the IRS or state, on your behalf, in the event they have questions about your return?
- Did you, your spouse and your dependents have health insurance coverage **all 12 months of 2016** (health insurance coverage includes Blue Cross, Kaiser, Tricare, Medicare, Medicaid, etc.)?
- If you purchased insurance from the exchange (a.k.a.marketplace health insurance), we must reconcile the premium assistance credit on your tax return. Please bring Federal Form 1095-A and Forms 1095-B or 1095-C if you have them.
- Whether you, your spouse or any of your dependents had health insurance coverage for 2016 must be reported on your tax return. If you did NOT have insurance for each month of 2016, a penalty may apply. Please provide details of coverage for **each family member by month.**

Please provide phone number(s) and the email address I may reach you most efficiently.