

*Print this form out, take some time to fill it out, and bring it with you when you come to the office. This will save you time and money, and help us help you more effectively.*

## Tax Return Questionnaire - 2017 Tax Year

| Name and Address:    | Social Security Number: | Occupation |
|----------------------|-------------------------|------------|
| Taxpayer:            |                         |            |
| Address:             |                         |            |
|                      |                         |            |
| Spouse:              |                         |            |
| Address:             |                         |            |
|                      |                         |            |
| <b>Phone Numbers</b> | Work:                   | Home:      |
| Email Address:       |                         |            |

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected)     Yes     No

Filing Status:     Single         Married         Head of Household         Qualifying Widow Birth  
 Date: Month, Day, Year        **Yourself:** \_\_\_/\_\_\_/\_\_\_        **Spouse:** \_\_\_/\_\_\_/\_\_\_

### **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 2017 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) during 2017. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, then you will also need a copy of that taxpayer's 1095-A.
3. If a dependent filed a return for 2017. Provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.

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.

6. Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of 2017.

Please circle any months a member of your "tax family" was **NOT** insured.

Name: \_\_\_\_\_  
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: \_\_\_\_\_  
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: \_\_\_\_\_  
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: \_\_\_\_\_  
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**DEPENDENTS:**

| Name (First, Initial, Last) | Income Over \$2,100? (Y/N) | Date of Birth | Social Security Number | Relationship | Months Lived in Home |
|-----------------------------|----------------------------|---------------|------------------------|--------------|----------------------|
|                             |                            |               |                        |              |                      |
|                             |                            |               |                        |              |                      |
|                             |                            |               |                        |              |                      |
|                             |                            |               |                        |              |                      |

**INCOME:**

**1. Wages and Salaries (Attach W-2's)**

| Name of Payer | Gross Wages (Withheld) | Soc. Sec. (withheld) | Medicare (withheld) | Federal Income Tax (withheld) | State Income Tax (withheld) |
|---------------|------------------------|----------------------|---------------------|-------------------------------|-----------------------------|
|               |                        |                      |                     |                               |                             |
|               |                        |                      |                     |                               |                             |
|               |                        |                      |                     |                               |                             |
|               |                        |                      |                     |                               |                             |
|               |                        |                      |                     |                               |                             |

**2. Interest Income (Attach 1099's)** *(List and identify as non-taxable Interest Income)*

| Name and Address of Payer | Amount | Name and Address of Payer | Amount |
|---------------------------|--------|---------------------------|--------|
|                           |        |                           |        |
|                           |        |                           |        |
|                           |        |                           |        |
|                           |        |                           |        |
|                           |        |                           |        |
|                           |        |                           |        |

**3. If you received any interest from a "Seller Financed" mortgage:**

| Name and Address of Payor | Social Security Number | Amount |
|---------------------------|------------------------|--------|
|                           |                        |        |
|                           |                        |        |
|                           |                        |        |
|                           |                        |        |

**4. Dividend Income (Attach 1099's)**

| Name of Payor | Amount | Name of Payer | Amount |
|---------------|--------|---------------|--------|
|               |        |               |        |
|               |        |               |        |
|               |        |               |        |
|               |        |               |        |
|               |        |               |        |

**5. Capital Gains and Losses:**

| Investment | Date Acquired | Cost or Other Basis | Date Sold | Net Sale Proceeds |
|------------|---------------|---------------------|-----------|-------------------|
|            |               |                     |           |                   |
|            |               |                     |           |                   |
|            |               |                     |           |                   |
|            |               |                     |           |                   |
|            |               |                     |           |                   |
|            |               |                     |           |                   |
|            |               |                     |           |                   |
|            |               |                     |           |                   |

**6. Other Gains and Losses:** *(Include details of dispositions of any business/rental/farm assets)*

| Investment | Date Acquired | Cost/Other Basis | Date Sold | Sale Proceeds |
|------------|---------------|------------------|-----------|---------------|
|            |               |                  |           |               |
|            |               |                  |           |               |
|            |               |                  |           |               |
|            |               |                  |           |               |
|            |               |                  |           |               |

**7. Pensions, IRA Distributions, Annuities, and Rollovers**

Total Received... \_\_\_\_\_

Taxable Amount (Attach all 1099's or other related papers)..... \_\_\_\_\_

**8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts** \_\_\_\_\_

*(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)  
(Attach separate schedule(s) showing receipts & expenses for each rental property)*

**9. Unemployment Compensation Received ...** \_\_\_\_\_

**10. Social Security Benefits Received (Attach annual statement)...** \_\_\_\_\_

**11. State/Local Tax Refund(s)...** \_\_\_\_\_

**12. Other Income:**

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |

**CREDITS:**

**Child and Dependent Care:**

(1) Number of Qualifying Individuals (under 19 years of age or 24 if a full time student).....\_\_\_\_\_

(2) Name, address and identification number of each provider:

| <i>Name</i> | <i>Address:</i> | <i>Amount Paid</i> |
|-------------|-----------------|--------------------|
|             |                 |                    |
|             |                 |                    |

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

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

**Expenses incurred in connection with adoption.**

"Special Needs" child Yes No

**Tuition & Fees paid for higher education** (*HOPE and Lifetime Learning Credits*)... \_\_\_\_\_

**Foreign Tax Credits**.....\_\_\_\_\_

Attach detail of type foreign tax, country, and whether "withheld" or paid direct.

**2017 Estimated Tax Payments**

| Federal | Amount | State | Amount |
|---------|--------|-------|--------|
|         |        |       |        |

**Other Payments: (Enter Advanced Child Credit Payment Here)**

| Date | Amount | Date | Amount |
|------|--------|------|--------|
|      |        |      |        |
|      |        |      |        |
|      |        |      |        |
|      |        |      |        |

Other payments or credits - Attach schedule and explain... \_\_\_\_\_

**ITEMIZED DEDUCTIONS:**

**Medical and Dental**

**Amount**

|   |  |
|---|--|
| 1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2017 (reduce any insurance reimbursements) |  |
| 2. Transportation and lodging incurred to obtain medical care   |  |
| 3. Other - hearing aids, eyeglasses, medical devices, etc.  |  |
|   |  |
|   |  |

**Taxes Paid in 2017**

**Amount**

|   |  |
|---|--|
| 1. State and local income taxes not listed elsewhere                  |  |
| 2. Real estate taxes not listed elsewhere                             |  |
| 3. Personal property taxes (includes owners tax on auto registration) |  |

**Interest Paid in 2017**

**Amount**

|  |  |
|--|--|
| 1. Home mortgage interest paid to financial institutions       |  |
| 2. Home mortgage interest paid to individuals                  |  |
| Name:  |  |
| Address:   |  |
| 3. Points paid on [ ] purchase [ ] refinance (include details) |  |
| 4. Investment Interest   |  |
| 5. Student Loan Interest                                       |  |

**Automobile Use in 2017**

In order to deduct mileage for auto expenses in a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

**Car #1**

|  |  |
|--|--|
| Make   |  |
| Model  |  |
| Year   |  |
| <i>If the vehicle is being used by the owner, please provide the following information</i> |  |
| Date of Purchase   |  |
| Purchase Price   |  |

**For Period of Jan 1, 2017 to Dec 31, 2017**

**Amount**

|                    |  |
|--------------------|--|
| Business Mileage   |  |
| Moving Mileage     |  |
| Charitable Mileage |  |
| Total Mileage      |  |

**Car #2**

|  |  |
|--|--|
| Make   |  |
| Model  |  |
| Year   |  |
| <i>If the vehicle is being used by the owner, please provide the following information</i> |  |
| Date of Purchase   |  |
| Purchase Price   |  |

\*Commuting mileage must not be added to business mileage.

**For Period of Jan 1, 2017 to Dec 31, 2017**

**Amount**

|                    |  |
|--------------------|--|
| Business Mileage   |  |
| Moving Mileage     |  |
| Charitable Mileage |  |
| Total Mileage      |  |

**Contributions:** *(Written documentation is required for all gifts of \$250 or more)*

**Amount**

|  |  |
|--|--|
| 1. Cash - Less than \$3,000 paid to any one organization                       |  |
| 2. Cash - \$3,000 or more to any one organization -- show name of organization |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 3. Other than cash - Attach details  |  |

**Casualty and Theft Losses** - Attach Details.....\_\_\_\_\_

**Miscellaneous Deductions:**

| <b>Employee business expenses - attach details</b> | <b>Amount</b> |
|--|---------------|
| Reimbursed   |               |
| Not Reimbursed                                     |               |
| Job hunting expenses (list)                        |               |
| <b>Other Expenses</b>                              |               |
| Tax Preparation                                    |               |
| Union Dues   |               |
| Business Publications                              |               |
| Professional Dues/Fees                             |               |
| Safety Deposit Box Rental                          |               |
| Small Tools used in your trade or business         |               |
| Business telephone                                 |               |
| Uniforms & Cleaning                                |               |
| IRA Custodial fees                                 |               |
| Investment Expenses                                |               |
| Education Expenses (attach details)                |               |
| Business Entertainment                             |               |
| Other Miscellaneous deductions                     |               |



**Adjustments to Income:**

|  | <b>Maximize?</b>   | <b>Amount</b> |
|--|--|---------------|
| 1. Your IRA deduction                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| 2. Spouse's IRA deduction                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| 3. Keogh SEP deduction                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| 4. Penalty for early withdrawal of savings.            |  |               |
| 5. Alimony paid - List name and Social Security Number |  |               |
| 6. Self-employed health insurance premiums             |  |               |

**Did anyone in your family receive a scholarship of any kind during 2017?**

If yes, please supply details. Yes No *(This includes athletic scholarships)*

**If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:**

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

*Note: If we did not prepare your 2016 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation.*

**If we have not previously prepared your return - please provide a copy of your 2014, 2015, 2016 tax returns.**

**Did you settle any notices or settle any tax examinations concerning your prior tax years' returns? Yes No**

*(If yes, please provide copy of notices, settlement reports, etc.)*

**Did you receive any payments from a pension or profit sharing plan?**

Yes No *(If yes, provide pertinent information or statements from the plan.)*

**Did you sell your primary residence during 2017?** 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 change your state residency during 2017?** Yes No

If "Yes", please provide the following:

|                   |       |
|-------------------|-------|
| Previous address: |       |
| Date of move:     |       |
| Distance:         | miles |
| Costs of move:    |       |
| (describe)        |       |

**If you would like your tax refund (if any) deposited directly into your bank:**

| Account Type:  | Your Account Number: | Bank Routing Number: |
|--|----------------------|----------------------|
| Checking <input type="checkbox"/> Savings <input type="checkbox"/> |                      |                      |

**For the year 2017: (Provide details for any "Yes" response)**

Did your principle residence ( and second residence, if any) loan(s) exceed the fair market value of the residence?.....Yes No

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$1,000,000?... Yes No

Did you exercise any stock options?... Yes No

Did you purchase, sell, or own any bonds you paid more or less than the face amount? Yes No

Did you sustain any non-business bad debts?... Yes No

Did you or your spouse make any gifts in excess of \$14,000 to any one donee?..... Yes No

Were you the recipient of, or did you make a "below-market" or "interest-free" loan?.... Yes No

Do you have a child under the age of 18 as of December 31, 2017 who has earned an income (interest, dividends, etc.) of more than \$1,050?..... Yes No

Did you lease a car which you used for business purposes?..... Yes No

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2017, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

### Rental & Royalty Income and Expense

Property Type:  Residential  Commercial

Location:

|  |
|--|
|  |
|--|

If Vacation Home:

|                                |  |
|--------------------------------|--|
| Number of days rented          |  |
| Number of days used personally |  |

Property is owned by:  Taxpayer  Spouse  Joint

Percentage ownership of not 100%: \_\_\_\_\_%  
 (Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property?.....Yes No

If yes, what percentage did you occupy as a tenant? \_\_\_\_\_%

Check if rented to a related party.

|                   |
|-------------------|
| Explain Relation: |
|                   |

| Income                      | Amount |                     |        |
|-----------------------------|--------|---------------------|--------|
| 1. Rental income.           |        |                     |        |
| 2. Royalties received       |        |                     |        |
| Expenses                    | Amount |                     | Amount |
| 1. Advertising              |        | 16. Property taxes  |        |
| 2. Association dues         |        | 17. Utilities       |        |
| 3. Auto miles driven        |        | Other (description) |        |
| 4. Travel                   |        | 18a.                |        |
| 5. Cleaning and Maintenance |        | 18b.                |        |
| 6. Commissions              |        | 18c.                |        |

|                                      |  |      |  |
|--------------------------------------|--|------|--|
| 7. Insurance                         |  | 18d. |  |
| 8. Legal and professional fees       |  | 18e. |  |
| 9. Allocated tax preparation fees    |  | 18f. |  |
| 10. Licenses and permits             |  | 18g. |  |
| 11. Management fees                  |  | 18h. |  |
| 12. Mortgage interest -- (Form 1098) |  | 18i. |  |
| 13. Other interest                   |  | 18j. |  |
| 14. Repairs                          |  | 18k. |  |
| 15. Supplies                         |  | 18l. |  |

**Depreciation:**

| Property | Date Acquired | Cost or Other Basis | Depreciation Method | Prior Depreciation |
|----------|---------------|---------------------|---------------------|--------------------|
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |

**Business Income & Expenses (Sole Proprietorship)**

Principle business or profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Employer ID number \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business is owned by:  Taxpayer  Spouse

Accounting Method:  Cash  Accrual

Inventory method:  Cost  Lower cost or market  Other  N/A

Did you materially participate in the business?  Yes  No

Check if this is the first year of the business.

| <b>Income</b>              | <b>Amount</b> | <b>Cost of Goods Sold</b>        | <b>Amount</b> |
|----------------------------|---------------|----------------------------------|---------------|
| 1. Gross receipts or sales |               | 1. Beginning of year inventory   |               |
| 2. Returns and allowances. |               | 2. Purchases                     |               |
| 3. Other income.           |               | 3. Cost of items used personally |               |
|                            |               | 4. Cost of labor                 |               |
|                            |               | 5. Materials and supplies        |               |
|                            |               | 6. Other costs                   |               |
|                            |               | 7. End of year inventory         |               |

| <b>Expenses</b>                        | <b>Amount</b> | <b>Expenses</b>                         | <b>Amount</b> |
|--|---------------|---|---------------|
| 1. Advertising                         |               | 21. Other taxes                         |               |
| 2. Bad debts (N/A cash benefits)       |               | 22. Licenses                            |               |
| 3. Commissions and fees                |               | 23. Travel                              |               |
| 4. Employee benefits                   |               | 24. Meals and entertainment (in full)   |               |
| 5. Health insurance                    |               | 25. Utilities                           |               |
| 6. Other insurance                     |               | 26. Wages                               |               |
| 7. Mortgage interest                   |               | 27. Management fees                     |               |
| 8. Other interest                      |               | 28. Consulting expenses                 |               |
| 9. Legal and accounting fees           |               | 29. Payroll service                     |               |
| 10. Allocation of tax preparation fees |               | 30. Employee vehicle expense            |               |
| 11. Office expense                     |               | 31. Employee mileage reimbursement      |               |
| 12. Pension and profit sharing plans   |               | 32. Client gifts (limited to \$25 each) |               |
| 13. Rent, vehicles                     |               | 33. Education and seminars              |               |
| 14. Rent, equipment                    |               | 34. Other: (Description)                |               |
| 15. Rent, building                     |               | 35.                                     |               |
| 16. Repairs & maintenance, building    |               | 36.                                     |               |
| 17. Repairs & maintenance, equipment   |               | 37.                                     |               |
| 18. Repairs & maintenance, vehicles    |               | 38.                                     |               |
| 19. Supplies                           |               | 39.                                     |               |
| 20. Payroll taxes                      |               | 40.                                     |               |

### Depreciation

| Property | Date Acquired | Cost or Other Basis | Depreciation Method | Prior Depreciation |
|----------|---------------|---------------------|---------------------|--------------------|
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |
|          |               |                     |                     |                    |

### Farm Income & Expense

Principle Product \_\_\_\_\_

Employer ID number \_\_\_\_\_

Accounting method:  Cash     Accrual

Check if you materially participated in farm operations:     Taxpayer     Spouse

| Income   | Amount |
|--|--------|
| 1. Sales of livestock and other resale items     |        |
| 2. Cost of above.                                |        |
| 3. Sales of livestock, produce, etc. you raised. |        |
| 4. Cooperative distributions (1099-PATR)         |        |
| 5. Cooperative distributions, taxable portion    |        |
| 6. Agricultural program payments                 |        |
| 7. Agricultural program, taxable portion         |        |
| 8. Commodity Credit Corporation Loans            |        |
| 9. Crop insurance loans                          |        |
| 10. Custom hire                                  |        |
| 11. Other:                                       |        |



### Business Use of Home

Do you use any part of your home regularly and exclusively for business?  Yes  No

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%).....

Description of work done in home office \_\_\_\_\_

Description of work done outside of work office \_\_\_\_\_

Total area of home... \_\_\_\_\_

Total area of home used regularly for business..... \_\_\_\_\_

|                         | <b><u>Direct costs</u></b><br>(benefit only<br>business portion of<br>home) | <b><u>Indirect costs</u></b><br>(other) |
|-------------------------|---|---|
| Home insurance          |   |   |
| Repairs and maintenance |   |   |
| Utilities               |   |   |
| Rent                    |   |   |
| Other.                  |   |   |

### If Daycare Facility:

|  |  |
|--|--|
| Days used as a daycare facility.         |  |
| Prior year carryover of unallowed losses |  |

| Cost of home and improvements and prior depreciation.         |                  |                        |                        |                       |  |
|---|------------------|------------------------|------------------------|-----------------------|--|
| Depreciation of home, improvements, furniture, and equipment. |                  |                        |                        |                       |  |
| Property  | Date<br>Acquired | Cost or Other<br>Basis | Depreciation<br>Method | Prior<br>Depreciation |  |
|   |                  |                        |                        |                       |  |
|   |                  |                        |                        |                       |  |
|   |                  |                        |                        |                       |  |
|   |                  |                        |                        |                       |  |
|   |                  |                        |                        |                       |  |



### Household Employees: (Nanny Tax)

Did you pay a household employee at least \$2,000 this year?     **Yes**     **No**  
 (e.g., *housekeepers, nannies, nurses, yard workers, health aides, babysitters*)

If yes, please provide the following information for each:

|                 |  |                             |  |
|-----------------|--|-----------------------------|--|
| Name            |  | Federal Income tax withheld |  |
| Social Sec. No. |  | Social Sec. tax withheld    |  |
| Wages paid      |  | Medicare tax withheld       |  |
|                 |  | State income tax withheld   |  |

Your Employer Identification Number (you can no longer use your social security number):

\_\_\_\_\_

|   |                |               |
|---|----------------|---------------|
| Has W-2 been filed?   | <b>Yes [ ]</b> | <b>No [ ]</b> |
| If no, do you want us to prepare for you?                             | <b>Yes [ ]</b> | <b>No [ ]</b> |
| Have the necessary state employment returns been filed? If            | <b>Yes [ ]</b> | <b>No [ ]</b> |
| No, do you want us to prepare for you?                                | <b>Yes [ ]</b> | <b>No [ ]</b> |
| Was the household employee under eighteen years of age and a student? | <b>Yes [ ]</b> | <b>No [ ]</b> |

