

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:		
Phone Numbers	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 Payer	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:

Name	Address:	Amount Paid

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 <input type="checkbox"/> purchase <input type="checkbox"/> 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:

Employee business expenses - attach details	Amount
Reimbursed	
Not Reimbursed	
Job hunting expenses (list)	
Other Expenses	
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:

	Maximize?	Amount
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 [] Savings []		

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:

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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.

Income	Amount	Cost of Goods Sold	Amount
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	

Expenses	Amount	Expenses	Amount
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:	

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?	Yes []	No []
If no, do you want us to prepare for you?	Yes []	No []
Have the necessary state employment returns been filed? If	Yes []	No []
No, do you want us to prepare for you?	Yes []	No []
Was the household employee under eighteen years of age and a student?	Yes []	No []

