

2018	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

- | Yes | No | PERSONAL INFORMATION |
|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I agree and understand that payment is due for tax preparation when Tax Return is finalized and before e-filing. For your convenience, we accept <u>Visa, Mastercard, Checks and Cash.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? Circle: Married/Divorced/Separated/Widowed Date: _____? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? Please note on the organizer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is anyone listed on your Tax Return permanently disabled?
Name: _____ |
| DEPENDENTS | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents ? (Who <u>lives with YOU</u> and/or who <u>YOU support financially</u>)? i.e. Births/Adoptions/Parents/Relatives. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any dependent children that are filing their own tax returns? If yes, be sure they do not claim themselves, <u>check with us first BEFORE they file.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2018, with unearned income (i.e. interest, dividend or capital gains) in excess of \$1050? |
| HEALTH CARE COVERAGE | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or any of your dependents/spouse have healthcare coverage for any months in 2018? If yes, did you write check directly to company or was it deducted from a Paycheck or Social Security? Explain:

_____ |
| (Indicate full year or months covered) * If you or your dependents received ANY of the following forms, please attach: Form 1095-A (Health Insurance Marketplace Statement)- Required to file taxes, 1095-B (Health Coverage)- Optional or 1095-C (Employer Provided Health Insurance Offer and Coverage)-Optional. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a HSA(Health Savings Acct) or MSA(Medical Savings Acct) in 2018? If you had distributions, attach Forms 5498-SA, 1099-SA, or W-2 with code W in box 12. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any medical insurance premiums out-of-pocket, including COBRA? (not included in pre-tax dollars on W-2 or on SS statement). If yes, to whom and how much? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for any medical expenses out-of-pocket in 2018? (If significant, then total out-of-pocket expenses and enter under <u>Medical and Dental Expenses</u> in Organizer. Do not send us the receipts. (Keep medical receipts in your tax file <u>at home</u> in the event you need to produce them to IRS) Medical expenses includes payments made to Assisted Living Facilities and Nursing Homes. |

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- | Yes | No | INCOME |
|----------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability or unemployment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes <u>other than in mutual funds</u> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any income from Rental Property in 2018? If yes, did you or anyone directed by you work AT LEAST 250 hours in 2018 on rental activities? YES/NO
Detailed records must be maintained. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell cryptocurrency in 2018? If yes: tell us more: _____ |
| PURCHASES, SALES AND DEBT | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business, purchase a rental property or purchase/lease a new car in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you <u>purchase, sell, or refinance</u> your principal home or second home? Did you take a home equity loan? If so, attach Closing Statement . |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements in 2018? (i.e. solar, wind, geothermal or fuel cell energy source). Attach copy of receipt(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts canceled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible? |
| RETIREMENT PLANS | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.). attach Form 1099-R . |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan etc..) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of a Traditional IRA to a Roth IRA in 2018? |
| EDUCATION | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Attach Form 1099Q |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses (including books and fees) that are required to attend a college, university, or vocational school? Attach Tuition Statement Form 1098-T |

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Yes No

 Did you, your spouse, pay **student loan interest**? Attach Form **1098-E**

 ITEMIZED DEDUCTIONS
Did you sustain a loss not covered by insurance in a **Federally Declared Disaster Area** in 2018? If yes, tell us more _____

 Did you use your car on the job (other than to and from work)? If so, please provide: (1) total miles driven for the year, (2) commuting miles and (3) business miles. Taxpayer will supply **written documentation** of mileage records to the IRS, if requested.

 ESTIMATED TAXES
Did you make estimated tax payments or apply last year's refund to this year's tax? If so, provide details.

 Crystal Ball question: Do you expect your 2019 taxable income and withholdings to be significantly different from 2018? (i.e. Retiring? Changing Employment? Starting a business?) If yes, please explain: _____

 MISCELLANEOUS
Did you pay or receive alimony in 2018?

 Did you have an interest in or signature or other authority over a financial account in a **foreign** country, such as a bank account, retirement and/or securities account?

 Did you receive a distribution from a **foreign** trust or did you have an interest in any **foreign** assets or accounts? (ie. foreign checking, savings, retirement plans)

 If you have a balance due the IRS/State, would you like to make a payment directly from your bank account?

 Have you, your spouse, or dependents been a victim of tax related theft or been issued an **Identity Protection PIN**? If yes, please provide letter from IRS that is usually sent to you in January.

 Were you notified or audited by either the **IRS** or the State taxing agency?

 Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

 Important: Did your bank account information change within the last twelve months? Please look over banking information on the "Direct Deposits and Estimates" page of your organizer. If information has changed, please provide a copy of check.

Client Statement:

It is expressly agreed that all income and expense amounts will be furnished by me, and I accept full responsibility for both accuracy and completeness of the information I provide. It is my responsibility to meet the documentation requirements for expenses and to report income from all sources. Additionally, I will retain my supporting documents for possible IRS inquiry.

SIGNATURE _____ Date: _____

Print name _____

Best Contact Phone #: _____

Our office hours are: **Monday - Thursday from 9a.m. to 6p.m.**

*For your convenience, we have a slot in our front door for after hour drop offs.