

## Questions

Please check the appropriate box and include all necessary details.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 18 with unearned income in excess of \$1700?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid or alternative motor vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Itemized Deduction Information</b>		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

Did you make gifts of more than \$12,000 to any individual?	<b>p</b>	<b>p</b>
Did you make any contributions to an education savings or 529 Plan account?	<b>p</b>	<b>p</b>
Did you pay long-term health care premiums for yourself or your family?	<b>p</b>	<b>p</b>
Did you engage in any bartering transactions?	<b>p</b>	<b>p</b>
Are you covered by a pension or retirement plan?	<b>p</b>	<b>p</b>
Did you retire or change jobs this year?	<b>p</b>	<b>p</b>
Did you incur moving costs because of a job change?	<b>p</b>	<b>p</b>
Did you make energy efficient improvements to your main home this year?	<b>p</b>	<b>p</b>
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<b>p</b>	<b>p</b>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<b>p</b>	<b>p</b>
Do you want to designate \$3 to the Presidential Election Campaign Fund? Checking yes will not change your tax or reduce your refund.	<b>p</b>	<b>p</b>

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____ [3]	_____ [4]
First name	_____ [5]	_____ [6]
Last name	_____ [7]	_____ [8]
Occupation	_____ [9]	_____ [10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	2 [11]	_____ [13]
Mark if legally blind	_____ [14]	_____ [15]
Mark if dependent of another taxpayer	_____ [16]	_____ [17]
Date of birth	_____ [18]	_____ [19]
Date of death	_____ [20]	_____ [21]
Work/daytime telephone number/ext number	_____ [22] _____ [23]	_____ [24] _____ [25]
Do you authorize us to discuss your return with the IRS? (1 = Yes, 2 = No)	_____ [26]	

**Present Mailing Address**

Address \_\_\_\_\_ [30]  
 Apartment number \_\_\_\_\_ [31]  
 City \_\_\_\_\_ [32]  
 State postal code \_\_\_\_\_ [33]  
 Zip code \_\_\_\_\_ [34]  
 Home/evening telephone number \_\_\_\_\_ [35]  
 Email address \_\_\_\_\_ [36]  
 In care of addressee \_\_\_\_\_ [37]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

[38] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [39]  
 Social security number of qualifying person \_\_\_\_\_ [40]

Dependent Codes			
<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Claimed under pre-1985 agreement		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
	9 = Qualifying child for Child Tax Credit only, who is not a dependent		
	10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent		

# Client Notes

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

Social security number

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