

Client Name _____ Spouse _____
 Email Address _____ Email Address _____
 Phone _____ Phone _____
 Birthdate _____ Birthdate _____

CLIENT TAX QUESTIONNAIRE 2015

- | | Yes | No |
|---|-----|-----|
| 1. Did your marital status change during 2015?
If yes, please explain _____ | ___ | ___ |
| 2. Do you or your spouse plan to retire in 2015? | ___ | ___ |
| 3. Enter date of death for taxpayer or spouse (if during 2015 or 2016)
Taxpayer _____ Spouse _____ | | |
| 4. Were you or your spouse permanently and totally disabled in 2015? | ___ | ___ |
| 5. Do you have dependents who must file? | ___ | ___ |
| 6. Do you have children under age 18 or a full-time student age 19-23 with investment income greater than \$1,900? | ___ | ___ |
| 7. Did you provide over half the support for any other person during 2015? | ___ | ___ |
| 8. Are any of your dependents not U.S. citizens or residents? | ___ | ___ |
| 9. Did you incur adoption expenses during 2015? | ___ | ___ |
| 10. Did you receive payments from a pension or profit-sharing plan? | ___ | ___ |
| 11. Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | ___ | ___ |
| 12. Did you receive any disability payments in 2015? | ___ | ___ |
| 13. Did you receive tip income not reported to your employer? | ___ | ___ |
| 14. Did you buy, sell or refinance a principal residence or other real property in 2015? | ___ | ___ |
| 15. Are you planning to purchase a home soon? | ___ | ___ |
| 16. Did you incur any casualty or theft losses during 2015? | ___ | ___ |
| 17. Did you incur any non-business bad debts? | ___ | ___ |
| 18. Did you or your spouse make gifts or over \$13,000 to an individual or contribute to a prepaid tuition plan? | ___ | ___ |
| 19. Did you pay any individual for domestic services in 2015 (housekeeping, etc)? | ___ | ___ |
| 20. Did you buy or sell any stocks or bonds in 2015? | ___ | ___ |
| 21. Did you, your spouse, or your dependents attend post-secondary school in 2015? | ___ | ___ |
| 22. Did you use the proceed from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education? | ___ | ___ |
| 23. Did you pay interest on a student loan for yourself, your spouse or your dependent? | ___ | ___ |
| 24. Did you incur any moving expense? | ___ | ___ |
| 25. Do you expect your income and deduction in 2015 to be the same as 2015? | ___ | ___ |
| 26. Did you pay alimony or collect alimony in 2015? | ___ | ___ |
| 27. Do you want to have your tax return filed electronically? | ___ | ___ |
| 28. Do you want direct deposit of any federal or state refund? | ___ | ___ |
| 29. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships, S corporations or trusts? | ___ | ___ |
| 30. Did you purchase a motor vehicle or boat during 2015? | ___ | ___ |
| 31. Did you purchase a hybrid vehicle in 2015? If yes, enter year, make, model and date purchased: _____ | ___ | ___ |
| 31. Did you donate a vehicle in 2015? If yes, attach Form 1098C | ___ | ___ |

- 32. What was the sales tax rate in your locality in 2015? _____
- 33. Did your lender cancel any of your debt in 2015? (Attach any forms 1099A or 1099C) _____
- 34. Do you have records to support your expenses? _____
- 35. Did you incur health care expenses outside of your employer's health plan coverage? _____

Appendix

Please list all dependents for the tax year ended 2015:

Dependent Name	Age	Relationship	Social Security Number

Did you use a portion of your home **exclusively** for business? If so, please provide the following information:

Square footage of your home office area _____

Total square footage of your home _____

Total rent paid, if home is rented _____

Invoices for repairs and maintenance on your house _____

Utility bills _____

Child Care Costs

If you used the services of a childcare provider please provide me with the following:

Child care provider's name _____

Provider's address _____

Provider's tax ID or Social Security number _____