

2018 Tax Questionnaire

All questions must be answered and supporting documentation provided, if applicable.

Name: _____ Best Phone # _____

Preferred E-mail Address: _____

FAMILY INFORMATION

Circle Yes or No

- | | | |
|---|-----|----|
| 1 Did your marital status change during the year?
Date of marriage/divorce/death _____ | YES | NO |
| 2 Did your mailing address change from last year?
New Address: _____ | YES | NO |
| 3 Did you change the bank account used to direct deposit
funds from the IRS or other taxing authority? If yes, provide voided check. | YES | NO |
| 4 Were there any changes in dependents from the prior year?
If yes, please explain _____ | YES | NO |
| 5 Do you have any children under age 20 with income from
interest, dividends or capital gains in excess of \$2100? | YES | NO |
| 6 Did you pay for child care while you worked or looked for work? | YES | NO |

INCOME INFORMATION

Circle Yes or No

- | | | |
|---|-----|----|
| 1 Did you receive any income from property sold this year?
If so, provide HUD-1 Settlement Statement given to you at closing. | YES | NO |
| 2 Did you make any withdrawals from an IRA, Roth, Keogh
SIMPLE, 401(k), or other qualified retirement plan?
If so, provide Form 1099-R. | YES | NO |
| 3 Did you make any withdrawals from an education savings
or 529 Plan account, MSA, or Medicare Advantage MSA? | YES | NO |
| 4 Did you receive any Social Security benefits during the year?
If so, provide Form SSA 1099. | YES | NO |
| 5 Did you receive any unemployment benefits during the
year? If so, provide Form 1099-G. | YES | NO |
| 6 Did you receive any awards, prizes, hobby income,
gambling or lottery winnings? If so, provide Form W2G or 1099. | YES | NO |
| 7 Did you receive any disability income in 2018?
\$ _____ Social Security \$ _____ Other | YES | NO |

ITEMIZED DEDUCTION INFORMATION

Circle Yes or No

- | | | |
|--|-----|----|
| 1 Did you pay out-of-pocket medical expenses or premiums
greater than 7.5% of your income?
(co-pays, prescription drugs, eye glasses, hearing aids,
dental, chiropractic) | YES | NO |
| 2 Did you or your spouse pay Long Term Care Premiums?
If so, please provide the amount you paid for each premium.
Taxpayer: \$ _____ Spouse: \$ _____ | YES | NO |

- 3 Did you make any non-cash charitable contributions?
(ex. clothes, furniture, books)
For values greater than \$500, provide the organization,
date & value of the items donated on a separate page. YES NO
- 4 Did you make any out-of-state purchases (by phone, internet
mail, in person) that the seller did NOT collect sales tax? YES NO

PURCHASES, SALES, AND DEBT INFORMATION

Circle Yes or No

- 1 Real Estate: For any YES answers please provide HUD -1 Settlement Statement
- a Did you exchange, or purchase any real estate? YES NO
- b Did you take out a home equity loan? YES NO
- c Did you refinance a principal residence or
second home? YES NO
- 2 Did you have any debts canceled or forgiven this year?
If so, please provide Form 1099-C. YES NO

MISCELLANEOUS INFORMATION

Circle Yes or No

- 1 Do you have Estate Planning Documents in place?
(Living will, Trust, Power of Attorney, Advance Directives) YES NO
- 2 Did you have any educational expenses during the year on
behalf of yourself, your spouse, or your dependent(s)?
If so, please provide Form 1098-T. YES NO
- 3 Did you make any contributions to an IRA, Roth, Keogh, or
SEP, or any withdrawals from retirement accounts?
Plan _____ Amount \$ _____ YES NO
- 4 Did you make any contributions to a Health Savings Account (HSA)
and/or any withdrawals? Include Form 1099-SA and/or Form 5498-SA YES NO
- 5 Would you like us to calculate allowable IRA (traditional or ROTH) or
retirement plan contribution scenarios for you?
If so, please indicate your preferences: _____ YES NO
- 6 Did you pay any individual as a household employee? (\$2100 or more) YES NO
- 7 Do you have any foreign financial assets?
If so, please provide December statements for each account. YES NO
- 8 Did you receive an Identity Protection PIN from the IRS
If yes, please provide the IRS letter. YES NO
- 9 Were you notified or audited by either the IRS or state taxing
agency? If so, please provide us with the correspondence. YES NO
- 10 Did you make any gifts to an individual that totaled more than
\$15,000 in 2018? YES NO
- 11 Do you want to designate \$3 to the Presidential Election
Campaign Fund? If you circle "Yes" it will not change
your tax or reduce your refund. YES NO

ESTIMATED TAX PAYMENTS (ONLY IF APPLICABLE)					
Federal Estimated Payments		State Estimated Payments		State Estimated Payments	
Payment Date	Amount Paid	Which State? _____	Payment Date	Amount Paid	Which State? _____
	\$ _____			\$ _____	
	\$ _____			\$ _____	
	\$ _____			\$ _____	
	\$ _____			\$ _____	

****MAKE SURE TO INCLUDE THE PAYMENT(S) MADE IN JANUARY OF 2019 FOR 2018 TAX YEAR****

HEALTH INSURANCE COVERAGE

Was your family insured with health insurance all 12 months of 2018? **MUST include Form 1095 A, B, or C.**

Yes, we had health insurance all 12 months. (check if yes)

If NO, check off which months of 2018 you did have coverage, and leave months without coverage blank.

JAN	FEB	MAR	APR	MAY	JUNE
JULY	AUG	SEPT	OCT	NOV	DEC

Notes or Questions:

Would you like secure electronic delivery of your completed tax returns INSTEAD of paper copies?

circle one YES NO

By indicating "Yes", we will e-mail your completed tax returns to the email address listed on page one of this 2018 Tax Questionnaire. If you'd like it sent to a different email address, please indicate the preferred email address: _____

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