

NEW TAX CLIENT QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential.

| PERSONAL INFORMATION | | | | | | | | | | |
|---|--|--|-------------------------|----------------------|--|-----------------------|-------------|--|--|--|
| Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) | | | | | | | | | | |
| Taxpayer Name <i>(Last, First, M.I.):</i> | | | | | | SSN: | | DOB: | | |
| Spouse Name <i>(Last, First, M.I.):</i> | | | | | | SSN: | | DOB: | | |
| Address: | | | | | | | | | | |
| City, State, Zip Code: | | | | | | | | | | |
| Telephone: | | | (Alt) Telephone: | | | Email Address: | | | | |
| DEPENDENT INFORMATION | | | | | | | | | | |
| Name <i>(Last, First, M.I.):</i> | | | | Relationship: | | | SSN: | | DOB: | |
| Name <i>(Last, First, M.I.):</i> | | | | Relationship: | | | SSN: | | DOB: | |
| Name <i>(Last, First, M.I.):</i> | | | | Relationship: | | | SSN: | | DOB: | |
| Name <i>(Last, First, M.I.):</i> | | | | Relationship: | | | SSN: | | DOB: | |
| Name <i>(Last, First, M.I.):</i> | | | | Relationship: | | | SSN: | | DOB: | |
| Name <i>(Last, First, M.I.):</i> | | | | Relationship: | | | SSN: | | DOB: | |
| Name <i>(Last, First, M.I.):</i> | | | | Relationship: | | | SSN: | | DOB: | |
| QUESTIONS | | | | | | | | | | |
| Personal Information | Did your marital status change during the year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, explain: | | | | | | | | | |
| | Did you change your address from last year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Can you be claimed as a dependent by another taxpayer? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Dependent Information | Were there any changes in dependents from the prior year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, explain: | | | | | | | | | |
| | Do you have any children under age 19 or a full time student under age 24 with unearned income in excess of \$2,000? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Do you have dependents who must file a tax return? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you provide over half the support for any other person(s) other than your dependent children during the year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you pay for child care while you worked or looked for work? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Purchases, Sales, and Debt Information | Did you pay any expenses related to adoption of a child during the year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you start a new business or purchase rental property during the year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you acquire a new or additional interest in a partnership or S corporation? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you sell, exchange, or purchase any real estate during the year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you purchase or sell a principal residence during the year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you acquire or dispose of any stock during the year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you refinance a principal residence or second home this year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Did you sell an existing business, rental, or other property this year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Did you have any debts cancelled or forgiven this year? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|---------------------------------------|--|------------------------------|-----------------------------|
| Income Information | Did you have any foreign income or pay any foreign taxes during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you receive any unemployment benefits during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you receive any disability income during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retirement Information | Are you an active participant in a pension or retirement plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you receive any Social Security benefits during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Education Information | Did you, your spouse, or your dependents attend a post-secondary school during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you have any educational Expenses during the year on behalf of yourself, your spouse, or a dependent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you pay any student loan interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health Care Information | Did you have qualifying health care coverage for every month of 2014 for yourself, your spouse, and your dependents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did anyone in your family qualify for an exemption from the health care coverage mandate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you enroll for health care coverage through a marketplace, such as Healthcare.gov? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you make any contributions to a Health Savings Account (HSA) or Archer MSA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you receive any distributions from a Health Savings Account (HSA) or Archer MSA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you pay any long-term care premiums for yourself or your family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Itemized Deduction Information | Did you incur a casualty loss or theft loss during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you pay any out-of-pocket medical expenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you make any cash or non-cash contributions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you use your car on the job, for other than commuting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you make any major purchases during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you pay any property taxes or mortgage interest during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Miscellaneous Information | Did you make any gifts of more than \$14,000 to any individual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you utilize an area of your home for business purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you retire or change jobs this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you incur moving costs because of the job change? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you pay an individual as a household employee during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you have a financial interest in or signature authority over a financial account located in a foreign country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Do you have any foreign accounts, foreign financial assets, or hold interest in a foreign entity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Did you receive correspondence from the Internal Revenue Service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, explain: | | |
| | Did you receive an Identity Protection PIN from the Internal Revenue Service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |