

The following questions MUST be answered for the year 2017

Client Name(s) _____
Email Address _____ **Phone #** _____

1. Marital Status: Married____ Single____ Divorced____ Widowed____ Separated____

2. List everyone who lived in your home in **2017** (continue on other side if necessary)

Name	Date of Birth	Relationship to you	Months lived with you if less than 12
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Can anyone else claim any of the people listed above? YES____ NO____ (elaborate on back)
(ex. They provided >50% of their support and are claiming themselves, or another parent is claiming them)

3. Were you and your dependents covered by health insurance **every month of 2017**? YES__NO__ (MUST HAVE 1095-A, B, or C). If not, explain EXACTLY which months you and/or your dependents were covered

4. Tuition paid for you and/or your dependents **in 2017 (MUST HAVE FORM 1099-T AND RECEIPTS: SCHOOL PRINT OUT OF 2017 ACCT ACTIVITY WOULD BE VERY HELPFUL)** _____

5. Student Loan interest paid for you and/or dependents **in 2017 (MUST HAVE Form 1098-E)** _____

6. Childcare expenses paid in 2017 (daycare, preschool, etc.) & daycare info _____

7. Did you buy or sell a home or refinance your mortgage or take out a home equity loan in 2017?
YES__NO__. **If yes, we need the settlement sheet(s).**

8. If you moved: Date moved_____ New address_____

9. Did you sell any stocks or property in 2017? YES__ NO__ **If YES, we need cost basis information.**

10. Alimony paid or received in 2017 _____

11. Please provide the amount and for WHOM the following contributions were made, if any (**this does not apply to contributions made through your employment**):

2017 Roth IRA Contribution _____
2017 Trad'l IRA Contribution _____
2017 529 Plan Contribution _____

12. Did you purchase and install energy-efficient **SOLAR** property in 2017? If so, list _____

13. List any unreimbursed work related expenses and amounts (union dues, tools, uniforms, etc) you paid in 2017 (**State may ask for documentation to verify expenses so be sure to keep receipts or other proof**) _____

14. Do you or your spouse have any financial accounts located outside the U.S.? YES__ NO__

15. Have you provided **ALL** of your income from **ALL** sources? Yes____ NO____ (if NO, explain below)

16. Did you make any gifts to anyone directly or through a trust which exceeded \$14,000 per person? Y N

17. Did you purchase any taxable items online or in another state and pay NO sales tax? YES_____ NO_____

-If yes (or not sure), you MUST select one of the following as to how to determine your **use tax** obligation:

_____ I/we purchased taxable goods or services during the year which no sales tax was paid was less than \$1,000 and I/we will pay an **estimated use tax** according to the table provided by the PA Dept. of Revenue based upon my income level (ex. <\$15K income=\$6 & \$50-75K income=\$23)

_____ I/we purchased taxable goods or services during the year for which the seller did not charge or collect sales tax from me/us. The amount of those sales and/or services to me totaled \$_____ and \$_____ for my spouse this year

18. For 2018, do you expect a significant increase or decrease in your income, deductions or withholding? Yes___ No___

19. If you will be receiving a refund and would like it directly deposited into your checking account you **MUST drop off a voided check BEFORE** we can complete your tax return. We need a new voided check **each year** to verify the bank information.

Please check if you are interested in any of the following: (feel free to contact us after tax season as well)

- ___ Establishing an IRA and/or personal retirement plan
- ___ Budgeting and cash flow planning
- ___ Evaluate current life insurance, disability insurance and retirement program for adequacy
- ___ Project future tax liabilities and find ways to defer or reduce future taxes (income tax planning)
- ___ Obtain an independent professional review of current investments

The following are a list of common itemized deductions: Unreimbursed medical expenses, real estate taxes, mortgage interest, charitable donations, work related expenses, etc. Also, sales tax paid on major purchases like a vehicle, boat or home
*Need supporting documents and/or summary list

Additional Comments/Questions:

_____X_____ **Taxpayer Name (print) Signature Date**

Driver's License(or State ID) # _____ Issued _____ Expires _____

_____X_____ **Taxpayer Name (print) Signature Date**

Driver's License(or State ID) # _____ Issued _____ Expires _____