

Tax Return Appointment Questionnaire

Client Name(s) _____ Tax Year _____

Note: All questions pertain to tax year 2015 unless otherwise specified.

	<u>Yes</u>	<u>No</u>
1. Did you (or your spouse) make any gifts of over \$14,000 (in cash or in fair market value) to an individual?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
2. Did you make any major purchases such as a vehicle or boat?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
3. Do you qualify to claim any dependency exemptions (children, parents, etc.)?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
4. Are you (or your spouse) age 70½ or older?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
5. Do you have any worthless stocks (not in retirement plans) or uncollectible bad debts?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
6. Do you have any capital loss carryovers from 2014?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
7. Did you sell and/or purchase a home?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
8. Did you receive any gambling winnings?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
9. Did you make any federal estimated income tax payments?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
10. Did you make any state estimated income tax payments?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
11. Did you participate in your employer's dependent (child) care benefit plan (Flexible Spending Account, see W-2 Box 10)? (NOT MEDICAL)	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
12. Did you pay for adoption expenses?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
13. If you have children under age 24, did any of them receive total unearned income (interest, dividends, capital gains, etc.) greater than \$1,050?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
14. Did you make any payments for long-term care insurance premiums?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
15. Did you pay interest on a student loan?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
16. Did you pay for college tuition or any work related education expenses?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
17. Did you contribute to a Roth IRA? If not, would you like to?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
18. Did you contribute to a Traditional IRA? If not, would you like to?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
19. Did you convert a Traditional IRA to a Roth IRA?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
20. Did you take money out of an IRA (Traditional, Roth and/or Education) or 401(k)?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
21. Have you ever made a nondeductible (Not Roth) Traditional IRA contribution?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
22. Does your outstanding first mortgage balance(s) exceed \$1,000,000?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
23. Does your outstanding home equity loan (NOT 1st mortgage) debt exceed \$100,000?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
24. Did you originate a mortgage after 2006 on which you pay PMI?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
25. Are you or your spouse legally blind?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
26. Did you refinance and pay points ?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___
27. Did you incur and pay any legal fees related to your job or tax issues?	___ <input type="checkbox"/> ___	___ <input type="checkbox"/> ___

Tax Return Appointment Questionnaire (Continued)

Note: All questions pertain to tax year 2015 unless otherwise specified.

	<u>Yes</u>	<u>No</u>
28. Did you make loan payments on a boat or recreational vehicle that has basic living accommodations such as sleeping space, a toilet and cooking facilities?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
29. At any time during 2015, did you have a financial interest in or signature authority over a financial account in a foreign country?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
30. If you answered yes to #29, did these foreign assets exceed \$50,000 (\$100K if MFJ) on the last day of 2015 or more than \$75,000 (\$150K if MFJ) at any time during the year?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
31. If you get a refund, do you want your refund deposited directly into your bank acct?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
32. If you are due a refund, do you want to credit it to next year's tax?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
33. Did you withdraw any money from an IRA and use it to purchase a home, pay for higher education expenses, pay for medical expenses or pay for health insurance?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
34. Did you contribute any money to or take money out of a Health Savings Account (not a flexible spending account) HSA ?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
35. Will any of your dependent children be filing their own tax return this year?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
36. Did you pay alimony during the tax year in question?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
37. Did you receive alimony during the tax year in question?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
38. Did you receive unemployment compensation?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
39. Did you have any debt that was cancelled, forgiven and/or discharged?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
40. Did you install any of the following in your personal residence: windows, skylights, exterior doors, insulation, a metal roof, HVAC system, water heater, solar energy system, fuel cell or geothermal heat pump?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
41. Did you transfer an IRA distribution directly to a qualifying charitable organization?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
42. Did you claim a first-time homebuyer credit on your 2008 tax return?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
43. Did you receive a Premium Tax Credit under the Affordable Care Act?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
44. Did you pay more than \$250 in tuition, book fees (rental only – not purchase) and/or lab fees to an Illinois School for a child in kindergarten through 12th grade ?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
45. Did you contribute to the Illinois Bright Start, Bright Directions and/or College Illinois college plans?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
46. Did you receive any money from a legal settlement?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
47. Are you reporting all of the income you received?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _
48. Do you expect your income and/or deductions to change dramatically in 2016?	_ <input type="checkbox"/> _	_ <input type="checkbox"/> _

Please note: Your conversations with me are not covered by attorney-client privilege. Therefore, an expectation of confidentiality between me and the IRS cannot exist. Consequently, the IRS can compel me to reveal anything that you disclose to me.

Client Signature

Date