

**CLIENT TAX QUESTIONNAIRE for 2015 INCOME TAX PREPARATION**

Name(s) shown on Tax Return \_\_\_\_\_ Social Security Number: \_\_\_\_\_

	Yes	No
1 Did your marital status change during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: _____		
2 Do you or your spouse plan to retire in 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter date of death for taxpayer or spouse (if during 2015 or 2016).....	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer: _____ Spouse: _____		
4 Were you or your spouse permanently and totally disabled in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have children under age 18 or a full-time student age 19-23 with investment income greater than \$2,100? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you provide over half the support for any other person during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you incur adoption expenses during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you receive any disability payments in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you buy, sell or refinance or abandon a principal residence or other real property in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
if <b>yes</b> , attach copies of any escrow statements or Forms 1099.		
b Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you incur any casualty or theft losses during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you or your spouse make gifts of over \$14,000 to an individual or contribute to a prepaid tuition plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you pay any individual for domestic services in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you buy or sell any stocks or bonds in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you, your spouse, or your dependents attend post-secondary school in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2016 to be the same as 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you pay alimony or collect alimony in 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
26 Do you want to have your tax return filed electronically.....	<input type="checkbox"/>	<input type="checkbox"/>
27 Do you want direct deposit of any federal or state refund?.....	<input type="checkbox"/>	<input type="checkbox"/>
28 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships, S corporations or trusts? .....	<input type="checkbox"/>	<input type="checkbox"/>
29 Did you purchase a motor vehicle or boat during 2015? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
30 Did you purchase a energy efficient vehicle in 2015? If <b>yes</b> , enter year, make, model and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
31 Did you donate a vehicle in 2015? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
32 What was the sales tax rate in your locality in 2015? _____ % State ID: _____		
33 Did a lender cancel any of your debt in 2015? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
34 Do you have records to support your expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1)</b> Amount; <b>2)</b> Time and place; <b>3)</b> Date; <b>4)</b> Business purpose; <b>5)</b> Description of gift(s); and <b>6)</b> Business relationship of recipient.		
35 a Did you and your dependents have health care insurance coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents: Form 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>