

DROP OFF QUESTIONS

Client wants:
 Paper Copy Electronic Copy Both

Name: _____ Phone: _____

Email Address: _____ (Email a review copy of the return to this address)

Personal Information

- Did your marital status change during the year? Y N
 If yes, explain: _____
- Did your address change from last years? Y N
 If yes, new address: _____
- Can you be claimed as a dependent by another taxpayer?..... Y N

Dependent Information

- Were there any changes in dependents from the prior year?..... Y N
 New Dependent's name and SSN: _____
 Anyone no longer your dependent: _____

Purchases, Sales and Debt Information

- Did you have a business? If so, is it an: S Corp C Corp Sole Prop..... Y N
(Please complete "Questions for Entities" form.)
- Do you own rental, royalty property, or a farm? *(Circle all that apply.)*..... Y N
- Did you sell, exchange, or purchase any real estate during the year?..... Y N
- Did you buy or sell any stocks, bonds, or other investment property during the year?..... Y N
- Did you purchase, sell, or refinance a principal residence or second home or take a home equity loan this year? Y N
(Circle all that apply and include all settlement statements and documentation of where the proceeds went.)
- Did you sell an existing business, rental, or other property this year?..... Y N
- Did you have any debts cancelled or forgiven?..... Y N
- Does anyone owe you money which has become uncollectible?..... Y N

Education

- Did you receive a distribution from an Education Savings account or a Qualified Tuition Program? Y N
- Did you have or do you have a student loan?..... Y N

Name: _____

Itemized Deductions

- | | | |
|---|---|---|
| Did you incur a loss because of damage or stolen property?..... | Y | N |
| Did you work out-of-town for any part of the year?..... | Y | N |
| Did you use your car on the job (other than to and from work)?..... | Y | N |
| Did you pay for health insurance for you or your family?..... | Y | N |
| Do you have out-of-pocket medical expenses (must be more than 10% of your income) | | |
| Did you make any charitable contributions?..... | Y | N |
| <i>(If so, be sure to include all supporting statements and documentation.)</i> | | |

Income Information

- | | | |
|---|---|---|
| Did you receive any lawsuit awards or settlements during the year?..... | Y | N |
| Did you receive any unreported income or unreported tip income of \$20 or more in any month?.. | Y | N |
| Did you cash any Series EE U.S. savings bonds issued after 1989 & pay qualified higher education expenses for yourself, your spouse, or your dependents?..... | Y | N |
| Did you receive any disability income?..... | Y | N |
| Did you have any foreign income, own any foreign assets, pay any foreign taxes, or have any involvement in a foreign trust during the year? <i>(Circle all that apply.)</i> | Y | N |
| Did you receive any income from property sold prior to this year?..... | Y | N |
| Did you receive any K-1's or 1099-K's?..... | Y | N |

Retirement Plans

- | | | |
|--|---|---|
| Did you receive a distribution or make a contribution to a retirement plan?..... | N | N |
| (40k, IRA, SEP, SIMPLE, Qualified Plan, etc.) | | |
| Did you transfer, rollover, or convert any retirement funds?..... | Y | N |

Miscellaneous

- | | | |
|--|---|---|
| May the IRS discuss your tax return with your preparer?..... | Y | N |
| Do you expect your taxable income and withholdings to be different from the previous year?..... | Y | N |
| Was your home rented out or used for business?..... | Y | N |
| Did you incur moving expenses due to a change of employment?..... | Y | N |
| Did you engage the services of any household employees? | Y | N |
| <i>(If so, how much did you pay each individual?)</i> | | |
| Were you notified or audited by either the IRS or State taxing agency?..... | Y | N |
| Did you or your spouse make any gifts to an individual that total more than \$14,000 or any gifts to a trust?..... | Y | N |

Did you have signatory authority over any bank account(s) in any country outside the USA?	Y	N
As of this moment, do you have health insurance?	Y	N