

NEW

MYERS TAX SERVICE LLC
TAX QUESTIONNAIRE FOR NEW CLIENTS

Phone

Drop-In

Appointment

Client Name:

\*\* Copy of Last Year's Return

PERSONAL INFORMATION

1. Name Spouse Yes No
SS# SS#
Job Title Job Title
DOB DOB
Address:
Township/ County School District
2. Address change? If yes, date moved (Wages will need to be allocated to each address)
3. Phone #'s Home: Cell:
4. Email Address Yes No
5. Any change in Marital Status in 2016?
FILING STATUS S MFJ MFS HH
6. Do you or your spouse plan to retire and/or start collecting social security in 2016?
7. Were you or your spouse a member of the US Armed Forces in 2016?

DEPENDENT INFORMATION

8. Any change in dependents for 2016 (additions or subtractions)?
If additions: name/ social security number/ date of birth/relationship
Children/ Dependents:
Name DOB SS# # Mos at Home
(if adoption, more information will be needed)
9. Any childcare expense? If yes, need provider's name, address, SSN/ EIN, amount paid
if EIC, need residency supporting documents (school, medical, child care records)
10a. Do you have dependents that must file?
b. If yes, do you want us to prepare the return(s)? DUE TO ACA WE HIGHLY RECOMMEND THIS!
11. Did you provide over half the support for any other person during 2016?
Is there an active Form 8332 (Release/Revocation of Claim to Exemption to Child by Custodial Parent?)

IRA, PENSION AND EDUCATION SAVINGS PLANS

12. Did you receive payments from a pension or profit sharing plan?
(if 1099 R with code 1, we will need to know employee contributions amount)
13. a. Did you receive a total distribution from an IRA or other qualified plan that was partially
or totally rolled over into another plan?
b. Did you contribute to an IRA (Traditional or Roth)?
14. Did you convert all or part of an IRA or qualified plan into a Roth IRA?
15. Did you contribute to a Coverdell Education Savings Plan (529 Plan)?
If yes, how much, and for whom (name, relation, ssn)?
16. Are you planning on taking money from a retirement plan in 2016?

ITEMS RELATED TO INCOME/ LOSSES

17a. Did you buy, sell, refinance, or abandon a principal residence or other real property?
If yes, need settlement statements and 1099's. If refi - need # yrs of loan if points paid
b. If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit?
c. Are you planning to purchase a new home soon? (2 out of last 5 years)
18. Did you have capital gains/ losses? 1099-B
If yes, will need cost basis information - date of purchase, \$ paid at purchase
19a. If you file schedule C, E (RE Professional), F - Did you need to file 1099-Misc?
b. If yes, have they been filed?

Client Name: \_\_\_\_\_

**PRIOR YEAR TAX RETURNS**

	Yes	No
20. Were you notified by the IRS or state or local of changes to prior years? If yes attach doc.		
21. Were there changes to a prior year's income, deduct., credits etc.. Which require an amendment?		

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

	Yes	No
22. Did you have foreign income or pay an foreign taxes in 2016?		
23a. At any time during 2016, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?		
b. Did the aggregate value of all of your foreign accounts exceed \$10,000 at any time during 2016?		
24. Were you the grantor of or a transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?		
25. Did you at any time during 2016 have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interest, etc) held in foreign financial institutions that exceeded \$ 50,000 in a value at any time during the year?		

**HEALTH AND LIFE INSURANCE**

	Yes	No
26. Did you and your dependents have health insurance for the full year?		
27. Did you receive any 1095A, 1095B or 1095C forms? <b>We must have this form to complete your return</b>		
28. Do you or your dependents qualify for an exemption or hardship?		
29. Did you or your spouse have self-employed health insurance?		
30. If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?		
31. Did you contribute to or receive distributions from a Health Savings Account (H.S.A)? If yes to distributions, were they for medical expenses? (1099SA), 12/31 balance in account		

**MISCELLANEOUS**

	Yes	No
32. Did you make energy efficient improvements to your home or purchase any energy-property during 2016 (not appliances) If yes, need manufacturers certification, receipt.		
33a. Did you purchase a motor vehicle or boat during 2016? If yes, provide purchase slip.		
b. Was the vehicle a hybrid or electric vehicle?		
34. Did you pay any individual more than \$ 1800 for domestic services in 2016? Child care, cleaning		
35. Did you, your spouse, or your dependents attend post-secondary school in 2016? if yes, need 1098T, # years completed, books, AND tuition statements		
36. did you pay interest on a student loan for yourself, your spouse or your dependents?		
37. Did a lender cancel any of your debt in 2016? (Attach forms 1099-A or 1099-C) If a foreclosure/ short sale - need all documentation provided by bank		
38. Did you receive any additional income? (Tip Income, disability payments)		
39. Did you have any job related expenses (work boots, union dues)? If yes, need details		
40. Did you need to file use tax on your PA income tax return?		
41. Do you file PA-1000? If yes, we will need stamped real estate tax receipts		
42. Did you make any gifts > \$ 14,000?		
43. Did you make a loan at an interest rate below market rate?		

**ELECTRONIC FILING AND DIRECT DEPOST OF REFUND**

	Yes	No
44. Would you like your refund directly deposited? If yes, same account as last year? If new account, please provide us with voided/ copy of check.		

**ESTIMATED PAYMENT INFORMATION**

	Need check #, dates and amounts paid			
	1Q16	2Q16	3Q16	4Q16
FEDERAL	_____	_____	_____	_____
STATE	_____	_____	_____	_____
LOCAL	_____	_____	_____	_____

Client Name: \_\_\_\_\_

	TAXPAYER	SPOUSE
W-2'S		
W-2 G		
1099G		
1099R'S		
1099-SSA		
1099 MISC		
1099 INT		
1099 DIV		
1099 B		
1099SA		
K-1		

ITEMIZED DEDUCTIONS:	
MEDICAL EXPENSES (MED MILEAGE = 19¢ PER MILE)	STATE & LOCAL TAXES HOME MTG INT (1098)
REAL ESTATE TAXES	TAX PREP FEE
REFINANCING?	UNION & PROF FEES
CHARITABLE CONTRIBS (DOC REQ'D - VEH 1098C) (CHAR MILEAGE = 14 ¢ PER MILE)	JOB RELATED EXPENSES MOVING (MOVING MILEAGE = 19¢ PER MILE)

SCH C/ F
INCOME
EXPENSES
BUSINESS USE OF HOME (utilities, mtg, basis, repairs home owners ins, real estate taxes) <b>** PA does not accept safe harbor bus use of home</b>
<b>NEED COPY OF DEPRECIATION SCHEDULE</b>
Any new assets (purchase date, \$\$) Sale of assets (original info, depr taken, date of sale, sale price)
Installment sale information

SCH E	
INCOME	
ADDRESS OF PROPERTY, TYPE OF PROPERTY	
EXPENSES	
Days rented at fair rental value	Days of personal use
<b>NEED COPY OF DEPRECIATION SCHEDULE</b>	

CAR EXPENSES - must have mileage figures!	
Actual vs. Standard Deduction	
Date in Service	Vehicle Type
Beg. Mileage	Interest paid on vehicle loan
End Mileage	parking/ tolls
Bus. Miles	Actual Expenses
<b>Std Mileage for 2016 is 54¢ per mile</b>	
Std Meal Allowance = \$ 51/day (\$63 /day for transportation workers) <b>** PA does not accept per diem amounts</b>	