

TAX QUESTIONNAIRE FOR RETURNING CLIENTS

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

PERSONAL INFORMATION	IF NO CHANGES CHECK HERE																					
1. Name _____ Spouse _____ SS# _____ SS# _____ Job Title _____ Job Title _____ DOB _____ DOB _____ Address: _____ Township/ County _____ School District _____	Yes      No																					
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	IF NO CHANGES CHECK HERE																					
8. Any change in dependents for 2016 (additions or subtractions)? If additions: name/ social security number/ date of birth/relationship	Yes      No																					
<b>Children/ Dependents:</b>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 10%;">DOB</th> <th style="width: 10%;">SS#</th> <th style="width: 10%;"></th> <th style="width: 10%;"># Mos at Home</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	DOB	SS#		# Mos at Home																	
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 <b>yes</b> , do you want us to prepare the return(s)? <b>DUE TO ACA WE HIGHLY RECOMMEND THIS!</b>																						
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	IF NO CHANGES CHECK HERE																					
12. Did you receive payments from a pension or profit sharing plan? (if 1099 R with <b>code 1</b> , we will need to know employee contributions amount)	Yes      No																					
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	IF NO CHANGES CHECK HERE																					
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	Yes      No																					
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?																						
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.	<input type="checkbox"/>	<input type="checkbox"/>
21. Were there changes to a prior year's income, deduct., credits etc.. Which require an amendment?	<input type="checkbox"/>	<input type="checkbox"/>

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES	IF NO CHANGES CHECK HERE	
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	Yes	No
22. Did you have foreign income or pay an foreign taxes in 2016?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the aggregate value of all of your foreign accounts exceed \$10,000 at any time during 2016?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE	IF NO CHANGES CHECK HERE	
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	Yes	No
26. Did you and your dependents have health insurance for the full year?	<input type="checkbox"/>	<input type="checkbox"/>
27. Did you receive any 1095A, 1095B or 1095C forms? <b>We must have this form to complete your return</b>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you or your dependents qualify for an exemption or hardship?	<input type="checkbox"/>	<input type="checkbox"/>
29. Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS	IF NO CHANGES CHECK HERE	
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	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.	<input type="checkbox"/>	<input type="checkbox"/>
33a. Did you purchase a motor vehicle or boat during 2016? If yes, provide purchase slip.	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the vehicle a hybrid or electric vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
34. Did you pay any individual more than \$ 1800 for domestic services in 2016? Child care, cleaning	<input type="checkbox"/>	<input type="checkbox"/>
35. Did you, your spouse, or your dependents attend post-secondary school in 2016? if yes, need 1098T, # years completed, books, AND financial transcript	<input type="checkbox"/>	<input type="checkbox"/>
36. did you pay interest on a student loan for yourself, your spouse or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
38. Did you receive any additional income? (Tip Income, disability payments)	<input type="checkbox"/>	<input type="checkbox"/>
39. Did you have any job related expenses (work boots, union dues)? If yes, need details	<input type="checkbox"/>	<input type="checkbox"/>
40. Did you need to file use tax on your PA income tax return?	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you file PA-1000? If yes, we will need stamped real estate tax receipts	<input type="checkbox"/>	<input type="checkbox"/>
42. Did you make any gifts > \$ 14,000?	<input type="checkbox"/>	<input type="checkbox"/>
43. Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND	IF NO CHANGES CHECK HERE	
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	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.	<input type="checkbox"/>	<input type="checkbox"/>

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

IF YOU COMPLETED THE ESTIMATED PAYMENTS ENVELOPE, PLEASE INCLUDE WITH YOUR TAX PAPERS RATHER THAN COMPLETE THIS SECTION.