

**2015 INDIVIDUAL INCOME TAX QUESTIONNAIRE**

This questionnaire asks for pertinent information that is necessary for the preparation of your 2015 income tax returns. Your cooperation in completing the questionnaire will allow us to prepare your returns more efficiently and may help ensure their completeness and accuracy. Please note however, that a checklist can not be expected to address every transaction or situation that may affect your returns. Therefore, if you have any questions or any other information that may impact on your returns, please make us aware of that information.

**Please explain or attach supporting documentation if you answer YES to any of the following questions.**

	Yes	No
<b>Personal Information:</b>		
Did your marital status change in 2015?	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you and your spouse want to file separate returns, <b><u>if more advantageous?</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you and your spouse want to file separate returns, <b><u>whether or not more advantageous?</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse legally blind? If yes, who: Husband _____ Wife _____ Self _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change? If yes, update info on <b>Personal Information Worksheet</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependents:</b>		
Were there any changes in dependents from the prior year? <b>Update info on Client Personal Info Worksheet</b>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children <b><u>under age 19</u></b> [24 if a fulltime student] with <b><u>unearned</u></b> income of more than \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income: Submit all applicable informational tax forms, if any, to support items of income.</b>		
Salaries and Wages - <b><u>Submit forms W-2</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Interest Income - <b><u>Submit forms 1099-INT</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Dividend Income - <b><u>Submit forms 1099-DIV</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
State Income Tax Refunds - <b><u>Submit forms 1099-G</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Gains/Losses from Stock or Property Sales - <b><u>Submit forms 1099-B [include cost basis and date acquired]</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan Distributions Including Employer Plans and IRAs - <b><u>Submit forms 1099-R</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Compensation Benefits - <b><u>Submit forms UC-1099G</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Benefits - <b><u>Submit forms SSA-1099</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling Winnings - <b><u>Submit forms W-2G</u></b> Indicate amount of gambling losses \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Income - <b><u>Submit forms 1099-MISC</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income and Expenses - <b><u>Complete Rental Property Worksheet</u></b> for each rental property	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employment Income and Related Expenses - <b><u>Complete Self-Employment Income Worksheet</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Schedules K-1 for income, deductions and credits from partnerships, S corporations, estates and trusts	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled, forgiven or refinanced? If you have cancellation of indebtedness income <b><u>Submit form 1099-C</u></b> . You may need to provide acceptable evidence of insolvency to avoid inclusion in income.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any alimony? Do not include child support. \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive unreported tip income of \$20 or more in any month? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust; or have an interest in, or a signature or other authority over, a bank account, securities account, or other financial account in a foreign country? <b>Any failure to report can result in a penalty of \$10,000 or more. Ignorance of the law may not justify non-compliance.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from any other sources not listed above?	<input type="checkbox"/>	<input type="checkbox"/>

**Tax Payments:** Submit a list of all federal and state ESTIMATED INCOME TAX PAYMENTS made FOR or DURING the tax year.

Federal Estimates		State of		State of	
Date Paid	Amount	Date Paid	Amount	Date Paid	Amount

**Retirement Accounts:**

Were you covered by an employer sponsored retirement plan during 2015? Husband or Self \_\_\_\_\_ Spouse \_\_\_\_\_

Did you, or do you intend to, contribute to an IRA account For 2015?

Did you, or do you intend to, contribute to a self-employed retirement plan For 2015?

IRA and Other Retirement Plan Contributions	FOR 2015	H/W	Plan Type	Amount
Paid to				
Paid to				
Paid to				
Paid to				

**Notes** DO NOT LIST CONTRIBUTIONS DEDUCTED ON FORM W-2  
 Indicate Plan Type as: [R] for Roth IRA or [T] for a Traditional IRA [SEP] [SIMPLE] [401k]  
 Indicate contribution amounts made FOR calendar year 2015 including payments made in 2016 for 2015.  
 If you want to maximize your contribution, indicate "MAX" in the amount box above.

Did you convert an existing Traditional IRA to a Roth IRA during 2015?

Did you turn age 70 - 1/2 during 2015 or a prior year and have money in an IRA or other retirement account without taking any distribution in 2015?

If over age 70 - 1/2, did you contribute any portion of your IRA directly to a qualified charitable organization during 2015?

**Education Expenses and Education Savings: If you answer yes to any of the following questions, complete the appropriate section(s) below.**

Did you contribute any money to an Educational Savings Account or to a Sec 529 Qualified Tuition Plan during 2015?

Contributions to Education Accounts	Account #	Student	Plan Type	Amount
Paid to:				
Paid to:				
Paid to:				

**Notes** Indicate Plan Type: Qualified Tuition Program as [529] or Education Savings Account as [ESA]  
 Indicate amount contributed FOR calendar year 2015 including payments made in 2016 for 2015.

Did you incur any post-secondary education expenses during 2015 for yourself, your spouse or a child?

Tuition and Fees Deductions	Student	F/P	Year in College	Felony Drug	Degree	Additional Amounts for Books/Materials
School:						
School:						
School:						

**Notes** Attach **FORM 1098-T** to support amounts paid for Tuition & Fees. Room and Board do not qualify.  
**F/P=Full/Part Time** Year in college = 1st, 2nd, 3rd, 4th or 4+  
**Must indicate if student has ever had a felony drug conviction.** Indicate if student is pursuing a degree.  
 Indicate amounts paid for books and other required course materials.

Did the student receive any scholarships or grants that are **NOT** reported on the Form 1098-T?

Did you withdraw any money from an Educational Savings Account or a Sec 529 Qualified Tuition Plan during 2015?    
 If yes, attach **FORM 1099-Q**

Did you pay any interest on a student loan for yourself, your spouse or a dependent at the time the loan was incurred and for which you are legally obligated to pay the interest?    
 If yes, attach **FORM 1098-E**

**Health Insurance**

Unless you or a family member qualifies for an exemption, you are required to have qualifying health care coverage for EVERY month of 2015 for each family member. "Your Family" refers to you, your spouse if filing jointly, and anyone you CAN CLAIM as a dependent.

Check to indicate full year coverage or months of coverage      Submit Form 1095

Employer Sponsored Plan

Medicare/Medicaid

Individual Plan      NOT Self-Employed

F/Yr	J	F	M	A	M	J	J	A	S	O	N	D

Individual Plan      Self-Employed      Premiums paid in 2015      \$ \_\_\_\_\_

If yes, were you eligible to participate in a subsidized health plan maintained by an employer of yourself or your spouse?

Marketplace Coverage through healthcare.gov under the Affordable Care Act

If yes, submit a copy of Forms 1095-A.


Did anyone in your family qualify for an exemption from the health care coverage mandate?

If yes, submit a copy of the exemption certificate.

Did you **contribute to or withdraw from** a health savings account (HSA) or medical savings account (MSA)?

If yes, does the plan cover      Husband or Self Only \_\_\_\_\_      Spouse Only \_\_\_\_\_      Family \_\_\_\_\_

If yes, are you covered by a High Deductible Health Plan?      Number of months covered by HDHP \_\_\_\_\_

Indicate annual deductible \_\_\_\_\_      Indicate maximum out of pocket expense \_\_\_\_\_

If yes, are you also covered by any other **non** High Deductible Health Plan?

If yes, are you eligible for Medicare?

**Submit Form 5498-SA and 1099-SA**

**Miscellaneous**

Did you start a new business, purchase a new rental property or farm, or acquire any new interest in any partnership or S corporation during the year?

Did you sell an existing business, rental property, farm, or an existing interest in a partnership or S corporation?

Did you sell, exchange or purchase any real estate during the year, including your principal residence?

**If yes, attach a copy of the settlement statement.**

Have you in any year, invested any money in, or been involved in any way with, a tax shelter transaction?

Do not answer yes for money invested in a qualified retirement plan.

Did you pay any alimony? If yes, amount paid \$ \_\_\_\_\_ [Do not include child support payments.]

Enter recipient name \_\_\_\_\_ and SSN \_\_\_\_\_

Did you use your personal automobile or truck for business purposes?      **Complete Business Use of Vehicles Worksheet**

Do you use a room in your home for business?      **Complete Home Office Deduction Worksheet**

Did you move to a different home because of a change in the location of your job?

Are you an educator who incurred out of pocket expenses for classroom related supplies?      **AMOUNT \$** \_\_\_\_\_

Did you pay in excess of \$1,000 in any quarter, or \$1,600 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Did you purchase a new motor vehicle during 2015?      **If yes, attach a copy to the Bill of Sale**

Did you pay for dependent care while you worked or looked for work? If yes, complete the following.

Provider Name & Address	Provider Tax ID Number	Whom Cared For	Amount
<b>Notes</b> Child must be under age 13 and qualify as your dependent. Overnight camps do not qualify. A spouse or other dependent who is physically or mentally incapable of self care may also qualify. You <b>must</b> provide the providers tax ID number to be able to claim the credit.			

Did you incur expenses to improve the **energy efficiency** of your **principal residence**? If yes, complete the following

Energy Efficient Improvements	ATTACH CERTIFICATION	Date Paid	Amount
<b>Notes:</b> Includes insulation, windows, skylights, doors, certain roofing materials, water heaters, heat pumps, central a/c, furnace, boiler or advanced main air circulating fan.			

Were you notified by the IRS or other taxing authority of any changes in prior year returns? **Submit copy of Notice**

Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been the victim of identity theft?    
**If YES, attach a copy of the IRS letter**

Are you aware of any other information that you believe may have an affect on your tax returns, that has not been included in any of the questions above?

**Connecticut Use Tax:**

Did you purchase any goods or services subject to Connecticut Sales Tax from an out of state provider, or an in-state provider **that did not charge you sales tax**?

**Gifts and Trusts:**

Did you make gifts with a total aggregate value in excess of \$14,000 to any individual?

Did you make any gifts to a trust for any amount?

Do you have a life insurance trust?

Did you create or transfer money or property to a foreign trust?

**Direct Deposit & Electronic Payment Information**

Please review and update the bank account information on the **Direct Deposit/Electronic Funds Withdrawal Information Sheet** on the backside of the **Personal Information Sheet** if you choose to have any refunds electronically deposited or have and amounts due electronically debited directly from a bank account.

The information included on the **Direct Deposit/Electronic Funds Withdrawal Information** sheet is correct. Initial \_\_\_\_\_

The information included on the **Direct Deposit/Electronic Funds Withdrawal Information** sheet is not correct. \_\_\_\_\_

**Attach a copy of a check or other documentation [not a deposit slip] to verify the correct routing and account information.**

**Delivery Method for Client Copy of Income Tax Returns**

Do you authorize our office to transmit your completed returns to you electronically? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enter e-mail address to transmit to \_\_\_\_\_