

2018 INDIVIDUAL INCOME TAX QUESTIONNAIRE

This questionnaire asks for pertinent information that is necessary for the preparation of your 2018 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
Personal Information: Update info on <u>Personal Information Worksheet</u>		
Did your marital status change in 2018?	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you and your spouse want to file separate returns, if more advantageous?	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you and your spouse want to file separate returns, whether or not more advantageous?	<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"/>
Dependents:		
Were there any changes in dependents from the prior year? <u>Update Client Personal Information Worksheet</u>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 [24 if a fulltime student] with unearned 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"/>
Identity Theft		
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 notice.	<input type="checkbox"/>	<input type="checkbox"/>
Income: Submit all applicable informational tax forms, if any, to support items of income.		
Salaries and Wages - <u>Submit Forms W-2</u>	<input type="checkbox"/>	<input type="checkbox"/>
Interest Income - <u>Submit Forms 1099-INT</u>	<input type="checkbox"/>	<input type="checkbox"/>
Dividend Income - <u>Submit Forms 1099-DIV</u>	<input type="checkbox"/>	<input type="checkbox"/>
State Income Tax Refunds - <u>Submit Forms 1099-G</u>	<input type="checkbox"/>	<input type="checkbox"/>
Gains/Losses from Stock or Property Sales - <u>Submit Forms 1099-B [include cost basis and date acquired]</u>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan Distributions Including Employer Plans and IRAs - <u>Submit Forms 1099-R</u>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Compensation Benefits - <u>Submit Forms UC-1099G</u>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Benefits - <u>Submit Forms SSA-1099</u>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling Winnings - <u>Submit Forms W-2G</u> Indicate amount of gambling losses \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Income - <u>Submit Forms 1099-MISC</u>	<input type="checkbox"/>	<input type="checkbox"/>
Income, deductions and credits from partnerships, S corporations, estates and trusts <u>Submit Form[s] K-1</u>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Income and Expenses - <u>Complete a separate Rental Property Worksheet</u> for each rental property	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employment Income and Related Expenses - <u>Complete Self-Employment Income Worksheet</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled, forgiven or refinanced? If you have cancellation of indebtedness income <u>Submit form 1099-C</u> . 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 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"/>
Did you receive a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive 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? Any failure to report can result in a penalty of \$10,000 or more. Ignorance of the law may not justify non-compliance.	<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 2018 including 01/2019 payments.

Federal Estimated Income Tax Payments made for 2018		State Estimated Income Tax Payments made for 2018			
		State of		State of	
Date Paid	Amount	Date Paid	Amount	Date Paid	Amount

Retirement Accounts:

Yes No

Were you covered by an employer sponsored retirement plan during 2018? Husband or Self _____ Spouse _____

Did you, or do you intend to, contribute to an IRA or self-employed retirement plan for 2018?

IRA and Other Retirement Plan Contributions	FOR 2018	H/W	Plan Type	Amount
Custodian				
Custodian				
Custodian				
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 <u>FOR</u> calendar year 2018 including payments made in 2019 for 2018.			
	If you want to maximize your contribution, indicate " <u>MAX</u> " in the amount box above.			

Did you convert an existing Traditional IRA to a Roth IRA during 2018?

Did you turn age 70-1/2 in 2018 or prior, and have money in an IRA or other retirement account without taking a 2018 distribution?

If over age 70-1/2, did you contribute any portion of your IRA directly to a qualified charitable organization during 2018?

Education Expenses and Education Savings:

Did you contribute any money to an Educational Savings Account or to a Sec 529 Qualified Tuition Plan during 2018?

If yes, submit a copy of the 2018 year end account statement showing the account number, 2018 contribution amount and year-end account balance.

Did you withdraw any money from an Educational Savings Account or a Sec 529 Qualified Tuition Plan during 2018?

If yes, submit a copy of the Form 1099-Q received from payor, and a copy of the 2018 year-end account statement

Did you incur any post-secondary education expenses during 2018 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	Room/Board
School:							
School:							
School:							
Notes	Attach FORM 1098-T to support amounts paid for Tuition & Fees						
	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 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 - Submit all Forms 1095 Received from Health Insurance Providers

Unless you or a family member qualifies for an exemption, you are required to have qualifying health care coverage for **EVERY** month of 2018 for **each** family member. Your "**family**" refers to you, your spouse if filing jointly, and anyone you **CAN** claim as a dependent.

Check **FULL YEAR** to indicate full year coverage
 If not full year coverage, check months that you had coverage

Full Year												
	J	F	M	A	M	J	J	A	S	O	N	D

Covered by Employer Sponsored Plan
 Covered by Individual Plan NOT Self-Employed
 Covered by Individual Plan Self-Employed

If self-employed indicate premiums paid in 2018 \$ _____
 If self-employed were you also eligible to participate in a subsidized health plan maintained by your or your spouse's employer? _____ Yes _____ No

Covered by Medicare/Medicaid
 Covered by Veterans Administration
 Coverage by Parents' Policy
 Marketplace Coverage through healthcare.gov under the Affordable Care Act - **Submit a copy of Forms 1095-A**

Did you 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, submit Form 5498-SA and 1099-SA

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?

Note, a HSA or a MSA in not QUALIFYING HEALTH CARE COVERAGE under the Affordable Care Act.

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.

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**

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 in 2018? **If yes, attach a copy to the Bill of Sale**

Yes No

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
Notes 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 must 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
Notes: 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 to any prior year returns? **Submit copy of Notice**

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 \$15,000 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. Initial _____

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 want a paper copy _____ or electronic copy _____ of your returns for your records?

If electronic, enter an e-mail address to transmit to: _____

We recommend that you do not use an employer related email address.