



Name: _____

Tax Year _____

ANNUAL QUESTIONNAIRE *Check all that apply****MUST completed annually*****PERSONAL Information**

- Did your **marital status** change during the year?
- Did your **address** change from last year?
- Can you be **claimed as a dependent** by another taxpayer?
- Did you and your family have **health insurance all year**?

DEPENDENT Information

- Were there any **changes in dependents** from the prior year?
- Do you provide financial support for an **elderly parent**?
- Do you have any children under age 18 with **INVESTMENT** income ?
- Did you have **K-12 school** expenses?
- Did you pay for **daycare expenses** while you worked or looked for work?

Purchases, Sales and Debt Information

- Did you start, buy, or sell a **business this year**?
- Did you purchase or sell **rental property** during the year?
- Did you sell, exchange, or purchase any **real estate** during the year?
- Did you acquire or **sell of any stock** during the year?
- Did you take out a **home equity** loan or **refinance** this year?
- Did you pay any **student loan interest** this year?
- Did you or your dependents have **education/tuition expenses** (college, university or technical)

Income Information

- Did you receive any payments from a **pension, profit sharing, IRA or 401(k) plan**?
- Did you make **withdrawals or contributions** to an **IRA, SIMPLE, SEP** account?
- Did you make any **withdrawals** from an education savings or **529 Plan** account?
- Did you receive any **disability income** during the year?

Itemized Deduction Information

- Did you incur a **casualty or theft** loss during the year?
- Did you receive a **Property Tax Refund**?
- Did you make any **noncash charitable** contributions (clothes, furniture, vehicles, etc.)?
If yes, do you have **evidence to substantiate charitable** contributions?

Miscellaneous Information

- Did you have any **relatives** that you provided **support** for during the year?
- Did you make **gifts** of more than **\$ 15,000** to any individual?
- Did you pay **LONG-TERM HEALTH** care premiums for yourself or your family?
- Did you **retire or change** jobs this year?
- Did you incur **moving costs** due to active military order related to permanent change of station?
- Did you receive **correspondence** from the **State or the IRS**?
- Did you make **ESTIMATED** tax payments?
If yes, please provide dates, amounts, and proof of payment
- Did you have financial interest in or signature authority over foreign country account
If yes, are you required to file FinCEN form 114

Completed by: _____