



Name: _____

Tax Year _____

ANNUAL QUESTIONNAIRE MUST BE completed*If * YES* to any questions, please provide us with any related tax forms & more details.***PERSONAL Information**

- Y N** Did your **marital status** change during the year?
- Y N** Did your **address** change from last year?
- Y N** Can you be **claimed as a dependent** by another taxpayer?

DEPENDENT Information

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

MEDICAL information

- Y N** Did you or you dependent purchase health care from marketplace? - Include **1095A**
- Y N** Did you have an HSA? Did you use all your disbursements for medical expenses? - Include 1099SA

PURCHASES & SALES Information

- Y N** Did you start, buy, or sell a **Business or Rental** this year?
- Y N** Did you sell, exchange, or purchase any **real estate** during the year? - Include 1099S
- Y N** Did you take out a **home equity** loan or **refinance** this year? - Include closing statement

EDUCATION

- Y N** Did you or your dependents have **education / tuition expenses**? - Include 1098T
- Y N** Did you pay any **student loan interest** this year? - Include 1098E
- Y N** Did you make any **withdrawals?___ or contributions? ___** from/to an College **529 Plan** account? -Include 1099Q

INCOME Information

- Y N** Did you make **withdrawals? ___ or contributions?___** to an **IRA, SIMPLE, SEP** account? Or **Roth ? ___**
- Y N** If you receive **Tips** in your line of work, did you reports all tips to your employer?
- Y N** Did you receive any **disability income** during the year?

ITEMIZED Deduction Information

- Y N** Did you receive a **Property Tax Refund**? If yes, how much? \$ _____
- Y N** Did you make any **charitable** contributions (monetary or non-cash)? - Fill out form

MISCELLANEOUS Information

- Y N** Did you pay **LONG-TERM HEALTH** care premiums ? - Include Name & policy number
- Y N** Did you incur **moving costs** due to active military order related to permanent change of station?
- Y N** Did you receive **correspondence** from the **State or the IRS**? - Include copy of letter
- Y N** Did you have any income from **virtual currency or Bit coin** transactions?
- Y N** Did you have financial interest in or **signature authority over foreign** country account?
- Y N** If you qualify, would you like us to prepare your **MN Property Tax Credit Return**?

ESTIMATED Tax Payments

- Y N** Did you make **ESTIMATED** tax payments? - Provide dates, amounts, and proof of payment

FINAL TAX RETURN

- Y N** A PDF Client copy of your return will be placed in your Client Access Portal for your retrieval. Would you like a paper copy sent to you in addition to your Client Portal?

How would you like your tax documents returned? No fee - Pickup Plymouth Andover

\$10 - USPS Tracking

\$35 USPS Certified or FedEx / UPS