

Questions

The following questions pertain to the 2015 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

Yes No

Did your marital status change? _____ _____

Are you married? _____ _____

 If Yes, do you and your spouse want to file separate returns? _____ _____

 If No, are you in a domestic partnership, civil union, or other state-defined relationship? _____ _____

Can you or your spouse be claimed as a dependent by another taxpayer? _____ _____

Did you or your spouse serve in the military or were you or your spouse on active duty? _____ _____

Have you or your spouse been a victim of identity theft and have you contacted the IRS? _____ _____

 If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. _____ Taxpayer _____ Spouse

Dependents:

Were there any changes in dependents from the prior year? _____ _____

 Note: Include non-child dependents for whom you provided more than half the support.

 If Yes, please provide their Name, Date of Birth, & Social Security Number.

Did you or your spouse pay for child care while you or your spouse worked or looked for work? _____ _____

Do you have any children under age 18 with unearned income more than \$1,050? _____ _____

Do you have any children, age 18, or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? _____ _____

Did you adopt a child or begin adoption proceedings? _____ _____

Are any of your dependents non-U.S. citizens or non-U.S. residents? _____ _____

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? _____ _____

 If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

 If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemptions apply.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? _____ _____

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? _____ _____

Did you apply for an exemption through the Marketplace? _____ _____

 If Yes, provide the Exemption Certificate Number. _____

Are any of your dependents required to file a tax return? _____ _____

Questions

Healthcare (continued):

Yes No

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? _____

Were you eligible for employer-sponsored healthcare coverage? _____

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? _____

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?
If you received a distribution from an HSA, include all Forms 1099-SA. _____

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?
If you received a distribution from an MSA, include all Forms 1099-SA. _____

Did you or your spouse receive any distributions from long-term care insurance contracts?
If Yes, include Form 1099-LTC. _____

If you or your spouse are self-employed, are you eligible to be covered under an employer's health plan at another job? _____

If Yes, how many months were you covered? _____

If you or your spouse are self-employed, are you eligible to be covered under an employer's long-term care plan at another job? _____

If Yes, how many months were you covered? _____

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? _____

Education:

Did you or your spouse pay any student loan interest? _____

If Yes, please send us the Form 1098-E. _____

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? _____

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? _____

If Yes, include all Forms 1099-Q. _____

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? _____

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? _____

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less. _____

Did you or your spouse incur any casualty or theft losses? _____

If Yes, please describe. _____

Did you or your spouse make any large purchases, such as motor vehicles and boats? _____

If Yes, please provide the amount of sales tax paid on the purchase. _____

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? _____

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? _____

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? _____

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditions, or water heaters? _____

Questions

Investments:

Yes No

Did you or your spouse have any debts canceled, forgiven or refinanced? _____

If Yes, please describe.

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? _____

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

Did you or your spouse sell, exchange, or purchase any real estate? _____

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? _____

Did you or your spouse engage in any put or call transactions? _____

Did you or your spouse close any open short sales? _____

Did you or your spouse sell any securities not reported on Form 1099-B? _____

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? _____

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? _____

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? _____

Did you or your spouse retire or change jobs? _____

Personal Residence:

Did your address change? _____

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job? _____

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? _____

Are your total mortgages on your first and/or second residence greater than \$1,000,000? _____

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Beginning Balance _____ Beginning Interest Rate _____

Ending Balance _____ Ending Interest Rate _____

Did you or your spouse take out a home equity loan? _____

Did you or your spouse have an outstanding home equity loan at the end of the year? _____

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Beginning Balance _____ Beginning Interest Rate _____

Ending Balance _____ Ending Interest Rate _____

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? _____

Did you or your mortgagee receive mortgage assistance payments? _____

If Yes, include all Forms 1098-MA.

Questions

Sale of Your Home:

Yes No

Did you sell your home? _____

Did you receive Form 1099-S? _____

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? _____

Did you or your spouse ever rent out the property? _____

Did you or your spouse ever use any portion of the home for business purposes? _____

Have you or your spouse sold a principal residence within the last two years? _____

At the time of the sale, the residence was owned by the: _____ Taxpayer _____ Spouse _____ Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? _____

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? _____

Did you or your spouse make any gifts to a trust for any amount? _____

Did you or your spouse have a life insurance trust? _____

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? _____

Did you or your spouse forgive any indebtedness to any individual, trust or entity? _____

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? _____

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? _____

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

Did you or your spouse own any foreign financial assets? _____

Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$1,900 during the year for domestic services performed in or around your home to individuals who could be considered household employees? _____

Did you or your spouse receive unreported tip income of \$20 or more in any month? _____

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness? _____

Did you or your spouse engage in any bartering transactions? _____

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? _____

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? _____