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The following questions pertain to the 2017 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? _____

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 name, date of birth, and 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? _____

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

If Yes, please confirm who will claim the dependency exemption.

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. _____

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? _____

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Healthcare (continued):

Yes No

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. _____

Were all distributions from an HSA or MSA for unreimbursed qualified medical expense? _____

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 or your spouse 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 or your spouse 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 include all Forms 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?
If Yes, include all Forms 1098-T and detail for expenses paid. _____

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?
If Yes, please describe. _____

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
If Yes, please provide details. _____

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
If Yes, provide the number of gallons or special fuels used for off-highway business purposes.
_____ Gallons _____ Type _____

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Deductions and Credits (continued):

Yes No

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?

If Yes, Make _____ Model _____ Cost _____

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 conditioners, or water heaters?

If Yes, Make _____ Model _____ Cost _____

Investments:

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?

If Yes, provide the transaction details.

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?

Did you or your spouse receive deferred, retirement or severance compensation?

If Yes, enter the date received (Mo/Da/Yr). _____

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?

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Personal Residence (continued):

Yes No

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.

Sale of Your Home:

Did you sell your home?
If Yes, please provide closing documents and 1099-S received.

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:

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 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?
