

## Questions

	Yes	No
<b>Personal Information.</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you marry a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did you receive an Identity Protection PIN from the IRS or have you been a victim of identity theft?</b> If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information.</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under the age of 19, or a full-time student under the age of 24 with unearned income in excess of \$3900? (Interests, dividends & capital gains).	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependent who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for person(s) other than dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are 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"/>
<b>Purchases, Sales and Debt Information.</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding or repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year; home mortgage or student loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in drive or fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information.</b>		
<b>Did you have any foreign income, accounts, or pay any foreign taxes during the year?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did you receive a distribution from or were you a grantor or transferor for a foreign trust, or do you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?</b>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the balance exceed \$10,000. Please file form TD F 90-22-1		
<b>Did you have a financial interest in or signature authority over a financial account such as bank accounts, securities account, or brokerage account, located in a foreign country?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents receive any Social Security disability, Federal Assistance, State assistance, child support, Workman's Comp?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list dollar amounts and income you reported for the assistance.		
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to IRA, Keogh, SIMPLE, Sep or other qualified retirement plans?	<input type="checkbox"/>	<input type="checkbox"/>

► Print Name: \_\_\_\_\_ ► Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Yes	No
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health Savings Account (HSA), Archer, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any child support or alimony during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deduction, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>

#### Itemized Deduction Information

Did you have any Mortgage Interest Paid during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay State and Local real estate property taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (car, boat, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in-person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>

#### Health Care Information.

Did you make any contributions to a health saving account (HSA) or archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any COBRA health care coverage continuation premiums?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a business owner and paid health insurance premiums for your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family qualify for an exemption from the health care coverage mandate?	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through the healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<input type="checkbox"/>	<input type="checkbox"/>

#### Miscellaneous Information.

Did you make gifts of more than \$14,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any education expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to IRA, Roth, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents attend a post-secondary school during the year or plan to attend in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay an individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the state or internal revenue service?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		

► Print Name: \_\_\_\_\_ ► Signature: \_\_\_\_\_ Date: \_\_\_\_\_