

2019 Client Organizer Questionnaire

NOTE: We cannot complete your 2019 personal income tax returns without these questions being answered and the last page being signed.

Please check the appropriate box if it applies to anyone claimed on your tax return. Yes answers will most likely require additional information or backup documents.

Personal Information

	Yes	No
Were you legally married as of 12-31-19?	<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"/>
Do you want to direct deposit your refund if one is due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to use direct debit if an amount is owed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want your refund applied to your estimates?	<input type="checkbox"/>	<input type="checkbox"/>
Have you reviewed your bank account information for accuracy provided in the Client Organizer used for direct deposit and direct debit?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents receive an Identity Protection PIN (IP PIN) assigned to you by the IRS or have you been a victim of identity theft?		
If yes, please attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? This includes hurricane, tropical storm, and wildfire victims.	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information

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 age 19 or a full-time student under age 24 with unearned (interest, dividend, etc) income in excess of \$2,200? *This would include UTMA/UGMA accounts*	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any dependents that attended a K-12 private, religious or home school? *Note: this applies to Indiana residents only*	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Social Security numbers for all of your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must or did file a 2019 tax return?	<input type="checkbox"/>	<input type="checkbox"/>
If filed, did they claim themselves on their Federal Tax Return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) (not dependent children) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care (children less than 13) while you worked, looked for work, or were a full time student (including day camps)?	<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"/>
*Please provide a signed Form 8332 if required.		
Did the child(ren) have the most overnights with you?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or withdrawals from an ABLE (Achieving a Better Life Experience) account? If so please attach Form(s) 5498-QA and/or 1099-QA.	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

	Yes	No
Did you have any foreign income or pay any foreign taxes during the year such as from a business, trust, or a foreign employer (not held in a US brokerage account)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this 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 any disability income 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 bonuses, prizes, awards, gambling or lottery winnings this year that are not on your W-2?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholdings next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income not reported elsewhere in this organizer? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Information

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 an IRA, Roth, Keogh, SIMPLE, SEP, 401(k) or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If you are over 70.5, did you make a Qualified Charitable Distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or would you like to make any contributions to an IRA or Roth IRA retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or would you like to make a contribution into a self-employed retirement plan, such as a Keogh or SIMPLE?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt Information

Did you start or sell a business or purchase/sell rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or sell any 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"/>
Were you involved in a foreclosure or abandonment of a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you dispose of any stock during the year in a non-retirement account?	<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 lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Education Information		
Did you have any college educational expenses during the year? *Please provide form 1098-T*	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account? *Please provide the Dec statement.* Was it an Indiana Qualified Plan?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? *Please provide all 1099-Qs.*	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or a dependent receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Medical Information		
Did you make any contributions to a Health Savings Account (HSA) or Archer Medical Savings Account (Archer MSA) under a qualified High Deductible Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health Savings Account (HSA), Archer Medical Savings Account (Archer MSA), or Medicare Advantage Medical Savings Account this year?	<input type="checkbox"/>	<input type="checkbox"/>
Were all of your distributions for approved medical items?	<input type="checkbox"/>	<input type="checkbox"/>
A Flexible Spending Account (Sec. 125 FSA) is not an HSA		
Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.) not paid for through a FSA, MSA, or HSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care (nursing home insurance) premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Was this policy an Indiana Partnership Qualified Policy?	<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 have paid health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? 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 the year for your family? Please attach all Form(s) 1095-B and/or 1095-C.	<input type="checkbox"/>	<input type="checkbox"/>
*Your family refers to you, your spouse (if filing jointly), and anyone you can claim as a dependent.		
Did anyone in your family qualify for an exemption from the health care coverage mandate?	<input type="checkbox"/>	<input type="checkbox"/>
*If yes please provide the Marketplace exemption notice that includes your unique exemption certificate number.		
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, please attach any Form(s) 1099-H you received.	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

	Yes	No
Did you incur a casualty or theft loss or any condemnation awards during the year in a federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have written evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Were any of your contributions to an Indiana college or university?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If the total value of donated items exceeds \$500, please provide the date of each donation, the name of the organization, the value of each donation and a description of each donation.		
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, 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 any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach any Form(s) 1098 you received.		
Did you refinance any existing loans on your home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay state or local real estate property taxes this year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach supporting documents.		

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home exclusively for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make qualified energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Qualified includes fuel cell, small wind energy, geothermal, and solar electric or water heating property.		
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies, used virtual currencies to pay for goods or services, or are you holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>
(Virtual currencies include, but are not limited to: Bitcoin, Litecoin, Ethereum)		
Did you receive correspondence from a State Department of Revenue or the Internal Revenue Service (other than a 1099-G)?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide copies of all correspondence.		

Wheeler & Associates Miscellaneous Questions**Yes No**

Do you want to designate \$3 to the Presidential Election Campaign Fund?

If you check yes, it will not change your tax or reduce your refund.

Would you like to electronically **sign** your Form 8879, E-file

Signature Authorization, that authorizes us to e-file your return?

*If yes you will have to answer some authentication based questions to prove your identity. Each signer must have a unique email address.

Would you like to receive our monthly emailed newsletter?

How would you prefer to receive your tax organizer next year?

 Paper E-mail PDF on Portal Fill in on Portal

You will receive your copy of your tax return and backup documents on the NetClient

Portal unless you indicate on the following line your preference for a paper copy.

I prefer to receive my copy in the following manner: _____

There will be a \$30 fee for multiple formats and/or multiple copies.**2019 Client Organizer & Questionnaire**

This information is complete and correct to the best of my (our) knowledge and we accept the terms set forth in your 2019 Tax Season Engagement/Representation Letter.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____