

Questionnaire

**Important: Please check the appropriate box and include all necessary details.
Use additional sheet to expound on an answer if necessary.**

Yes No

Health Care Information (Affordable Care Act)

If you were covered by health insurance, please provide us with tax Form 1095, or complete the enclosed blue health care coverage sheet. Do not wait for this tax form to get us your information.

Personal and Dependent Information

- | | | |
|--|--------------------------|--------------------------|
| Did your marital status change during the year? If yes, explain _____ | <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 will be used to direct deposit your tax refund? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 income (int, div, cap gains, trust income) in excess of \$1,050? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return, especially college students?
If yes, we highly recommend the parent's tax return is completed first. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year? | <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 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"/> |

Purchases, Sales and Debt Information

- | | | |
|---|--------------------------|--------------------------|
| Did you start, purchase or sell a business or 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 (incl. 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 sell any stock during the year? (PLEASE provide dates acquired/cost basis.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan or refinance a 1st or 2nd home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| *Please provide a copy of the closing or settlement statement.
*We also need to know what the proceeds were used for... really, we do! | | |
| Did you incur any non-business bad debts during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts cancelled/forgiven during the year (Form 1099-C or 1099-A)? | <input type="checkbox"/> | <input type="checkbox"/> |

Income Information

- | | | |
|--|--------------------------|--------------------------|
| Did you have any foreign income or pay any foreign taxes during the year? | <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 lump-sum payments from a pension, profit sharing or 401(k) plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from a retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health Savings Account (HSA) during the year?
*This does not include Flex Spending Accounts (FSA). | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the 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, deductions, or withholding next yr? | <input type="checkbox"/> | <input type="checkbox"/> |

Continued on next page

Itemized Deduction Information

	<u>Yes</u>	<u>No</u>
Did you incur a business casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate all charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothing, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: In 2018, unreimbursed employee business expenses are no longer deductible.

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a retirement plan <u>other than</u> through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health Savings Account (HSA)? *This is NOT referring to a Flex Spending "use it or lose it" type account.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care/nursing home premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you potentially have medical out of pocket costs exceeding 7.5% of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year (over \$2,100)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, assets, or interest in a foreign entity? (Foreign asset question should be taken seriously due to potential penalties.)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to allocate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>

Educational Expenses

Did you make any contributions/withdrawals to/from a 529 Plan or similar account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any college education expenses for you or your dependents? (PLEASE include any Form 1098-T forms showing tuition, scholarships, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

State of Michigan Information

Michigan Property Tax Credit: If you are potentially eligible for this credit, please supply us with your current year summer and winter property tax bills. See www.Michigan.gov/taxes for details.

"Use Tax": Did you make any purchases from out-of-state businesses that you might still owe Michigan sales tax on (generally required for internet purchases, for example)?
If yes, please enter the amount of purchases \$ _____

Annual Question Contest (Prize for the best answer)

Gluten free. Vegan. Vegetarian. Atkins. South Beach. Mediterranean. Raw Food. What is the name of YOUR unique diet and what does it consist of?

Please answer in the space below. The winning answer (most likely of the humorous variety) as chosen by our staff after tax season will win a \$50 gift certificate.

ANSWER BELOW: