

## Tax Preparation Questionnaire

## Tax Year 2016

Client Name

Date Completed

### A PERSONAL INFORMATION

1. Did your marital status change during the year?

YES NO

If yes, please  
describe:

3. Did your address change from last year?

YES NO

4. Can you be claimed as a dependent by another taxpayer?

YES NO

5. 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?

YES NO

6. Did you receive an Identify Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.

YES NO

**B****DEPENDENT INFORMATION**

1. Were there any changes in dependents from the prior year?

YES NO

If yes, please  
describe:

2. Do you have any children under age 19, or a full-time student under age 24, with unearned income exceeding \$2,100?

YES NO

3. Do you have dependents who must file a tax return?

YES NO

4. Did you provide over half the support for any other person(s) other than your dependent children during the year?

YES NO

If yes, please  
describe:

5. Did you pay for child care while you worked or looked for work?

YES NO

6. Did you pay any expenses related to the adoption of a child during the year?

YES NO

7. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement that establishes custodial responsibilities?

YES NO

8. Did any dependents receive an Identify Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.

YES NO

**C****PURCHASES, SALES, AND DEBT INFORMATION**

- |   |     |    |
|---|-----|----|
| 1. Did you start a new business or purchase rental property during the year?                              | YES | NO |
| 2. Did you sell, exchange, or purchase any assets used in your trade or business?                         | YES | NO |
| 3. Did you acquire a new or additional interest in a partnership or an S corporation?                     | YES | NO |
| 4. Did you sell, exchange, or purchase any real estate during the year?                                   | YES | NO |
| 5. Did you purchase or sell a principal residence during the year?  | YES | NO |
| 6. Did you foreclose or abandon a principal residence or real property during the year?                   | YES | NO |
| 7. Did you acquire or dispose of any stock during the year?   | YES | NO |
| 8. Did you take out a home equity loan this year?   | YES | NO |
| 9. Did you refinance a principal residence or second home this year?                                      | YES | NO |
| 10. Did you sell an existing business, rental, or other property this year?                               | YES | NO |
| 11. Did you lend money with the understanding of repayment and this year it became totally uncollectable? | YES | NO |
| 12. Did you have any debts canceled or forgiven this year such as home mortgage or student loans?         | YES | NO |
| 13. Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? | YES | NO |

**D****INCOME INFORMATION**

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|--|-----|----|
| 1. Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as investment accounts, partnerships, or a foreign employer? | YES | NO |
| 2. Did you receive any income from property sold prior to this year?   | YES | NO |
| 3. Did you receive any unemployment benefits during the year?  | YES | NO |
| 4. Did you receive any disability income during the year?  | YES | NO |
| 5. Did you receive tip income not reported to your employer this year?   | YES | NO |
| 6. Did any of your life insurance policies mature, or did you surrender any policies?  | YES | NO |
| 7. Did you receive any awards, prizes, hobby income, gambling, or lottery winnings?  | YES | NO |
| 8. Do you expect a large fluctuation in income, deductions, or withholding next year?  | YES | NO |

**E****RETIREMENT INFORMATION**

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|--|-----|----|
| 1. Are you an active participant in a pension or retirement plan?  | YES | NO |
| 2. Did you receive any Social Security benefits during the year?   | YES | NO |
| 3. Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | YES | NO |
| 4. Did you receive any lump-sum payments from pension, profit sharing, or 401(k) plans?                            | YES | NO |
| 5. Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | YES | NO |

# F

## EDUCATION INFORMATION

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|---|-----|----|
| 1. Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?   | YES | NO |
| 2. Did you have any educational expenses during the year on behalf of yourself, your spouse, or your dependent children? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses. | YES | NO |
| 3. Did anyone in your family receive a scholarship of any kind during the year?<br>If yes, were any of the scholarship funds used for expenses other than tuition such as room and board?                           | YES | NO |
| 4. Did you make any withdrawals from an education savings or 529 Plan account?  | YES | NO |
| 5. Did you make any contributions to an education savings or 529 Plan account?  | YES | NO |
| 6. Did you pay any student loan interest this year?   | YES | NO |
| 7. Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  | YES | NO |
| 8. Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?<br>If yes, for what school year?                                | YES | NO |

# G

## HEALTH CARE INFORMATION

- |   |     |    |
|---|-----|----|
| 1. Did you have qualifying health care coverage such as employer-sponsored coverage or government-sponsored coverage (e.g., Medicare/Medicaid) for your family?<br>"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.                                    | YES | NO |
| 2. If you had qualifying health care coverage such as employer-sponsored coverage or government-sponsored coverage (e.g., Medicare/Medicaid) for your family, was everyone covered for every month of 2016?<br>"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as dependent.  | YES | NO |
| 3. Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption. | YES | NO |
| 4. Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.   | YES | NO |

**G****HEALTH CARE INFORMATION — CONTINUED**

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|---|-----|----|
| 5. Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? | YES | NO |
| 6. Did you make any contributions to a Health Savings Account (HSA) or Archer MSA?  | YES | NO |
| 7. Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?  | YES | NO |
| 8. Did you pay any long-term care premiums for yourself or your family?   | YES | NO |
| 9. Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.                                   | YES | NO |
| 10. Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.                               | YES | NO |
| 11. If you are a business owner, did you pay health insurance premiums for your employees this year?  | YES | NO |

**H****ITEMIZED DEDUCTION INFORMATION**

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|--|-----|----|
| 1. Did you incur a casualty or theft loss or any condemnation awards during the year?  | YES | NO |
| 2. Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.)?   | YES | NO |
| 3. Did you make any cash or non-cash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence (receipt, canceled check, or record of payment) for all contributions. | YES | NO |
| 4. Did you donate a vehicle or boat during the year? If yes, please attach Form 1098-C or other written acknowledgment from donee organization.  | YES | NO |
| 5. Did you pay real estate taxes for your primary home and/or second home?   | YES | NO |
| 6. Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.?  | YES | NO |

**H****ITEMIZED DEDUCTION INFORMATION — CONTINUED**

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|--|-----|----|
| 7. Did you incur interest expenses associated with any investment accounts you held?   | YES | NO |
| 8. Did you have an expense account or allowance during the year?   | YES | NO |
| 9. Did you use your car on the job for other than commuting?   | YES | NO |
| 10. Did you work out of town for part of the year?   | YES | NO |
| 11. Did you have any expenses related to seeking a new job during the year?  | YES | NO |
| 12. Did you make any major purchases during the year (cars, boats, etc.)?  | YES | NO |
| 13. Did you make any out-of-state purchases (by telephone, Internet, mail, in person) for which the seller did not collect state sales or use tax? | YES | NO |

**I****MISCELLANEOUS INFORMATION**

- |  |     |    |
|--|-----|----|
| 1. Did you make gifts of more than \$14,000 to any individual?         | YES | NO |
| 2. Did you utilize an area of your home for business purposes?         | YES | NO |
| 3. Did you engage in any bartering transactions?                       | YES | NO |
| 4. Did you retire or change jobs this year?                            | YES | NO |
| 5. Did you incur moving costs because of a job change?                 | YES | NO |
| 6. Did you pay any individual as a household employee during the year? | YES | NO |

# I MISCELLANEOUS INFORMATION — CONTINUED

- |  |     |    |
|--|-----|----|
| 7. Did you make energy efficient improvements to your main home this year?   | YES | NO |
| 8. Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?   | YES | NO |
| 9. Did you have a financial interest in, or signature authority over, a financial account such as a bank account, securities account, or brokerage account located in a foreign country? | YES | NO |
| 10. Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  | YES | NO |
| 11. Did you receive correspondence from the State or the Internal Revenue Service?<br><br>If yes, please explain:  | YES | NO |
| 12. Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?   | YES | NO |
| 13. 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.  | YES | NO |

## Additional Information

When this form is complete, use one of the submittal methods below to submit it to Radke & Mohrhauser, LLC.

**Brian Radke**  
brian@radkecpa.net

**PRINT**

**Mike Mohrhauser**  
michael@radkecpa.net