

Questions

Please check the appropriate box and include all necessary details.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<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 during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
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 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"/>
Income Information		
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 an IRA, Keogh, SIMPLE, or SEP account?	<input type="checkbox"/>	<input type="checkbox"/>
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) this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any gambling income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?	<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 (cars, boats, home materials, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Information		
Did you make any energy efficient improvements to your home?	<input type="checkbox"/>	<input type="checkbox"/>
Were you, your spouse, or any dependents enrolled in postsecondary education?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
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 want to designate \$3 to the Presidential Election Campaign Fund? Checking yes will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documentation to prove health insurance coverage during 2016? (ie. Form 1095, W-2 with DD in box 12, Form SSA-1099, or other)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide your cell phone numbers if we can contact you on your cell phone:

Name

Cell

Name

Cell