

Susko Wealth Management, LLC

2018 Taxpayer Questionnaire (Mandatory)

Please check the appropriate boxes and include all necessary details. We are searching for deductions, so please be complete! Did any of these events happen during 2018?

Personal Information

Yes **No**

Did your marital status change? If yes, explain _____

Did your mailing address or residence change from last year?

If yes, new address: _____

Can you be claimed as a dependent by another taxpayer?

Are you or any dependent disabled or blind?

Did you change any bank accounts that have been used to direct deposit
(or direct debit) funds from (or to) the IRS or state from last year?

Dependent Information

Yes **No**

Were there any changes in dependents you claimed from last year?

Name all dependents: _____

Do you have any children (under age 19 or college students under the age of 24)
with unearned income in excess of \$2000?

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

If yes, please provide provider name, address, SS# or EIN#, & amount paid.

Buy or Sell Information and Debt Information

Yes **No**

Did you buy, sell, or exchange any real estate? (Send all closing statements)

Did you abandon or have any real estate foreclosed? (Send 1099A and/or 1099C)

Did you sell or write off any stock? (Send original cost, sales price, and dates.)

Did you buy or sell an interest in any other investments (ex. K-1's)?

Did you take out a home equity loan or line of credit this year or refinance any
real estate? If yes, send closing statements.

Income Information

Yes **No**

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, or pay any foreign taxes?

Did you have \$10,000 in a foreign bank account for even one day during the year?

Did you have at least \$50,000 in foreign assets for even one day during the year?

Did you earn any income in a foreign country?

Did you receive or rollover any retirement account money?

Did you receive any disability or unemployment income?

Did you receive any tip income that was not reported to your employer?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you cash in any U.S. Savings Bonds?

Did you receive employer-provided educational assistance or other educational
benefits?

Did you take money out from a 529 plan? If yes, whose name was on the account and how much?(Send Form 1099-Q)_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a damage award for personal injury, sickness, or discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive executor fees or jury duty fees? If yes, amount \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or pay alimony (not child support)? If yes, amount \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Full name & SS# of ex:_____		
Do you qualify for any Social Security benefits such as retirement, death, disability, or Medicare? (Send form 1099-SSA)	<input type="checkbox"/>	<input type="checkbox"/>

Deduction Information

Yes **No**

Did medical expenses exceed 7.5% of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a health insurance plan in 2018?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, did you pay health insurance premiums? If yes, amount \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care (nursing home) premiums for yourself or family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you keep all your sales tax receipts for this year (not required)? If yes, total sales tax paid \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for any property? If yes, how much?_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay mortgage interest for your residence or a second home? (Send 1098)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to pay interest on a non-retirement investment portfolio?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest? (Send 1098-E)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to pay private mortgage insurance (PMI)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a donee acknowledgement to substantiate all cash or check charitable contributions of \$250 or more and proof of all charitable contributions (cash & noncash)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat? (Send 1098-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any unreimbursed employee expenses or an allowance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any moving or job-seeking expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur unreimbursed casualty/theft losses greater than 10% of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a teacher who bought school supplies for your job?	<input type="checkbox"/>	<input type="checkbox"/>

College and Credit Information

Yes **No**

Did you pay any college expenses? If yes, provide annual summary of charges and payments received from school & list of checks written. (Send 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>
Have you started any adoption process?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your home this year? Which kind?_____	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Yes **No**

Did you make any estimated payments to the IRS? If yes, please list: 1st Q \$ _____ 2nd Q \$ _____ 3rd Q \$ _____ 4th Q \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from federal, state, or local tax authorities? If yes, send letters.	<input type="checkbox"/>	<input type="checkbox"/>

Do you have employer provided stock options that you can exercise or sell?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any 2018 gifts this year of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have your refund direct deposited into your bank account? (Send voided check for routing and account numbers .)	<input type="checkbox"/>	<input type="checkbox"/>
Did you file bankruptcy or have debts forgiven / cancelled this year? (Send 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any gambling income and do you have any proof of losses? If yes, send proof of losses for review.	<input type="checkbox"/>	<input type="checkbox"/>
Were you a victim of identity theft, whereby the IRS issued you an IP PIN? If yes, please provide_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Owners Only

	<u>Yes</u>	<u>No</u>
Did you start up or shut down a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you were self-employed, did you pay health insurance permiums? If yes, amount\$_____	<input type="checkbox"/>	<input type="checkbox"/>
Do you own or invest in a business that would be considered manufacturing?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a NEW employee pension plan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Have all required 1099s been filed and issued? If not, would you like our help?	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain mileage logs for all vehicles driven for business purposes? (Truckers: While the IRS will allow you to use a per diem rate, PA will NOT. You must have a mileage log to take a deduction for the state.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep records to support all business expense reimbursements issued to all owners and employees?	<input type="checkbox"/>	<input type="checkbox"/>

Pennsylvania Information (For PA Residents Only)

	<u>Yes</u>	<u>No</u>
Did you work and live in PA all year?	<input type="checkbox"/>	<input type="checkbox"/>
PA requires you to pay sales tax on any purchases made from out-of-state companies, including purchases made over the internet or by catalogue. Did you make any purchases from out-of-state companies which you would like to report? If yes, total purchases \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to any 529 Plans? If yes, which state plan?_____ Amount contributed \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any estimated payments to PA? If yes, please list: 1st Q \$_____ 2nd Q \$_____ 3rd Q \$_____ 4th Q \$_____	<input type="checkbox"/>	<input type="checkbox"/>