

**PLEASE COMPLETE THIS QUESTIONNAIRE AND SUBMIT  
ALONG WITH YOUR TAX DOCUMENTS**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CHECK ALL QUESTIONS THAT APPLY & INCLUDE ALL NECESSARY DETAILS & DOCUMENTATION

**Personal Information—Check all that apply**

Changes in: Marital Status \_\_\_ Address \_\_\_ Dependents \_\_\_ Bank Account for Direct Deposit \_\_\_

You are claimed as a dependent on someone else's return \_\_\_ Paid for daycare \_\_\_

**Purchases, Sales and Debt Information—Check all that apply**

Purchased interest in a business, rental property, partnership or corporation \_\_\_

Sold, exchanged, property \_\_\_, stock \_\_\_, business \_\_\_

Refinanced property \_\_\_, Took a 2nd Mortgage or Equity line of credit \_\_\_

Had debt cancelled by mortgage co. \_\_\_, credit card \_\_\_, personal loan \_\_\_

**Income Information-Check all that apply**

I have Foreign Bank accounts \_\_\_ Withdrew from IRA \_\_\_, Pension \_\_\_, 401K \_\_\_, other retirement \_\_\_

Withdrew from Education Accounts \_\_\_, Health Savings account \_\_\_, Received Social Security \_\_\_,

Unemployment \_\_\_, Disability \_\_\_, Unreported Tips \_\_\_, Gambling or Lottery Winnings \_\_\_

**Deduction Information- Check all that apply**

Had a loss of property or money \_\_\_, Paid out of pocket medical expenses \_\_\_, Purchased a vehicle \_\_\_,

Paid contributions to charity by cash or check \_\_\_, Gave used items to charity \_\_\_, Donated a Vehicle \_\_\_

Had unreimbursed employment related expenses \_\_\_ (note: these apply to the state only)

Had Education expenses \_\_\_, Received Scholarship \_\_\_, Paid student loan interest \_\_\_,

Made Contributions to Traditional IRA \_\_\_, Roth IRA \_\_\_, other personal retirement plan \_\_\_

Made out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax \_\_\_

**Miscellaneous Information**

Gave an individual more than \$15,000 \_\_\_, Paid a household employee \_\_\_

Enrolled in lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act \_\_\_

Received correspondence from the State or the Internal Revenue Service \_\_\_ Received IRS PIN \_\_\_

Designate \$3 to the Presidential Election Campaign Fund Yes \_\_\_ (will not change your tax or reduce your refund) No \_\_\_