

Individual Tax Return Questionnaire – 2018 Tax Year

Submit your completed and signed Individual Tax Questionnaire along with any additional tax information via:

- Secure electronic file transfer at: <https://www.clientaccess.com/sharesafe/#/bwccpa>
- Drop off during business hours or leave in our secure drop box at the entrance during after hours.

PERSONAL INFORMATION	
Name: _____	
Address: _____	
Taxpayer cell phone: _____	Spouse cell phone: _____
Email addresses: _____	
Filing status or dependent changes? _____	
For verification purposes, please provide the last four digits of the bank account used for direct deposit. _____	
If you are a new client or your bank account information has changed, please provide us with a voided check.	
If we can't file your tax return by the original due date, do we have your permission to file an extension? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate how you would like to receive your tax return copy (please choose one): <input type="checkbox"/> Secure Email <u>OR</u> <input type="checkbox"/> Paper Copy	
Preferred method for returning your documents: <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail delivery (extra fees may apply)	

QUESTIONS	Yes	No	QUESTIONS	Yes	No
Did you have an interest in, or signature authority over a foreign financial account or have financial accounts/assets/interests maintained or issued by a foreign entity?			Did you pay any individual, NOT holding themselves out as a business, more than \$2,100 for household services during the year, such as cleaning, cooking, healthcare or childcare?		
Did you receive a gift/distribution from a foreign person or trust?			Are you using any cryptocurrencies, such as Bitcoin, Ethereum, etc? If so, list: _____		
Have you ever received any correspondence from the IRS or paid any fines/penalties to them that have not been brought to our attention?			Did you purchase, sell, or refinance your home or rental property? List all that apply and attach the HUD Settlement and/or Closing Disclosure.		
Did you receive any non-taxable income? List:			Did you purchase any qualified residential energy efficient property? (solar water heater, solar electric)		
Did you have any filing requirements in another state and/or country? List:			Did you contribute to an IRA – Roth – SEP – Company Plan? If so, how much? List amount and type of plan:		
Did you have any debt forgiven or file for bankruptcy?			Did your employer grant any stock options to you or did you exercise any stock options?		
Did you make gifts (cash or property) in excess of \$15,000 to any individual during the year?			Did you have compliant health insurance coverage for the entire year? How many months if less than 12? ____ Please attach a copy of all your Form(s) 1095.		
Do any of your dependent children have unearned income over \$2,100?			Did a dependent file a separate tax return for 2018? If so, please provide a copy of their return.		

Itemized Deductions:

Provide documents **ONLY** if you think your total itemized deductions might exceed the new IRS standard deduction for your filing status. Please review the new standard deduction table listed in the 2018 Tax Documents Checklist.

QUESTIONS	Yes	No
Did you pay sales tax on the purchase of a vehicle, boat, motorcycle or certain construction costs?		
Do you have a home equity loan? If so, who is the loan with?		
Have you read the charitable substantiation rules and maintained the appropriate documentation?		

Affordable Care Act:

If you or a family member enrolled in health insurance through the Marketplace and advance payments of the premium tax credit were made to your insurance company to reduce your monthly premium payment, you must provide us with a copy of your Form 1095-A. The Marketplace is required to send Form 1095-A by January 31, 2019.

If you or someone in your family had health coverage from a provider other than the Marketplace in 2018, the provider of the coverage is required to send you a Form 1095-B or 1095-C by March 4, 2019.

Signature _____ Date: _____