



2017 Questionnaire

Name: _____

Best Phone # _____

Preferred E-mail Address: _____

Please review the following questions.

Please bring in supporting documents.

FAMILY INFORMATION	Circle Yes or No
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- | | | |
|--|-----|----|
| 1. Did your marital status change during the year? | YES | NO |
| 2. Did your address change from last year? | YES | NO |
| 3. Was there a change in dependents from the prior year? | YES | NO |
| 4. Do you have any children under age 19 or full-time student with unearned income in excess of \$2000? | YES | NO |
| 5. Did you provide over half the support for any other person(s) other than your dependent child(ren) this year? | YES | NO |
| 6. Did you pay for child care while you worked or looked for work? | YES | NO |
| 7. Do you want your tax refund direct deposited?
Routing Number _____ Acct Number _____ | YES | NO |

INCOME INFORMATION	
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- | | | |
|---|-----|----|
| 1. Did you receive any income from wages or salary? Provide W-2 | YES | NO |
| 2. Did you receive any income from Self- Employment? Provide 1099-Misc
See page 3 for organizing information | YES | NO |
| 3. Did you receive any income from the sale of real or personal property? | YES | NO |
| 4. Did you make any withdrawals from a retirement plan? Provide 1099-R | YES | NO |
| 5. Did you receive any interest income? Provide 1099-INT | YES | NO |
| 6. Did you receive dividend income or sale/trade stock? Provide 1099-DIV/1099-B | YES | NO |
| 7. Did you receive any income from a Rental or Farm? Provide 1099-Misc
(HUD-1 if new rental) See Page 3 for organizing information | YES | NO |
| 8. Did you receive any income from a trust, estates, partnership or S-Corp?
Provide K-1's | YES | NO |
| 9. Did you receive Social Security benefits during the year? Provide 1099-SSA | YES | NO |
| 10. Did you receive any Unemployment Benefits? Provide 1099-G | YES | NO |

PLEASE COMPLETE ALL THREE PAGES

- | | | |
|---|-----|----|
| 11. Did you receive any awards, prizes, hobby income, gambling or lottery winnings, tips, jury duty, online sales, inheritance or any other income not listed. Please provide 1099-M or W-2G for gambling winnings including proof of any losses. | YES | NO |
| 12. Did you have any debts canceled or forgiven this year? Provide 1099-C/1099-A | YES | NO |
| 13. Did you have any foreign income or any signature authority over a financial account such as: bank account, securities account, brokerage account in a foreign country? AND/OR Hold any foreign financial accounts or assets? | YES | NO |

MEDICAL INFORMATION	Circle Yes or No
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- | | | |
|---|-----|----|
| 1. Did you pay out-of pocket medical expenses or premiums?
Health insurance (excluding Medicare) _____ Prescriptions _____
Doctors, Dentists, Hospitals, etc _____ Medical Miles _____
Lodging _____ Qualified Long Term Care (you) _____ (spouse) _____ | YES | NO |
| 2. Did you make any contributions to an HSA? Or Idaho Medical Savings account? | YES | NO |
| 3. Did you enroll in the Marketplace for health care coverage? Provide 1095-A | YES | NO |
| 4. Did you receive insurance from your employer? Provide 1095-B's and 1095-C's | YES | NO |

ADJUSTMENTS AND DEDUCTIONS	Circle Yes or No
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- | | | |
|--|-----|----|
| 1. Did you contribute to an IRA, SIMPLE, SEP, ROTH, or any other retirement plan? | YES | NO |
| 2. TEACHERS ONLY: Did you have any educator expense? Amount _____ | YES | NO |
| 3. Did you make any charitable cash contributions? Amount _____ | YES | NO |
| 4. Did you make any non-cash contributions? Total _____
Total to Idaho Youth and Rehab facilities and Educational Entities _____ | YES | NO |
| 5. Did you pay any student loan interest? Total _____ | YES | NO |
| 6. Did you have any educational expenses during the year that you paid on behalf of yourself, your spouse, or your dependent(s)? Provide 1098-T | YES | NO |
| 7. Did you incur moving costs due to a job change? | YES | NO |
| 8. Did you pay or receive alimony? | YES | NO |
| 9. Did you purchase or refinance a home in 2016? Provide HUD-1 statement | YES | NO |
| 10. Did you own your own home? Provide 1098 Mortgage Interest _____
Property taxes paid? _____ Irrigation tax _____ Points _____
Mortgage Insurance Premiums _____ | YES | NO |
| 11. Did you suffer any casualty or theft loss? | YES | NO |
| 12. Did you have any employee unreimbursed expenses? ie..union dues, tools and uniforms, safety equipment, travel, vehicle expense, continuing education | YES | NO |
| 13. Did you pay for a safe deposit box? _____ Investment expenses _____
Investment interest expense? _____ Tax Preparation fee _____ | YES | NO |

MISCELLANEOUS QUESTIONS

Circle Yes or No

- 1. Can anyone claim you as a dependent? YES NO
- 2. Do you pay any individual to work in your home on a regular basis? YES NO
- 3. Did you work or live out of Idaho for any part of the year? YES NO
- 4. Did you make any out-of-state purchases without paying sales tax? YES NO
- 5. Did you receive any correspondence from the IRS or state? YES NO
- 6. Did you receive an Identity Protection PIN from the IRS or have you been a victim of identity theft? Provide PIN from IRS if applicable YES NO

COMPLETE ALL THREE PAGES

ESTIMATED TAX PAYMENTS

	Date	Amount		Date	Amount
Due 4/18/16	_____	_____	Due 9/15/16	_____	_____
Due 6/15/16	_____	_____	Due 1/17/17	_____	_____

Did you make any state estimated Tax Payments? YES NO

WORKSHEETS

Self-Employed Worksheet

Gross Receipts _____
 (Provide 1099-Misc and 1099-K's)

Advertising _____

Bank Fees _____

Communication _____

Health Insurance _____

Interest Paid _____

Legal & Prof Fees _____

Liability Insurance _____

Meals/Entertainment _____

Office Supplies _____

Rent Expense _____

Repairs _____

Supplies _____

Subcontractors _____

Taxes and License _____

Travel _____

Utilities _____

Wages _____

Asset Purchases _____

Other _____

Vehicle Expense Fuel _____

 Repairs _____

Make of Vehicle _____

Total Miles _____ Bus Miles _____

Rental Property

Property Address _____

Rental Income _____

Advertising _____

Bank Fees _____

Insurance _____

Legal & Prof Fees _____

Management Fees _____

Mortgage Interest _____

Property Taxes _____

Repairs _____

Supplies _____

Utilities _____

Yard Maintenance _____

Asset Purchases _____

Other _____

Vehicle Expense _____

Make of Vehicle _____

Total Miles _____ Bus Miles _____

Business Use of Home

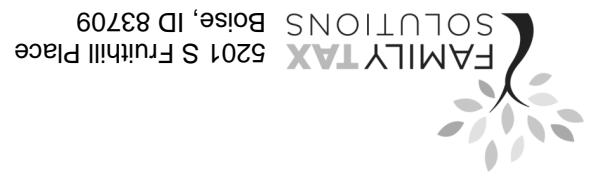
Square Foot of Office _____

Total Sq Foot of Home _____

Daycare Hours _____ Rent _____

Insurance _____ Utilities _____

Repairs _____ Maintenance _____



Privacy Policy

- We collect non-public information about you from the following sources:
 - Information we receive from you
- Information about your transactions with us or other (ie financial institutions)

Unless directed by you, we deny access to your personal and account information to anyone other than our staff. Without your permission, we do not disclose any non-public personal information about you to anyone, except when legally required or permitted in connection with fraud investigations and litigation. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your non-public personal information. Our policy applies to all current and former clients

Robin Gervais