

1040 Tax Questions for the Year 2017

Please check the appropriate box and include all necessary details. We are searching for deductions, so be complete.
Did any of these things happen during 2017?

	Yes	No
Personal Information		
Did your marital status change? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your mailing address or residence change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any dependent disabled or blind?	<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 or other taxing authority from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents you claim from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Name all dependents: _____		
Do you have any children (under age 19 or college students under age 24 with unearned income in excess of \$2,100)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care (babysitting, daycare) while you worked or looked for work? If yes, please provide provider name, address and social security number/EIN and amount paid.	<input type="checkbox"/>	<input type="checkbox"/>
Buy or Sell Information and Debt Information		
Did you buy, sell, or exchange any real estate? (send all closing statements)	<input type="checkbox"/>	<input type="checkbox"/>
Did you abandon or have foreclosed any real estate? (send Form 1099-A and/or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or write-off any stock? (send original cost, sale price and dates)	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in puts, calls or "short the box" stock transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy or sell an interest in any other investments (ex. K-1's)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy a hybrid (gas/electric), alternative motor or electric motor energy efficient vehicle? If yes, list make, model and year.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or line of credit this year or refinance any real estate? (send closing statement)	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you carry \$10,000 in a foreign bank account for even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have at least \$50,000 in foreign assets even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you earn any income in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income during the year from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or rollover any retirement account money?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability or unemployment income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any tip income that was not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash in any U.S. Savings bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive employer-provided educational assistance or other educational benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take any 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"/>
Did you qualify for any Social Security benefits such as retirement, death, disability or Medicare? (send Form 1099-SSA or other statement)	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Information		
Did medical expenses exceed 10% of your income (7.5% for age 65 and over)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care (nursing home) premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide the deductible \$ _____ contributions \$ _____ qualified withdrawals \$ _____ and if single ___ or family ___ coverage		

	Yes	No
Did you keep all your sales tax receipts for this year (not required)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, total sales tax paid \$ _____		
Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle, or plane purchased for personal use? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for any property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay mortgage interest for your residence or a second residence? (send Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to pay margin interest on a non-retirement investment portfolio?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest? (send Form 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 acknowledgment to substantiate all cash or check charitable contributions of \$250 or more <u>and proof of all</u> charitable contributions (cash and noncash)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or a boat? (send Form 1098-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have unreimbursed employee business 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 or theft losses greater than 10% of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a teacher or school administrator who bought school supplies in your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Information (must answer all questions in this section)		
Did you receive a Form 1095-A, 1095-B, or 1095-C?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, include these forms with your tax information		
Did you carry minimum essential health insurance coverage every month for self, spouse and all eligible dependents?	<input type="checkbox"/>	<input type="checkbox"/>
If no, who did you not have coverage and for which months? _____		
Did you buy insurance through the marketplace (exchange)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an advanced payment from the marketplace paid to your health insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an exemption from health insurance coverage through the marketplace or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
College and Credit Information		
Did you pay any college expenses? If yes, provide annual summary of charges and payments received from school, and a list of checks written (send Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>
Have you started any adoption process?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new pension plan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your home this year?	<input type="checkbox"/>	<input type="checkbox"/>
What kind? _____		
Miscellaneous Information		
For each K-1 you received, how many hours per year (including your spouse) do you work in the business? _____	<input type="checkbox"/>	<input type="checkbox"/>
For each rental property you own, how many hours per year (including your spouse) do you work in the business? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from federal, state, or local tax authorities? (send the letters)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have employer provided stock options that you can exercise or sale?	<input type="checkbox"/>	<input type="checkbox"/>
Were you ever in the military?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make 2017 gifts of more than \$14,000 to any one individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to allocate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have your refund direct deposited into your bank account? (send voided check for account information)	<input type="checkbox"/>	<input type="checkbox"/>
Do you not have a current will and power of attorney for health care and financial decisions? Approximate date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Can you afford to pay all your taxes?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Did you file bankruptcy or have debts forgiven or cancelled this year? (send Form 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any gambling income and do you have proof of losses? If yes, send proof of losses for review.	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect significant changes in income, expenses or dependents for 2017? If yes, explain: _____	<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

Did you start or shut down a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you were self-employed, did you pay health insurance premiums? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a group health insurance plan (owned by the business)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than one employee (including the owner)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you reimburse yourself or employees for health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own or invest in a business that would be considered manufacturing or research?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new employee pension plan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain records to support all business expense reimbursements issued to all owners and employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy fuel to operate business equipment for off road use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need coaching for your small business?	<input type="checkbox"/>	<input type="checkbox"/>

Business Owners, Farmers, and Rental Property Owners Only

Have all required 1099s been filed and issued? If no, would you like our assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain mileage logs for all vehicles driven for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep records to support business purpose for all travel, meals, and entertainment expenditures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any asset purchases or repair and maintenance costs greater than \$2,500? If yes, attach all invoices.	<input type="checkbox"/>	<input type="checkbox"/>

State Information

Did you contribute to or distribute from a 529 Plan? If yes, what state plan? _____; amount contributed \$ _____; amount distributed \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you live or work in more than one state? Name them _____	<input type="checkbox"/>	<input type="checkbox"/>