

1040 Tax Questions for the Year 2018

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 2018?

Personal Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| 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 from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
- *Please provide proof of identity (driver's license or state ID) if not previously provided.**

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 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"/> |
| Can another person qualify to claim any of your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any adoption expenses during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
- *Please provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.).**

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 incur gains or losses from Virtual Currencies (e.g., Bitcoin or Ripple)? | <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"/> |

Foreign Account Information

- | | | |
|---|--------------------------|--------------------------|
| Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from or were you a grantor or transferor for a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any income from, or pay taxes to, a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you own property in a foreign country? | <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"/> |

Income Information

- | | | |
|--|--------------------------|--------------------------|
| Did you receive any tips not reported to your employer? If so, how much _____ | <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 receive other income not reported elsewhere? If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year? If yes, explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Does anyone owe you money that has become uncollectible? | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
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"/>

Itemized Deductions: (Please do not provide unless your expenses are greater than the new standard deduction of \$12,000 for single and \$24,000 for all others.)

Did you pay out of pocket medical or dental expenses exceed 10% of your adjusted gross income?	<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 pay real estate taxes for any property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay personal property taxes on vehicles? If yes, please provide copies of both sides of your registration.	<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"/>
Do you have a 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 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 Care Information (Penalties still apply for not having health insurance in 2018)

Did you receive a Form 1095-A, 1095-B, or 1095-C?	<input type="checkbox"/>	<input type="checkbox"/>
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? _____		
*Please provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.		
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? If so, please provide the Exemption Certificate Number _____	<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		

Education Information

Did you pay any college expenses? If yes, provide annual summary of charges, and a list of checks written (Form 1098-T is required)	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay student loan interest? (Provide form 1098-E)	<input type="checkbox"/>	<input type="checkbox"/>

Credits

Did you make energy efficient improvements to your home this year? What kind? Provide documentation _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new pension plan this year?	<input type="checkbox"/>	<input type="checkbox"/>

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 sell?	<input type="checkbox"/>	<input type="checkbox"/>
Were you ever in the military?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make 2018 gifts of more than \$15,000 to any one individual?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
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"/>

Did you file bankruptcy or have debts forgiven or cancelled this year? (send Form 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you make the estimated tax payments we recommended?	<input type="checkbox"/>	<input type="checkbox"/>
If not, what payments did you make? _____		
If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a copy of your tax return in your client portal instead of receiving a printed copy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect significant changes in income, expenses or dependents for 2018? 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"/>

Business Owners, Farmers, and Rental Property Owners Only

Have all required 1099s been filed and issued?	<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, and meals expenditures? Entertainment expenses are no longer deductible.	<input type="checkbox"/>	<input type="checkbox"/>
Did you record any entertainment expenses in your books? If so, please provide the adjustment needed. _____	<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"/>

Sharing Economy

Did you receive income or incur expenses associated with car sharing (e.g. Lyft or Uber)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive income or incur expenses associated with crowdfunding (e.g. Kickstarter or Indiegogo)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive income or incur expenses associated with a short-term rental (e.g. Airbnb, VRBO or HomeAway)?	<input type="checkbox"/>	<input type="checkbox"/>

State Information

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

***Please provide charitable contributions if you are not itemizing for federal purposes. They will be deductible on the Colorado tax return.**