

2018
TAX QUESTIONS

(Please complete and return this form with your tax information)

Name: _____

Cell # _____

Cell # _____

Home# _____

Work# _____

Circle one

Yes or No **Did all members of the household have health insurance for all twelve months? If No, Please indicate who is covered and for which months.**

Yes or No **Do you own any assets (land, bank accounts, etc.) in a Foreign Country or Foreign Bank, or receive any funds or gifts from a Foreign Country?**

Yes or No Did your address change during the year?

Yes or No Did your marital status change during the year?

Yes or No Were any children born or adopted this year?

Yes or No Did any children start college **or** move out of your household this year?

Yes or No Did any parents live with you or did you provide financial support for them during the year?

Yes or No Is anyone in the family totally disabled? If so, do they receive disability income?

Yes or No Did you receive an inheritance, alimony, jury duty, or lottery winnings?

Yes or No Did you begin or end a farm or business or an investment in a Partnership, LLC, or S-Corp?

Yes or No Were any stocks, bonds, or other investment property sold during the year?

Yes or No Did you purchase, sell or refinance any real estate this year (*settlement sheet needed*)?

Yes or No Did you receive a distribution from a 401(K), profit-sharing plan, retirement plan, or individual retirement account (including Traditional, Roth, and Education IRAs)?

Yes or No Did you convert from or contribute to a Traditional, Roth, Regular or Education IRA?

Yes or No Did you contribute to a Health Savings Account (HSA)?

Yes or No Was your home rented out or used for business during the year?

Yes or No Did you add energy efficient improvements to your home this year (*Receipts are needed*)?

Yes or No Were any gifts made to an individual or trust that totals more than \$14,000 for the year?

Yes or No Did any children have investment (interest, dividends, etc.) income more than \$1,000?

Yes or No Were you notified or audited by either the Internal Revenue Service or a State taxing agency?

(Please See Other Side)

2018 TAX FORMS AND INFORMATION NEEDED

- ✓ **1095A** from the Health Insurance Exchange or documentation of health insurance.
- ✓ **1095B** from your Health Insurance Company
- ✓ **1095C** from your Employer (if they employed over 50 people)

- ✓ W-2's from all Employers

- ✓ 1099-INT, 1099-DIV, 1099-R, 1099-SSA, 1099-S and/or 1099-MISC☞

- ✓ 1099-B and Cost Basis for each stock/bond sale.

- ✓ **1098-T AND proof of payment and receipts for books, tuition, and required fees paid for college.**

- ✓ 1098-E and/or statement of student loan interest paid.

- ✓ 1098's for mortgage interest and real estate taxes paid *or real estate bill for non-escrow accounts.*

- ✓ *Settlement sheets (HUD-1 Forms) from the purchase, sale, or refinance of any real estate.*

- ✓ List of unreimbursed medical expenses including, doctor, dentist, hospital, nursing homes, prescriptions, hearing aids, eye care, medical supplies, medical miles driven, and health and long term care insurance premiums.

- ✓ Summary of charitable donations **for which there are receipts**, and charitable miles driven.

- ✓ *Statement from Child Care Provider including the amount paid, name, address and tax ID# or Social Security Number of the provider.*

- ✓ Listing of unreimbursed teaching/education supplies.

- ✓ Miles driven for business/rental (**NOT** including to and from work) vehicle make and model _____
 Total Miles for 2018 _____ Business Miles for 2018 _____.

- ✓ Estimated Tax Payments made:

Federal		Due Date	State	
Date Paid _____	\$ _____	4/15/18	Date Paid _____	\$ _____
Date Paid _____	\$ _____	6/15/18	Date Paid _____	\$ _____
Date Paid _____	\$ _____	9/15/18	Date Paid _____	\$ _____
Date Paid _____	\$ _____	1/15/19	Date Paid _____	\$ _____

If you have income from New Jersey, Pennsylvania, New York, or Virginia please provide your local town/municipality and school district information.

Comments/Other Information: