

# Susan E. Thomas CPA, Ltd

## Tax Questionnaire & Documentation Guide for 2017

**ALL CLIENTS: PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Taxpayer	Spouse
Name:	
Occupation:	
Date of Birth:	
Cell Phone:	
Driver's License #:	
Date Issued:	
Date Expires:	
State of Issue:	
Email:	

Preferred method of contact? Circle one: Taxpayer or Spouse    Check one: Cell \_\_\_\_\_ Email \_\_\_\_\_

**NEW CLIENTS ONLY: PLEASE COMPLETE THE FOLLOWING INFORMATION**

- Provide copies of your last year's federal, state & local returns
- Provide copies of all social security cards for you, your spouse and your dependents

**Make a Selection for Each Item.**

**If you are unsure of an item and would like to discuss it with your tax preparer, please leave the boxes for that item unchecked.**

Yes	No	<b>Personal Data</b>												
<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by another taxpayer?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you get <b>MARRIED, SEPARATED, or DIVORCED</b> last year? (circle one) Date that it occurred : _____												
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change? If yes, please explain: _____												
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse under the age of 65 and permanently and totally disabled?												
<input type="checkbox"/>	<input type="checkbox"/>	Would you like to direct deposit any refund? Please enter the last 4 digits of your bank account number _____												
<input type="checkbox"/>	<input type="checkbox"/>	Is this the same account as last year?												
<input type="checkbox"/>	<input type="checkbox"/>	If you owe tax, would you like to have it directly debited from this account?												
<input type="checkbox"/>	<input type="checkbox"/>	Was any member of your family a victim of Identity Theft and received an Identity Protection PIN?												
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to contribute \$3 to the Presidential Campaign Fund?												
<input type="checkbox"/>	<input type="checkbox"/>	Have you receive any notices or correspondence from the IRS or any taxing authority in the last year?												
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any previous years of tax returns that are either unfiled or unpaid?												
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect an increase or decrease in income, deductions or withholding next year, or, do you plan to retire?												
Yes	No	<b>Children and Dependents</b>												
	<input type="checkbox"/>	<b>If you do not have any children or dependents, check No, and skip to the next section.</b>												
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming any dependents (do not include your spouse)? If so, how many? List their info below.												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">D.O.B</th> <th style="width: 20%;">Last 4 SS#</th> <th style="width: 30%;">Months in Home</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	D.O.B	Last 4 SS#	Months in Home								
Name	D.O.B	Last 4 SS#	Months in Home											
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt any children last year? Name: _____ Date of birth: _____ SSN: _____												
<input type="checkbox"/>	<input type="checkbox"/>	Does your adopted child have special needs? Provide Court Order.												
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foster children?												

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<input type="checkbox"/>	<input type="checkbox"/>	Were there any deaths of a dependent that lived in your household, or your spouse, last year? Name: _____ Date of birth: _____ SSN : _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming anyone as a dependent that did not live with you for at least 6 months of last year? Name of person(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay more than one-half of the support for your parent(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have dependents who must file a tax return? Name(s) _____, _____, _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need us to file their returns?
<input type="checkbox"/>	<input type="checkbox"/>	Can you no longer claim a dependent that you claimed last year? Enter name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have child care expenses for children under 13? Provide daycare statement(s).
<b>Yes</b>	<b>No</b>	<b>Business Income</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>If you are not involved in any type of business, check here and skip to the next section</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business last year? Check box if: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a sole proprietorship business? Provide profit and loss statement. Provide 1099-Misc Forms.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any non-employees \$600 or more for services rendered to your business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you already issue 1099 forms to your service providers?
<input type="checkbox"/>	<input type="checkbox"/>	If not, do you need us to prepare your 1099 forms?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a shareholder in an S Corporation? If so, please provide a copy of K-1 form 1120S
<input type="checkbox"/>	<input type="checkbox"/>	Are you a partner in a Partnership? If so, please provide a copy of K-1 form 1065
<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional ownership in a partnership or S Corporation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you barter for any services or products?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a farm business? Provide profit and loss statement.
<input type="checkbox"/>	<input type="checkbox"/>	Have you sold any business or farm property? (Not including the sale of your home).
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a home office? If yes, fill out the <a href="#">Home Office worksheet</a>
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for your business, other than commuting? <i>Fill out a <a href="#">Vehicle worksheet</a> for each vehicle used. Complete Section 1 if you are claiming standard mileage rate. For actual expenses, also complete Section 2.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell an existing business (sole proprietorship, partnership, corporation, LLC)?
<b>Yes</b>	<b>No</b>	<b>Rental Income</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you own property or equipment that you rent to others? If No, check here and skip to the next section.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any rental income or expense? If yes, fill out the <a href="#">Rental worksheet</a>
<input type="checkbox"/>	<input type="checkbox"/>	Did you <b>buy, sell</b> or <b>exchange</b> any rental property? ( <b>Circle one</b> ) Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you own at least 10% of the rental property and have substantial involvement in managing it?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay anyone \$600 or more for services rendered for your rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you already issue 1099 forms to your service providers?
<input type="checkbox"/>	<input type="checkbox"/>	If not, do you need us to prepare your 1099 forms?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for purposes related to rental properties? Fill out a <a href="#">Vehicle worksheet</a> for <b>each vehicle</b> used. Complete section 1 if you are claiming standard mileage rate. For actual expenses, also complete section 2.
<b>Yes</b>	<b>No</b>	<b>Investment Data</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any interest income? Form(s) 1099-INT Required.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any dividend income? Form(s) 1099-DIV Required.
<input type="checkbox"/>	<input type="checkbox"/>	Did you close a Bank Certificate of Deposit early and were assessed a penalty?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stock, securities, or mutual funds? Form(s) 1099-B Required.
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell your home? Form 1099-S or HUD statement Required.
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell or exchange any land or other property?
<input type="checkbox"/>	<input type="checkbox"/>	Did the bank foreclose or did you abandon a home or real estate property?
<input type="checkbox"/>	<input type="checkbox"/>	Have any of your investments become worthless? Provide documentation.

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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell property on an installment basis? (Two or more payments received in two separate years)
<input type="checkbox"/>	<input type="checkbox"/>	Were any stock options granted to you by your employer, or did you exercise and/or sell any stock options?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an account with a foreign financial institution in which the account balance was over \$10,000 at any time during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you hold any interest in a foreign asset during the tax year in which the account balance was in excess of \$50,000 at year-end or more than \$75,000 at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE or I United States Savings Bonds that were issued after 1989?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts to any one individual totaling more than \$14,000 during the past year? (Not a charity)
<b>Yes</b>	<b>No</b>	<b>Employment &amp; Non Business Income</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any W-2's? Provide documentation for <b>all</b> employers.
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive tips not reported to your employer? Amount \$ _____ Employer: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment? Provide Form 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any royalties? Provide Form 1099
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for your job, other than commuting? Fill out a <a href="#">Vehicle worksheet</a> for <b>each vehicle</b> used. Complete section 1 if you are claiming standard mileage rate. For actual expenses, also complete section 2.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive alimony? Provide documentation of amounts received; also include copy of divorce decree.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Jury Duty pay? \$ _____ (taxpayer or spouse?)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Election Board pay? \$ _____ (taxpayer or spouse?)
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings? Provide Form 1099-G
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling losses (only if you have gambling winnings)? Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your dependent child (whom you can claim) receive any prizes or awards?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds? Provide Form(s) 1099-G
<input type="checkbox"/>	<input type="checkbox"/>	Were you a beneficiary of an Estate or Trust? Provide Form K-1
<input type="checkbox"/>	<input type="checkbox"/>	Did you file bankruptcy or have any debt cancelation/forgiveness? Provide Form 1099A or 1099C.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not mentioned above?
<input type="checkbox"/>	<input type="checkbox"/>	Description and amount: _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Description and amount: _____ \$ _____
<b>Yes</b>	<b>No</b>	<b>Retirement Income, Contributions &amp; Distributions</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Social Security or Railroad Retirement Benefits? Form(s) SSA-1099/RRB-1099 Required
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse contribute to or were eligible to participate in any kind of retirement plan with your employer?(401K, 403b, 457, Simple)
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute or will you contribute to a Self-Employed pension plan? (SEP, Keogh, Profit Sharing)
<input type="checkbox"/>	<input type="checkbox"/>	Did you take any money out of your 401K, pension, IRA or Roth IRA last year? Provide Form 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	Did you rollover any funds to a Regular or Roth IRA last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a <b>Regular</b> IRA last year? Do not include rollovers. Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a <b>Roth</b> IRA last year? Do not include rollovers. Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever made a non-deductible contribution to your Traditional (Non Roth) IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a Traditional IRA to a Roth IRA last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you retire in the current year or do you plan to retire in the next 12 months?
<b>Yes</b>	<b>No</b>	<b>Educational Expenses</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Names of students in college:</b> <b>Student #1</b> _____ <b>Student #2</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Do the college courses lead to a degree or certificate?
<input type="checkbox"/>	<input type="checkbox"/>	Describe degree or certificate: Student #1 _____ Student #2 _____

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<input type="checkbox"/>	<input type="checkbox"/>	Did the student attend college on at least a half time basis? Provide Form 1098-T
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse or dependent (who you can claim) receive any grants, scholarships or fellowships?
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer reimburse any of the above expenses? How much \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Was the student enrolled in a graduate or doctoral program? Student #1 _____ Student #2 _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any contributions to a 529 Plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any withdrawals from a 529 Plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on Student loans? Provide Form 1098-E.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur classroom expense as a teacher for which you were not reimbursed? \$ _____
<b>Yes</b>	<b>No</b>	<b>Moving Expenses</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you and your family move more than 50 miles because of a job change? If no, check No, and skip to the next section.</b>
		Amount paid for moving or storage expenses for household goods? \$ _____ Amount paid for travel & lodging expenses moving your family to your new home? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer pay/reimburse you for any of the above moving expenses? If yes, provide Form 4782
		Date taxpayer moved: _____ Date spouse moved, if different: _____ Moved from (city, state): _____, _____ to _____, _____ Number of miles from old home to new workplace: _____ Number of miles from old home to old workplace: _____
<b>Yes</b>	<b>No</b>	<b>Medical Expenses</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did your medical expenses exceed 7.5% of your income (older than 65) or 10% of your income (younger than 65)? <i>Medical Expenses include after tax insurance payments (do not include any pre-tax payments)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Long Term Care insurance for yourself or spouse?
<input type="checkbox"/>	<input type="checkbox"/>	If so, how much? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out of pocket medical expenses? Complete <a href="#">Medical Worksheet</a>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have mileage related to medical care?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance last year? If yes, check all the plans through which you had coverage. Check all that apply: <input type="checkbox"/> Marketplace <input type="checkbox"/> Individual <input type="checkbox"/> Employer <input type="checkbox"/> COBRA <input type="checkbox"/> Retiree <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> TRICARE <input type="checkbox"/> Veterans health care programs <input type="checkbox"/> CHIP
<input type="checkbox"/>	<input type="checkbox"/>	Did you carry health insurance for the entire year?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family qualify for an exemption through the marketplace?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received a Form 1095-A, 1095-B and/or 1095-C? If no, contact your health insurance provider.
<input type="checkbox"/>	<input type="checkbox"/>	Were your children (27 years old and younger) who lived in your household covered?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an owner of the company through which your health insurance was provided?
		<b>Health Savings Account</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you have a Health Savings Account last year? (not an FSA, Flexible Spending Account) Provide Form 5498-SA
<input type="checkbox"/>	<input type="checkbox"/>	2. Is the contribution you made included on your W-2?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did the plan cover your family?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have HSA coverage for all 12 months last year? If no, enter # of months of coverage _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you pay medical expenses from your HSA? Provide Form 1099-SA
<input type="checkbox"/>	<input type="checkbox"/>	6. Were all expenses paid, Qualified Medical Expenses?
<b>Yes</b>	<b>No</b>	<b>Home Owner Deductions &amp; Credits</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Mortgage Interest on your personal residence? Provide Form(s) 1098 for mortgage interest and property tax information. How many mortgages did you pay on last year?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your mortgages paid off or refinanced? If yes, please provide bank information: Bank paid off: _____ New bank owed: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay points? Provide settlement statement (HUD-1)
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on a Second Mortgage, Home Equity Loan or Line of Credit?

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<input type="checkbox"/>	<input type="checkbox"/>	If yes, was it obtained last year? If yes, provide bank name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was any one of your second mortgages paid off or refinanced? If yes, please provide bank information: Bank paid off: _____ New bank owed: _____
<input type="checkbox"/>	<input type="checkbox"/>	On Dec 31, was the amount owed on your <b>FIRST</b> mortgage more than \$1,000,000? (Do not include Home Equity or Line of Credit)
<input type="checkbox"/>	<input type="checkbox"/>	On Dec 31, was the amount owed on your Home Equity Loan or Line of Credit more than \$100,000? (Do not include your primary/first mortgage)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used any proceeds from a home equity loan for anything other than the purchase or improvement of your home (such as a car, college, a TV, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you take the Homebuyer credit in 2008 or 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay property taxes not included on your Form 1098? Provide receipts for taxes paid last year.
<b>Yes</b>	<b>No</b>	<b>State Tax Return Info</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any out-of-state or internet purchases last year, on which the seller did not charge you sales or use tax? Provide the amount of purchases on which you did not pay sales tax \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur job training expenses within the 12 months following the loss of your job?
<b>Yes</b>	<b>No</b>	<b>Charity</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you write checks to charity or donate online? If yes, you must provide documentation and/or cancelled checks. <i>For gifts more than \$75, you must have a written statement from the charity that states "No goods or services were received in connection with these contributions" and that the charity is a 501(c)(3) exempt organization.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you give any clothing, household items, furniture, etc., to charity? Please provide receipts that include the charity name, address and value of the donation.
<input type="checkbox"/>	<input type="checkbox"/>	Did your non-cash donation total more than \$500.00?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your non-cash contributions an auto or boat? If yes, provide Form 1099 for each donation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur out of pocket expenses to do volunteer work for charity? Provide receipts.
<b>Yes</b>	<b>No</b>	<b>Other Expenses</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony? Amount \$ Ex-spouse's SS#: Do not include child support.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur expenses for tax advice relating to a divorce, alimony or property settlement?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur expenses for: Safe deposit box rental; IRA fees; or Investment advice? Provide documentation
<input type="checkbox"/>	<input type="checkbox"/>	Did your insurance company reimburse you for any casualty or theft losses?
<input type="checkbox"/>	<input type="checkbox"/>	1. Did your casualty or theft loss exceed 10% of your income after insurance reimbursement? If no, skip next question.
<input type="checkbox"/>	<input type="checkbox"/>	2. If yes, did you use all of the proceeds for the repairs?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any tax preparation fees for last year's returns? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any business or personal expenses reimbursed by your employer? List type of expense: _____
<b>Yes</b>	<b>No</b>	<b>Taxes</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make estimated tax payments for last year? Provide copies of cancelled checks or a schedule of payments.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any back taxes for state or local, in the current year?

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Yes	No	<b>Energy Credits</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>If not applicable, check No and skip to next section</b>
		During last year did you purchase: <ul style="list-style-type: none"> <li><input type="checkbox"/> Energy efficient insulation</li> <li><input type="checkbox"/> A main air circulating fan</li> <li><input type="checkbox"/> Qualified fuel cell property</li> <li><input type="checkbox"/> A solar energy system</li> <li><input type="checkbox"/> Energy efficient exterior windows or doors</li> <li><input type="checkbox"/> Energy efficient natural gas, propane or oil furnace or a hot water boiler</li> <li><input type="checkbox"/> Coated metal roofing meeting Energy Star requirements</li> <li><input type="checkbox"/> Small wind System A geothermal heat pump(s)</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	Have you previously claimed an energy credit? <b>If you made any of the above purchases, You must provide receipts for the installation and documents proving energy-efficient credit qualification.</b>
Yes	No	<b>Ohio Residents Only</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an Ohio Political campaign? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a 529 Plan? Provide statements, name(s), social security number(s), amount contributed for each beneficiary and state.
<input type="checkbox"/>	<input type="checkbox"/>	Would you like to donate any portion of your Ohio refund to one of the charities listed below?  Military injury relief \$ _____                      State nature preserves \$ _____ Wildlife species \$ _____                                      Breast / cervical cancer \$ _____ Ohio Historical Society \$ _____

I certify that the above information is true and correct and I have the documentation supporting my responses.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date                                      Date