

Susan E. Thomas CPA, Ltd

Tax Questionnaire & Documentation Guide for 2018

ALL CLIENTS: PLEASE COMPLETE THE FOLLOWING INFORMATION:

	Taxpayer	Spouse
Name:		
Occupation:		
Date of Birth:		
Cell Phone:		
Email:		
Address:		
City, State, Zip:		
If you moved, provide date(s)		
Required: Driver's License Info		
Driver's License #:		
State of Issue:		
Date Issued:		
Date Expires:		
Preferred contact person	<input type="checkbox"/>	<input type="checkbox"/>
Preferred contact method	Cell <input type="checkbox"/> Email <input type="checkbox"/>	Cell <input type="checkbox"/> Email <input type="checkbox"/>

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	Personal Data																								
<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 MARRIED, SEPARATED, or DIVORCED last year? (circle any that apply) Date that it occurred : _____																								
<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"/>	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 received 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 prior year tax returns that are either unfiled or unpaid? If yes , provide copies																								
<input type="checkbox"/>	<input type="checkbox"/>	Would you like a tax projection for next year? Additional fees apply																								
Yes	No	Children and Dependents																								
	<input type="checkbox"/>	If you do not have any children or dependents, check No, and skip to the next section.																								
		If you are claiming any dependents, list info below. Do not include your spouse.																								
		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">D.O.B</th> <th style="width: 25%;">Last 4 SS#</th> <th style="width: 25%;">Months in Home during 2018</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <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 during 2018																				
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Yes	No	Children and Dependents, Cont'd
<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 documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foster children?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any deaths of a spouse or a dependent that lived in your household last year? Name: _____ Date of death: _____ 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 need us to file tax returns for any dependents? Name(s) _____, _____
<input type="checkbox"/>	<input type="checkbox"/>	Can you no longer claim a dependent that you claimed last year? Name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have childcare expenses or day camp costs for children under 13? Provide daycare statement(s).
Yes	No	Business Income
<input type="checkbox"/>	<input type="checkbox"/>	If you are not involved in any type of business, check No and skip to the next section
<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? If yes , fill out a Business worksheet or provide profit and loss statement. Provide any 1099-Misc Forms received.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a farm business? If yes , provide profit and loss statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any non-employees \$600 or more for services rendered to or rent paid by your business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you issue 1099 forms to your service providers? If yes , provide copies.
<input type="checkbox"/>	<input type="checkbox"/>	Did you barter for any services or products?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any business or farm assets or ownership interests?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a home office? If yes , fill out a Home Office worksheet .
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for your business, other than commuting to work? If yes , fill out a Vehicle worksheet for each vehicle used.
Yes	No	Pass Through Entities
<input type="checkbox"/>	<input type="checkbox"/>	Are you a shareholder in an S Corporation? If yes , provide a copy of K-1 Form 1120S.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a partner in a Partnership? If yes , 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"/>	Were you a beneficiary of an Estate or Trust? If yes , Provide Form K-1 Form 1041.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any or all of a Partnership or S-Corp interest?
Yes	No	Rental Income
<input type="checkbox"/>	<input type="checkbox"/>	If you did not own property or equipment that you rented to others, check No and skip to the next section.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any rental income or expenses? If yes , fill out a Rental worksheet .
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell or exchange any rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did the bank foreclose on a rental property?
<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 issue 1099 forms to your service providers? If yes , provide copies.
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for purposes related to rental properties? If yes , fill out a Vehicle worksheet for each vehicle used.
Yes	No	Foreign Accounts
<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 receive a gift from a foreign person, estate, partnership, or corporation at any time during the year? (Preparer use Form 3520 Page 6, Part IV)

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Yes	No	Investment Data
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your children have brokerage accounts? If yes , provide 1099 Summary.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any stock, securities, or mutual funds not from a brokerage account? If yes , provide Form(s) 1099-B.
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy, sell or exchange any land or other property? If yes , provide documentation.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any interest income? If yes , provide Form(s) 1099-INT.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any dividend income? If yes , provide Form(s) 1099-DIV.
<input type="checkbox"/>	<input type="checkbox"/>	Have any of your investments become worthless (ex: company bankruptcy)? If yes , provide documentation.
<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"/>	Did your employer grant you stock options, or did you exercise and/or sell any stock options?
<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 person or trust totaling more than \$15,000 during the past year? (Not to a charity)
Yes	No	Retirement Income, Contributions & Distributions
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Social Security or Railroad Retirement Benefits? If yes , provide Form(s) SSA-1099/RRB-1099.
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse contribute to a 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"/>	Would you like to make additional contributions, if eligible?
<input type="checkbox"/>	<input type="checkbox"/>	Did you take any money out of your 401K, pension, IRA or Roth IRA last year? If yes , provide Form 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	Did you rollover any funds to a Traditional or Roth IRA last year? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Traditional IRA? If yes , provide year-end statement & Form 5498 (when received).
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Traditional IRA last year? (Do not include rollovers) Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Roth IRA? If yes , provide year-end statement & Form 5498 (when received).
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Roth 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 IRA? (New clients provide most recent Form 8606)
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a Traditional IRA to a Roth IRA last year? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you retire in the current year or do you plan to retire in the next 12 months? (Tax planning & projection recommended-Additional fees apply)
Yes	No	Employment & Non Business Income
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any W-2's? If yes , provide all documentation from all 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? If yes , provide Form 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any royalties? If yes , provide Form 1099-MISC.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive alimony? If yes , provide Amount \$ _____ & 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? If yes , provide Form W-2G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling losses (only if you have gambling winnings)? If yes , provide documentation. 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? If yes , provide Form(s) 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Did you file bankruptcy or have any debt cancelation/forgiveness? If yes , provide Form 1099A or 1099C.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not mentioned above? Description and amount: _____ \$ _____ Description and amount: _____ \$ _____

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Yes	No	Educational Expenses
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family attend college during the year? If yes , provide Form 1098-T and Bursar statement.
		Names of students in college: Student #1 _____ Student #2 _____
<input type="checkbox"/>	<input type="checkbox"/>	Do the college courses lead to a degree or certificate? Describe degree or certificate: Student #1 _____ Student #2 _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any withdrawals from a 529 Plan? If yes , provide Form 1099-Q.
<input type="checkbox"/>	<input type="checkbox"/>	Was any part of the withdrawal used for K-12 tuition? If yes , how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any out of pocket college expenses for books, computer, etc.? If yes , provide receipts.
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer reimburse educational expenses? If yes , how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on student loans? If yes , provide Form 1098-E.
Yes	No	Health Savings Account
	<input type="checkbox"/>	If you do not have a Health Savings Account (HSA) check No and skip to next section
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your employer contribute to your Health Savings Account (HSA) last year? (not an FSA, Flexible Spending Account) Provide Form 5498-SA. If no , skip to next section
<input type="checkbox"/>	<input type="checkbox"/>	Is the contribution included on your W-2?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make contributions other than through your employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did the plan cover your family?
<input type="checkbox"/>	<input type="checkbox"/>	Enter number of months of HSA coverage _____. Was it in effect for December?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use any money from your HSA account? If yes , provide Form 1099-SA.
<input type="checkbox"/>	<input type="checkbox"/>	Was all money used for qualified medical expenses?
Yes	No	Health Insurance & Medical
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out of pocket medical expenses? If yes , fill out a Medical Worksheet . <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 for Long Term Care insurance? Taxpayer \$ _____ Spouse \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance last year? If yes , check all the plans that apply and provide Form(s) 1095-A, 1095-B, 1095-C. <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"/>	Was everyone who lived with you covered by health insurance all year?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family qualify for an exemption through the marketplace? If yes , provide exemption letter.
<input type="checkbox"/>	<input type="checkbox"/>	Are you an owner of the company through which your health insurance was provided?
Yes	No	Home Owner Deductions & Credits
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a mortgage on any personal residence(s) that you own? Provide Form(s) 1098(s).
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your mortgages paid off or refinanced? If yes , provide bank information: Old Bank: _____ New bank: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on a Second Mortgage, Home Equity Loan or Line of Credit? Provide Form 1098. If yes : What was the money used for? _____
<input type="checkbox"/>	<input type="checkbox"/>	Was any one of your second mortgages paid off or refinanced? If yes , provide bank information: Old Bank: _____ New bank: _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell your home? Provide Form 1099-S or HUD statement.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay points? If yes , provide settlement statement (HUD-1).
<input type="checkbox"/>	<input type="checkbox"/>	Did the bank foreclose on your home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you take the First-Time Homebuyer credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay real estate taxes? Provide receipts for taxes paid last year.

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Yes	No	Charity																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you write checks to charity or donate online? If yes , provide documentation and/or cancelled checks. <i>For gifts more than \$250, you must have a written statement from the charity</i>																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you give any clothing, household items, furniture, etc., to charity? If yes , provide receipts that include the charity name, address and value of the donation.																		
<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? If yes , provide receipts.																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car to do volunteer work for charity? If yes , fill out a Vehicle Worksheet .																		
Yes	No	Other Expenses																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony? If yes , Amount \$_____ Ex-spouse's Name _____ and SS# _____; Do not include child support.																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a casualty loss in a Federally Declared Disaster Area? If no , skip following questions.																		
<input type="checkbox"/>	<input type="checkbox"/>	Did your insurance company reimburse you for any casualty or theft losses?																		
<input type="checkbox"/>	<input type="checkbox"/>	Did your casualty or theft loss exceed 10% of your income after insurance reimbursement?																		
<input type="checkbox"/>	<input type="checkbox"/>	If yes , did you use all of the proceeds for the repairs?																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any business or personal expenses reimbursed by your employer? List type of expense(s): _____																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur classroom expense as a teacher for which you were not reimbursed? \$_____																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you move as an Active Duty Military member?																		
Yes	No	Taxes																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you make estimated tax payments for last year? If yes, 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?																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any refunds from last year applied to this year's tax return?																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any large purchases that you paid sales tax on?																		
Yes	No	Energy Credits																		
<input type="checkbox"/>	<input type="checkbox"/>	If not applicable, check No and skip to next section																		
During last year did you purchase: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Qualified fuel cell property</td> <td style="width: 33%;"><input type="checkbox"/> Geothermal heat pump(s)</td> <td style="width: 33%;"><input type="checkbox"/> A solar energy system</td> </tr> <tr> <td><input type="checkbox"/> Solar water heating system</td> <td><input type="checkbox"/> Small wind System</td> <td><input type="checkbox"/> A main air circulating fan</td> </tr> <tr> <td><input type="checkbox"/> Energy efficient exterior windows or door</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Energy efficient insulation</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Coated metal roofing meeting Energy Star requirements</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Energy efficient natural gas, propane or oil furnace or a hot water boiler</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Qualified fuel cell property	<input type="checkbox"/> Geothermal heat pump(s)	<input type="checkbox"/> A solar energy system	<input type="checkbox"/> Solar water heating system	<input type="checkbox"/> Small wind System	<input type="checkbox"/> A main air circulating fan	<input type="checkbox"/> Energy efficient exterior windows or door			<input type="checkbox"/> Energy efficient insulation			<input type="checkbox"/> Coated metal roofing meeting Energy Star requirements			<input type="checkbox"/> Energy efficient natural gas, propane or oil furnace or a hot water boiler		
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<input type="checkbox"/> Energy efficient exterior windows or door																				
<input type="checkbox"/> Energy efficient insulation																				
<input type="checkbox"/> Coated metal roofing meeting Energy Star requirements																				
<input type="checkbox"/> Energy efficient natural gas, propane or oil furnace or a hot water boiler																				
<input type="checkbox"/>	<input type="checkbox"/>	Have you previously claimed an energy credit? If you made any of the above purchases, You must provide receipts for the installation and documents proving energy-efficient credit qualification.																		
Yes	No	State Returns																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you make internet purchases that you did not pay sales tax on? If yes, list \$_____																		
<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? If yes, provide year-end statements.																		
<input type="checkbox"/>	<input type="checkbox"/>	Did you withdraw any funds from a 529 plan?																		
<input type="checkbox"/>	<input type="checkbox"/>	If yes, did you use 100% for college expenses?																		

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

Prepared By _____ Date _____

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Yes	No	Due Diligence Questions For All Taxpayers					
<input type="checkbox"/>	<input type="checkbox"/>	Do you and your spouse have a SSN that valid for employment?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign earned income?					
<input type="checkbox"/>	<input type="checkbox"/>	Were you a non-resident alien for any part of the tax year?					
<input type="checkbox"/>	<input type="checkbox"/>	Did another person (other than your spouse) provide more than half of your support?					
<input type="checkbox"/>	<input type="checkbox"/>	Was your main home in the US for more than half the tax year? (Military personnel on active duty are considered to be living in the US)					
<input type="checkbox"/>	<input type="checkbox"/>	Can you provide documentation to prove eligibility for your filing status and any of the credit(s) claimed on your return?					
<input type="checkbox"/>	<input type="checkbox"/>	Were you or your spouse at least age 25 but under age 65 at the end of the year?					
<input type="checkbox"/>	<input type="checkbox"/>	Were any credits disallowed/reduced in a previous year?					
<input type="checkbox"/>	<input type="checkbox"/>	If disallowed/reduced, did you complete the required recertification form(s)?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a child in your home for more than 6 months during the year?					
<input type="checkbox"/>	<input type="checkbox"/>	If no: Did you have a non-child dependent in your home for all 12 months of the year?					
<input type="checkbox"/>	<input type="checkbox"/>	Were you married on December 31, 2018? If yes, what months did your spouse live in the home with you?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any form of support for the person you are claiming as a dependent? If yes: What kind _____ and How much: \$ _____					
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay more than half of the bills for the home for 2018? If yes: Can you provide documentation to substantiate this?					
<input type="checkbox"/>	<input type="checkbox"/>	If you are self-employed, did you provide us with accurate information regarding all business income and business expenses received during the tax year?					
<input type="checkbox"/>	<input type="checkbox"/>	Did you provide more than half of the support for your parent(s)?					
Additional Questions for Taxpayers with Children and/or College Students							
		Qualifying Child's Name:					
		Your relationship to child:					
		Child's Age:					
		Yes	No	Yes	No	Yes	No
Does the child have a SSN that is valid for employment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the child live with you in the US for more than half of the tax year?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Did you give a Release of Claim to Exemption for Child to the Non-Custodial Parent for this child?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no: Do you have a Release of Claim to Exemption for Child signed by the Custodial Parent for this child?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone else live in the home with you and the child?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Name of person _____ Relationship to child _____							
Is the child married?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Is the child filing a joint return with his or her spouse?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Is the child filing a joint return only as a claim for refund?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the child is between the ages of 19 and 24, is the child a full-time student?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Do you have a bursar statement and/or receipts for this child's tuition and a Form 1098-T?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the child is over the age of 19 and not a student, is the child permanently and totally disabled?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Do you have a physician's statement or social security records?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____