

2018 TAX YEAR QUESTIONNAIRE

Please enter your **Dependent's** information (if applicable):

Generally to claim a child as a dependent, they must be under age 19 at year end or under age 24 if a full-time student or be disabled. If you are a non-custodial parent claiming a dependent please bring a signed Form 8332.

	Full Name	Relationship	Social Security #	Date of Birth
Dependent 1:	_____	_____	_____	___/___/___
Dependent 2:	_____	_____	_____	___/___/___
Dependent 3:	_____	_____	_____	___/___/___
Dependent 4:	_____	_____	_____	___/___/___
Dependent 5:	_____	_____	_____	___/___/___

Is there a chance someone else may attempt to claim a child listed above as their dependent? YES NO
 _____ _____
If so, who and what child is involved? _____

Did you pay any child/dependent care expenses (daycare) to enable you to work? _____ _____

Daycare _____ Address _____
 Daycare Tax ID/SS# _____ Amount for 1st child \$ _____ Amount for 2nd child \$ _____

Did you contribute to the "College Savings Iowa" 529 plan for a child(ren)? (max deduct \$3,319 per child) _____
 Total of contributions: \$ _____ Child's Name(s): _____ (Bring in letter (s) from CSI)

Did a child under age 24 have more than \$2,100 in **unearned** income (interest, dividends, capital gains, etc) _____

Compile information on all sources of **income** for you, your spouse and dependents and provide it to us.

- A. **W-2's** : Include Wages, Salaries. Also include Tips, Bonuses, and Commissions
- B. **Interest Income** (1099-INT, 1099-OID) : Include Tax-exempt interest
- C. **Dividend Income** (1099-DIV):
- D. **Capital Gains** (1099-B, 1099-S) : Mutual funds, Stock, Sale of Home, collectibles
- E. **Estate/Trust Income/Partnership/S-Corp** (Schedule K-1, Form 1041) : Passthrough Entities
If a Partnership, did you materially participate? (General Partner) _____
- F. **Other Income** (1099-G, W-2G) : Unemployment, Tax Refund, Alimony (not child Support), Winnings
- G. **Self-employment / Rental Income / Farm** (Complete Page 6, 7, 8 or bring own Income statement/balance sheet)
- H. **Social Security benefits** (SSA-1099)
- I. **Pension/Annuity/IRA distributions (1099-R):**

Were you involved in bankruptcy, foreclosure, or had any debt (including credit cards) cancelled? YES NO
 _____ _____

Were any of your investments deemed to be "worthless stocks" or do you have any "bad debts"? _____

Did you purchase or sell a principal residence (house) in 2018? **Purchase Sale (circle)** _____
 If a sale, had you ever used any portion of the house for a home office or as a rental unit? _____
 Did you own and use the home as your principal residence for at least 2 of the last 5 years? _____
 Was the sale required due to a job transfer, medical, or unforeseen circumstance (divorce, job loss)? _____
Be sure to provide a copy of the "Settlement Sheet" for both the Sale and Purchase plus Form 1099-S

Did you refinance your mortgage in 2018? Over how many years? **Bring copy of "Settlement Sheet"** _____

Did you purchase a home in 2008 and claim the \$7,500 1st time homebuyer credit? (not the \$8,000 credit) _____

2018 TAX YEAR QUESTIONNAIRE

Do you participate in a *retirement program* (401K, 403B, 457, SEP, SIMPLE IRA, etc)? YES NO
 Does your spouse? What kind (s)? _____ _____

Have you or your spouse contributed or have plans to start an *IRA for 2018 (through 4/15/19)*? _____
 Roth or Traditional? (Circle) Taxpayer: How Much? \$ _____ Spouse: How Much? \$ _____

Did you or your spouse take a distribution from a retirement account in 2018? **Bring 1099-R Form** _____
 If so, did you roll it over into a different retirement account or IRA? _____

Are you, your spouse, or dependents currently enrolled in *college* (at least 1/2 time) or paying for any kind of *continuing education*? **(Bring 1098-T)** Who? _____ _____
 Total amount paid for tuition & course materials (books, supplies, equipment) \$ _____
 Is the student in the first 4 years of college? _____

Did you pay any *tuition or textbook* expenses (including extracurricular) for any **dependents** in *Kindergarten through twelfth grade*? Total for child 1: \$ _____ Child 2: \$ _____ Child 3: \$ _____ _____

Are you, your spouse, or dependents paying on a *student loan*? **(Bring 1098-E tax form)** _____

Did you live in a foreign country or receive income from a foreign investment or bank account? _____
 If so, please bring paperwork on earnings. _____

Did you or your spouse pay for *Health Insurance* on an after tax basis (**not Pre-tax**)? _____
 Total of premiums paid: \$ _____ **Make sure to complete Page 5 below.**

Did you or your spouse pay for any *Long Term Care Insurance* or receive any benefits during the year? _____
 Total premiums paid: (Taxpayer) \$ _____ Spouse \$ _____ Benefits received: \$ _____ (bring 1099-LTC form)

Did you move to or from another state in 2018? If so what State and date of move? _____
Moving expenses are only deductible in 2018 if you moved for the military.

Did you make any *alimony payments* (**DO NOT INCLUDE CHILD SUPPORT**)? _____
 Total of payments: \$ _____ Recipient Name & SS#: _____

Did you make any Estimated Tax payments for 2018? (if so, fill in amounts and dates below) _____

	Amount	Date	Amount	Date	Amount	Date	Amount	Date
Federal:	1 st \$ _____	_____	2 nd \$ _____	_____	3 rd \$ _____	_____	4 th \$ _____	_____
State:	1 st \$ _____	_____	2 nd \$ _____	_____	3 rd \$ _____	_____	4 th \$ _____	_____

Standard Deduction Amounts for 2018

<u>Filing Status</u>	<u>Federal</u>	<u>Iowa</u>
Single	\$ 12,000	\$ 2,030
Head of Household	\$ 18,000	\$ 5,000
Qualifying Widow(er)	\$ 24,000	\$ 5,000
Married filing Separately	\$ 12,000	\$ 2,030
Married filing Jointly	\$ 24,000	\$ 5,000

If blind or over age 65 by year end, you are eligible for an *extra* standard deduction on Federal:

<u>Filing Status</u>	<u>Federal</u>
Single, Head of Household	\$ 1,600 (\$3,200 for age and blindness)
Married, Widowed	\$ 1,300 (\$2,600 for age and blindness)

If you wish to *itemize* deductions (instead of taking the standard deduction) then complete Page 4 of Questionnaire.

Itemized Deductions (Schedule A):

I. Medical and Dental (only to extent they exceed 7.5%)

(Include out of pocket expenses only – those not covered by insurance or paid out of a flex spending account)

	Total
A. Prescription Medications (Doctor Prescribed only) and Insulin	\$ _____
B. Payments to Doctors, Dentists, Clinics, Hospitals, X-Ray, Lab fees, Ambulance, etc	\$ _____
C. Eyeglasses, Contacts, False Teeth, Hearing Aids, Wheelchairs, Medical Aid Equipment, etc	\$ _____
D. Lodging, Meals, Transportation (Parking fees, tolls), # of Miles _____	\$ _____
E. Smoking Cessation (NOT nicotine patches/gum) and Weight Loss programs (extra costs of diet food)	\$ _____
F. Nursing Home Medical Care	\$ _____

II. Taxes You Paid

	Total
A. State Taxes withheld from your wages (W-2)	\$ _____
B. Property taxes or Mobile Home taxes paid (not Association fees or Assessments (unless Maintenance))	\$ _____
C. Annual Registration Fees for autos and Multipurpose vehicles (NOT vans, motorcycles, or campers)	
Vehicle 1: Weight _____ Fee \$_____ Vehicle 2: Weight _____ Fee \$_____ Vehicle 3: Weight _____ Fee \$_____	
D. Did you purchase a vehicle, RV, motorcycle, plane, boat, home in 2018? Total Sales tax paid: \$_____	

III. Interest You Paid

	Total
A. Home Mortgage Interest Paid (Reported on Form 1098) (Primary, 2 nd Home, Home Equity)	\$ _____
Home equity loan interest is deductible only if the proceeds are used to improve home (NOT for personal expenses)	
B. Home Mortgage Interest on 1 st Mortgage paid to an individual (Contract for Deed) (Not on Form 1098)	\$ _____
Name _____ Address _____ SS# _____	
C. Points (Loan Origination fee, Loan Discount) paid to acquire a NEW mortgage (not refinancing)	\$ _____
D. Points paid on refinancing a 1 st mortgage. Had you previously refinanced? _____	\$ _____
E. Interest paid on a loan for a boat or RV that has basic living accommodations (toilet, cooking, sleeping)	\$ _____

IV. Gifts to Charity

	Total
A. Contributions by cash or check (You should have a receipt for all cash contributions)	\$ _____
B. Donations of property – If over \$500: Include Name & address of organization, Items and date donated	\$ _____
If a vehicle, boat, or airplane donation over \$500 then provide Form 1098-C from the organization	
C. Volunteer expenses – travel (\$.14 per mile), supplies (not cost of your time)	\$ _____
D. If you transferred funds from an IRA directly to a charity then bring documentation of the transfer.	

V. Casualty and Theft Losses (Only allowed on Federal return if due to a federally-declared disaster)

	Total
A. Casualty or Theft losses (\$100 deductible and only amount that exceeds 10% of AGI)	\$ _____

VI. Miscellaneous Deductions (only to extent they exceed 2% of AGI) **NOT allowed on Federal but allowable for Iowa**

	Total
A. Unreimbursed employee expenses (meals & entertainment, lodging, dues, tools, uniforms & upkeep, job education, professional subscriptions, supplies, home office used for work, safety equipment)	\$ _____
Unreimbursed Miles driven for job _____	
B. Expenses related to investment income (consultants, publications, safe deposit box, IRA fees)	\$ _____
C. Legal expenses to collect income or other business related purpose (generally not for divorce)	\$ _____
D. Tax Preparation and consultation Fees (paid in 2018)	\$ _____
E. Costs of Appraisals for determining a casualty loss or charitable donation	\$ _____
F. Costs of looking for a new job in the same line of work (not 1 st job) or driving to a 2 nd job (mileage)	\$ _____
G. Gambling Losses (not subject to 2% limit but limited to amount of Gambling Winnings)	\$ _____

2018 TAX YEAR QUESTIONNAIRE

EVERYONE SHOULD COMPLETE THIS PAGE:

The Affordable Care Act (ObamaCare) requires all individuals in your **HOUSEHOLD** to have health insurance. If you did not have coverage for the entire year in 2018 then you could face a penalty. We need you to complete this page to determine your liability.

Please bring in any 1095-A, 1095-B, or 1095-C forms you receive.

Were all members in your household in 2018 US Citizens? If not, Who _____ YES NO

Did ALL members of your household have health insurance coverage for the WHOLE year? _____

If so, who was the coverage through? _____

If not all members of the household were covered, who was not? _____

Were some members of your household covered by health insurance purchased through the Federal or State-Run MarketPlace (Obamacare) in 2018? If so make sure to bring your 1095-A form (s) _____

Do you believe you may qualify for an exemption from being required to have health insurance? _____
 If so, why? _____

If NOT all members of the household had health insurance coverage for ALL months of 2018 then complete the following:

Indicate what months each individual had health insurance coverage (check box):

<u>Family member name:</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: _____

2018 TAX YEAR QUESTIONNAIRE

**Complete this section if you or your spouse had any income from Business / Rentals.
Use a separate sheet for EACH business/Rental unit**

Proprietor: _____ Business Name: _____ EIN: _____
Business or Rental property Address: _____

Principal Business/Profession (Product/Service): _____ YES NO

Did your business provide health insurance to employees? Total amount of premiums paid \$ _____

Was the business started or acquired during the year? If yes, then what date? _____

Was the business sold or discontinued during the year? Please provide date & proceeds? _____

Did you use a home office for the business? (exclusive use) _____
Sq. footage of office: _____ Total sq. footage of home: _____ Date 1st used: _____

Did you run a Day-Care Facility out of your home? _____
Total hours used for daycare per year (Days x Hours per day): _____

Was a rental unit's **personal** use greater than 14 days or 10% of days rented? If so then no loss is allowed _____

If your business paid subcontractors, did you issue everyone that you paid over \$600 a 1099-MISC? _____

PROFIT OR LOSS FROM BUSINESS: (If Farm Income see page 7)

INCOME

Gross Receipts/Sales for Business: \$ _____
Income from 1099's (not included above) \$ _____
Rent Received: \$ _____

COST OF GOODS SOLD (if applicable)

Inventory at *beginning* of the year: \$ _____
Purchases during the year: \$ _____
Above withdrawn for Personal Use: \$ _____
Inventory at *end* of the year: \$ _____

EXPENSES

Sales Returns & Allowances: \$ _____
Advertising: \$ _____
Bad debts from sales or services: \$ _____
Bank Charges: \$ _____
Commissions and Fees Paid: \$ _____
Dues and Publications: \$ _____
Insurance (other than Health): \$ _____
Small Tools and Equipment: \$ _____
Interest paid on business loans: \$ _____
Cleaning expense: \$ _____
Legal and Professional Services: \$ _____
Office Supplies and Postage: \$ _____
Supplies (Other): \$ _____
Utilities (Business premises): \$ _____
Cost of Labor/Subcontractors: \$ _____
Cellphone expense (business use %): \$ _____
Rent or Lease expense: \$ _____
Repairs and Maintenance: \$ _____
Mortgage Interest (**Rental**): \$ _____
Real Estate Taxes (**Rental**): \$ _____
Utilities of Home (**Home Office**): \$ _____
Homeowners Insurance (**Home Office**): \$ _____

Wages (Bring copies of W-2s/W-3, 940, SUTA, 941s)
Payroll taxes: (paid by Employer, not employee share)
Workman's Compensation: \$ _____
Employee Benefit Programs: \$ _____
Retirement (Employer contributions): \$ _____
Taxes and Licenses: \$ _____
Auto Expenses See Page 6 below
Travel (Overnight): (Per Diem?)
Transportation (Airfare/Vehicle): \$ _____
Lodging: \$ _____
Cabs, Shuttle, Rentals, Tips: \$ _____
Other: \$ _____
Meals and Entertainment:
Meals and Tips: \$ _____
Entertainment: \$ _____
Daycare Meals (for daycare kids only, not your own):
of Breakfasts _____ # of Lunches _____
of Snacks (up to 3 per day) _____ Dinners _____
Other Business Expenses:
\$ _____
\$ _____

Depreciable Property and Equipment used in the Business with a useful life longer than 1 year :

<u>Description of Property</u>	<u>Date Placed in Service</u>	<u>Cost or Basis</u>	<u>Retired/Disposed in 2018 (Date, Price)</u>
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____

** Up to \$1,000,000 of qualifying business equipment purchased in 2018 may be expensed currently in lieu of depreciation.

If this is your first year with us, please provide a depreciation schedule for all property placed in service before 2018.

Did you use a personal vehicle for business purposes in 2018? YES NO
_____ _____

Vehicle Description: _____ Date placed in service and Value: _____

Business Miles driven _____ Total miles (both business & personal) driven for the year: _____

Interest (not principal) paid on Vehicle loan: \$ _____ Parking Fees & Tolls: _____ License fees: _____

If you are choosing to deduct actual expenses (instead of the standard mileage rate (\$.545 cents)) then enter the following:

Gas: \$ _____ Maintenance & Repairs: \$ _____ Insurance: \$ _____ Lease payments: \$ _____

If you traded in a vehicle for a new one please bring the bill of sale that shows the amount the dealer gave for the trade.

Amortization (Organizational costs, Copyrights, Patents, Goodwill, etc):

<u>Description of Costs</u>	<u>Date Amortization Begins</u>	<u>Amortizable Amount</u>
_____	__/__/__	\$ _____
_____	__/__/__	\$ _____
_____	__/__/__	\$ _____
_____	__/__/__	\$ _____

