

## Annual Questionnaire

Tax Year \_\_\_\_\_ Client Names \_\_\_\_\_ Date \_\_\_\_\_  
 Time \_\_\_\_\_ Drop Off / Interview

Presidential Campaign Fund Donation: Yes / No (Circle the Correct Answer As It Relates to You For Each Question)

Ohio Resident: Full Year **IF** Part Year Other State \_\_\_\_\_ Dates Out of State: \_\_\_\_\_

City Tax Returns: No / **IF YES** City Name \_\_\_\_\_  
 If Moved – List City Name & Dates \_\_\_\_\_

School Tax Returns Yes / No School Name \_\_\_\_\_  
 If Moved – List City Name & Dates \_\_\_\_\_

**List ALL Members of your Household:** **PROOF OF RESIDENCY WILL BE REQUIRED FOR ALL DEPENDENTS**

First Name, Last Name (if different)	Months In Home	Support More Than 50%	Claimed by you	Income Earned \$	College Student	Form 8332
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No
		Yes / No	Yes / No		Yes / No	Yes / No

Marital Status: Single / Married / Divorced / Separated / Widow

Did your Marital Status change since last year? Yes / No

If you are divorced or separated with child(ren), do you have a divorce or separation agreement which states custodial responsibilities? If yes, please provide us a copy.

Additional Notes regarding divorce decrees, circumstances, etc about anyone in the household:

---



---



---

### Dependent Information

Were there any changes in dependents from last year? Yes / No

If yes, explain: \_\_\_\_\_

Do you have any children under age 19 (or a full-time student under age 24) with unearned income (Investment income) in excess of \$1,900? Yes / No

Please Explain \_\_\_\_\_

Do you have dependents who must file a tax return? Yes / No If yes would you like us to prepare it?  
 Yes / No *We are happy to file dependent tax returns for a reduced fee. Please ask.*

**Earned Income Tax Credit:** Yes / No / Maybe

Third Party Documentation Required – List Documentation \_\_\_\_\_

---

Copies Scanned Yes / No Initials \_\_\_\_\_

Other EITC Related Notes:

\_\_\_\_\_  
\_\_\_\_\_

Other Important Information We Must Ask:

Taxpayer

Spouse

Is your Earned Income Under \$50,000?	Yes / No	Yes / No
Did you file bankruptcy in the past 2 years?	Yes / No	Yes / No
Did you have any debts canceled for forgiven this year?	Yes / No	Yes / No
Did you receive any 1099-A or 1099-C forms this year?	Yes / No	Yes / No
Do you have any foreign banks accounts or own any foreign Property?	Yes / No	Yes / No
Do you have any family members in a foreign country?	Yes / No	Yes / No
If yes, are you an authorized signer on any accounts they own?	Yes / No	Yes / No
Did you refinance your home this year?	Yes / No	Yes / No
Did you receive any inheritances this year?	Yes / No	Yes / No
Did you pay or receive alimony this year?	Yes / No	Yes / No
Did you give or receive any gifts valued over \$14,000?	Yes / No	Yes / No
Do you have any IRA's? Traditional / Roth / Both	Yes / No	Yes / No
Did you make any contributions to IRAs for the 2016 tax year?	Yes / No	Yes / No
If YES, Type _____ Dollar Amounts _____	_____	_____

\*\*If you do not have an IRA, would you be interested in discussing the benefits of starting one for as little as \$25 per month? Yes / No Yes / No

**Dependent Related Credits – Form 8867 Required**

Did you pay for child care for any dependents? Yes / No  
If yes, Name, Address and TID # of Provider, as well as the dollar amount and which child is needed.

Do you have any <u>Qualified Teacher Expenses</u> ?	Yes / No	If yes, dollar amount _____
Did you pay any <u>Student Loan Interest</u> this year?	Yes / No	If yes, please provide 1098-E. <i>You can obtain the 1098-E from via your online lender account.</i>
Do you need to file a federal <u>FAFSA form</u> ?	Yes / No	<i>We will help file FAFSA forms at a cost of \$35 per student.</i>
Did you make any out of state online purchases where Ohio sales tax was not collected?		Yes / No
If yes, what was the dollar amount of the purchases? _____		

**Education Related: A Completed Form 8867 Is Required**

Did you have any educational expenses during the year? Yes / No  
If yes, please provide 1098-T and receipts.  
**NEW** - *The IRS is not allowing credits based on 1098-T forms alone; these are amounts billed, not necessarily paid. You must prove the amount paid for the tax year using your payment transcripts (you may include books).*

Has the student taken the Hope or American Opportunity Credits in the past? How many years \_\_\_\_\_  
**Note:** *The person claiming the education credit must provide over half the support of the student.*

Taxpayer

Spouse

Do you have moving expenses for 2017?

Yes / No

Yes / No

Please list any Estimated Payments Paid Towards your 2017 Tax Liabilities:

Federal \_\_\_\_\_

State \_\_\_\_\_

School \_\_\_\_\_

City \_\_\_\_\_

**Schedule A – Itemized Deductions**

Medical Expenses: Yes / No

Miles \_\_\_\_\_

Written Log: Yes / No

Sales Tax Deduction: Large Item Tax Amounts \_\_\_\_\_

Property Taxes: Receipts Yes / No

Verified Payments

Yes / No

Mortgage Interest: 1098 Int Forms # \_\_\_\_\_

Was the mortgage used to buy or substantially improve your home?

Yes / No

Is this from a refinance of your home loan?

Yes / No

Do you have a settlement statement for 2016?

Yes / No

Charitable Contributions: Yes / No

Goodwill Donations - Yes / No

Detailed List with receipt Yes / No

Discussed the requirements for donations with client?

Yes / No

Employee Business Expenses: Yes / No

DOT Time Yes / No

Miles \_\_\_\_\_ Any Employer Reimbursement? Yes / No Cents / mile \_\_\_\_\_

Union Dues \_\_\_\_\_ Uniform Expenses \_\_\_\_\_ Tax Prep \_\_\_\_\_

Safety Deposit Box \_\_\_\_\_ Other \_\_\_\_\_

**\*\*\*Discussed 2018 Tax Law Changes regarding Employee Business Expenses Yes / No**

Discussed Mileage Log Requirements with Client. Yes / No Log Book Given Yes / No

Did you pay any long-term health care premiums (nursing home insurance premiums) for yourself or your spouse? Yes / No

If yes, provide amount(s) Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Additional Income**

**All income is reportable to IRS.** This includes, but is not limited to, things like hobby income, part-time job income, side business income, rental income and small farm income. **Do you have any other income that we need to report? Yes / No**

If yes, please explain \_\_\_\_\_

**By signing the bottom of this questionnaire you are verifying that you have given the Rainbow Accounting staff ALL of your income from ALL sources for 2017.**

**Do you currently have any of the following:**

	<u>Taxpayer</u>	<u>Spouse</u>	<u>I would like More Information</u>
Life Insurance	Yes / No	Yes / No	Yes / No
Durable Power of Attorney	Yes / No	Yes / No	Yes / No
Medical Power of Attorney	Yes / No	Yes / No	Yes / No
Living Will	Yes / No	Yes / No	Yes / No
Regular Will	Yes / No	Yes / No	Yes / No
Retirement Accounts	Yes / No	Yes / No	Yes / No
Living Trust	Yes / No	Yes / No	Yes / No
Stocks	Yes / No	Yes / No	Yes / No
Individual Retirement Accounts (IRA):			
Roth IRA	Yes / No	Yes / No	Yes / No
Traditional IRA	Yes / No	Yes / No	Yes / No
Bonds	Yes / No	Yes / No	Yes / No
Family Attorney	Yes / No	Yes / No	Yes / No

If you can save tax dollars by funding a retirement account or Health Savings Account (HSA) account do you want us to contact you before finalizing your return? Yes / No

Who would you have us contact if taxpayer dies, becomes incapacitated or mentally unable to make decisions:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Your relationship with this individual? \_\_\_\_\_

Spouse, Child, Parent, Friend, Etc

(We will only contact this individual in the most urgent of circumstances.)

**I/We have reviewed this information and the answers and all handwritten information on this checklist is correct to the best of my/our knowledge.**

Signed: \_\_\_\_\_

Taxpayer

Date: \_\_\_\_\_

\_\_\_\_\_

Spouse

Date: \_\_\_\_\_