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|----------|-------|------|------|-----|-------|
| Name: | First | M.I. | Last | DOB | Phone |
| Taxpayer | | | | | |
| Spouse | | | | | |

Address: Street, City, State, ZIP

Street City State ZIP

Marital Status:

- Single/Never Married
- Married Live together in 2018?
- Divorced Date:
- Widowed Date:

Please check if applicable:

- | | <u>Taxpayer</u> | <u>Spouse</u> |
|------------------------------|--------------------------|--------------------------|
| Are you a US Citizen? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you blind? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you disabled? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a dependent? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependent Information:

| First Name | M.I. | Last Name | DOB | Relationship | Months in home | Disabled | Student |
|------------|------|-----------|-----|--------------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Healthcare Information:

- Did everyone have healthcare coverage for all of 2018?
- Was insurance purchased through Healthcare.gov or a state marketplace like MNsure.org?
- Do you have or qualify for an exemption to the shared responsibility payment?
 - Do you need assistance determining if you qualify for an exemption? Please bring documents regarding offers of coverage from employers and information about who was covered and for how long.

Income Information:

- Did you receive wages or salary as an employee? How many jobs did you have? # of jobs
- Did you receive any wages or tips not reported on Form W-2?
- Did you receive any scholarships?
- Did you receive interest or dividends from a bank account, bond, CD, or brokerage?
- Did you receive a refund of state/local taxes and itemize deductions that tax year?
- Did you receive alimony or spousal/separate maintenance payments?
- Did you receive any income as an independent contractor or from self-employment?
- Did you receive payment for work not reported on a W-2 or 1099 such as cash or check?
- Did you own or start a business during the year?
- Did you sell any stocks, bonds, real estate, or other property?
- Did you receive any payments related to a disability?
- Did you receive any payments from a retirement account, pension, or annuity?
- Did you receive unemployment compensation?
- Did you receive any Social Security or Railroad Retirement Benefits?
- Did you receive any payments from rental property?
- Did you receive any prizes, awards, or gambling winnings?
- Did you receive any other income not listed above? Please bring information regarding the income to your appointment.

Expense Information:

- Did you make any alimony or spousal/separate maintenance payments? Need recipient's SSN.
- Did you make any contributions to a retirement account? Need type of account and amount.
- Did you pay any college or post-secondary educational expenses for yourself or a dependent?
- Did you make any student loan payments towards a loan you are legally responsible to pay?
- Did you pay any medical expenses including health insurance premiums?
- Did you pay any state or local taxes such as property or income taxes?
- Did you pay any mortgage interest on a primary or secondary home?
- Did you make any charitable contributions in the year? In-kind donations over \$500 require greater documentation of the items donated and may require an appraisal.
- Did you pay for any child or dependent care such as daycare?
- Did you purchase any supplies to be used as an eligible educator such as teacher or counselor?
- Did you have expenses related to self-employment or independent contractor income?
- Did you have expenses related to income not listed above?

Life Events:

- Did you contribute to or receive distributions from a Health Savings Account or other medical savings account?
- Did you contribute to or receive distributions from an Education Savings Account?
- Did you have any debt forgiven or cancelled during the year?
- Did you file a return with a "capital loss carryover" last year?
- Did you live in a federally designated disaster area?
- Did you receive the First Time Homebuyers Credit in 2008?
- Did you make any estimated tax payments or apply your last year's refund to this year's taxes?
- Are you a member of a federally recognized Indian tribe?
- Did you move during the year?
- Did you adopt a child?
- Have you ever had the Earned Income Credit, Child Tax Credit, or American Opportunity Credit disallowed in a prior year?
- Have you received a letter from the IRS or a state taxing authority?

Foreign Accounts:

- Are you the signatory or have a financial interest in an account or asset located outside the US?
- Did you receive any income from a foreign source?
- Did you pay taxes on income to a foreign country?
- Was the aggregate value of your foreign accounts over \$10,000 at any time in the year?

Refund or Payment Due:

- Do you want your refund directly deposited into your bank account?
 - Do want to split your refund between accounts or purchase savings bonds?
- Do you want any amount due directly debited from your account?