

Butler, Lavanceau & Sober, LLC
2019 Individual Income Tax Questionnaire

Please check "yes" for the appropriate answers and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain and provide date of change: _____		
Did your address change in the last year? If so, provide new- including new county	<input type="checkbox"/>	<input type="checkbox"/>
Did you or any dependents receive an Identity Protection PIN from the IRS or have you been a victim of identity theft? If yes, please attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information	<input type="checkbox"/>	N/A
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
If you are divorced or separated with child(ren), are you the custodial parent? Please provide a copy from your separation or divorce agreement establishing custodial responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income (interest, dividend and capital gains) in excess of \$1,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return? If they filed their own tax return, please provide a copy.	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care for a child 13 years old or younger while you worked or looked for work? If so, provide provider name, address and ID number.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Education Information	<input type="checkbox"/>	N/A
Did you, your spouse, or your dependents attend a post-secondary school during the year? If so, you must provide your Form(s) 1098-T AND more importantly, a list of actual payments (amount and dates) of the qualified tuition and related expenses.	<input type="checkbox"/>	<input type="checkbox"/>
For tax planning purposes, do you or your dependent plan to attend a post-secondary school in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account? If so, please provide the name of the plan, account number and amount	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

Due Diligence-Child Tax Credit (CTC), Am Opportunity Credit AOTC, Head of Household (HOH) or Earned Income Credit (EIC)	<input type="checkbox"/>	N/A
Have any of these credits ever been denied in a prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Can anyone else (other than your spouse) claim your child as a dependent	<input type="checkbox"/>	<input type="checkbox"/>
For EIC/CTC, did your child live with you for over half the year	<input type="checkbox"/>	<input type="checkbox"/>
Please provide proof of your child's address in 2019 (school or medical records, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming Head of Household status in 2019?	<input type="checkbox"/>	<input type="checkbox"/>
For AOTC, has the student been convicted of a felony for possessions of distribution of a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>
For AOTC, has the student earned a Bachelor's degree prior to 2019?	<input type="checkbox"/>	<input type="checkbox"/>
for AOTC, is the student pursuing a degree and is enrolled at least 1/2 time	<input type="checkbox"/>	<input type="checkbox"/>

Pease check "yes" for the appropriate answers and include all necessary details and documentation.

	Yes	No
Income Information		
Did you receive any income in 2019 from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
If you own rentals, do you rent the property for less than full market value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or exchanges of virtual currencies such as Bitcoin?	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year? (new rentals provide settlement statement and indicate if residential or commercial)	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or exchange any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you reacquire stock which you sold at a loss in any other acct within 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year? If yes, use of funds ? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information (Ignore this section if these deductions will total less than \$24,400 if you are married, \$12,200 if you are single or \$18,350 for HOH)

Did you pay real estate taxes on your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received. (We may need to request addl info from you later)	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions? If so, please provide evidence such as a receipt or canceled check to substantiate all cash contributions Please use on-line valuation guides to value your non-cash contributions at fair market value (thrift store valuations) and <u>you must provide us this documentation to substantiate the noncash value.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Please check "yes" for the appropriate answers and include all necessary details and documentation.

	Yes	No
Retirement Information		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If so, please provide Form 1099R	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a charity directly from your IRA? If so provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? If so, please provide Form 1099R	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan other than what is reflected in your W2	<input type="checkbox"/>	<input type="checkbox"/>
Have you made any non-deductible IRA contributions in past years?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2019 for your family? If so, please attach Form(s) 1095-B and/or 1095-C.	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family qualify for an exemption from the health care coverage mandate? If yes, please attach the Exemption Certificate Number (ECN).	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you pay long-term care premiums? Orig date purch policy _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed and pay your own individual health insurance premiums, are you eligible for subsidized coverage through your spouse's employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions or receive any distributions from an ABLE	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Activity

N/A

Do you have a financial interest in or signing authority over a foreign bank account or foreign brokerage account (this could include an offshore on-line poker account)?	<input type="checkbox"/>	<input type="checkbox"/>
If so, did your foreign account balance exceed \$10,000 at an time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial assets in excess of \$50,000 or hold an interest in a foreign company?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust or receive a foreign inheritance?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home solely and exclusively for a material business purpose?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		

Pease check "yes" for the appropriate answers and include all necessary details and documentation.

Miscellaneous Information (continued)

	Yes	No
Do you want us to compute your maximum Regular or Roth IRA contribution or, if you own a business, your maximum SEP or Solo 401K contribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change your bank account since last years tax filing?	<input type="checkbox"/>	<input type="checkbox"/>
To confirm our info, provide bank name and last 4 of the account #		
Bank Name: _____ Last 4 of Account#: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please explain at bottom of page		
Do you need us to prepare quarterly estimated tax payment vouchers for 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If you are entitled to a refund, would you like to have some or all of it applied towards your 2020 estimated tax liability?	<input type="checkbox"/>	<input type="checkbox"/>

If you made 2019 Quarterly Estimates, list the amounts and dates paid (even if we provided the quarterly esimates, we require you to list the date paid and the actual amount(s) submitted)

<u>Federal</u>		<u>State</u>	
1st Q Date _____	Amount \$ _____	Date _____	Amount \$ _____
2nd Q Date _____	Amount \$ _____	Date _____	Amount \$ _____
3rd Q Date _____	Amount \$ _____	Date _____	Amount \$ _____
4th Q Date _____	Amount \$ _____	Date _____	Amount \$ _____

Once we have completed your 2019 return:

How would you like to receive **your copy** of your 2019 tax returns?

Pick up
 Mailed
 Secure Portal Upload

If you provided us with original documents, how would you like your documents returned to you?

Pick up
 Mailed
 N/A (sent copies or docs were portal uploaded)

Please list any unusual tax events you would like us to be aware of for this year or the coming year.

Please circle your preferred means of communication from our office (email or phone) and who we should contact with questions:

_____ (email address)
_____ (phone number)
_____ (contact person)

After completion of your 2019 return, we will start the scheduling process for the **2020 returns. Please indicate the week that you would prefer to have your **next years tax returns** prepared (circle one):

2/5/21 2/12/21 2/19/21 2/26/21 3/5/21 3/12/21 3/19/21 3/26/21 4/2/21 4/9/21