

2015 Tax Questionnaire

Completion and signing of the Tax Questionnaire is mandatory

Please take a moment to complete the following questionnaire. You may visit our web site www.bobbysbusinessservices.com to fill out online questionnaire and our tax notebook. First read letter, sign engagement letter and then click on the icon Tax notebook. Simply sign in as a new client (ONLY NEW CLIENTS) and create your own User ID and password.

Please provide **copies** of the following tax support documents when delivering your tax information to us for the preparation of your 2015 Individual Income Tax return. New clients, please make a copy of your 2015 filed Individual Income Tax Return.

- W-2,1099INT
- 1099DIV
- 1098T(Tuition)
- 1099Q(529), K-1
- MA1099HC(Health Coverage)
- 1099R
- 1099G
- 1099SSA
- 1099LTC
- 1099A
- 1099SA(HSA)
- 1099B
- 1099MISC
- 1098Mortgage Interest
- 1099C(Debt cancellation)
- 1099S(Sale of RE)
- Brokerage Statements
- 1099E(Student loan)

Please provide any additional tax documentation so that we may accurately include all taxable events you may have incurred throughout the year. If you are uncertain, provide the information and we will determine the tax impact.

Electronic Filing Options

If you have a tax refund, would you like it to be Direct Deposited into your bank checking/savings account? If so, please attach a voided check.

If you have a Balance Due, would you like to have your funds withdrawn from your account automatically by the taxing authorities? _____

Personal Information

- Did you marital status change during the year? _____
 - If married, do you and your spouse want to file separate returns? _____
 - Did your address change during 2015? _____
 - If so, please provide new address, phone, cell phone and email _____
 - Can you or your spouse be claimed as a dependent by another taxpayer? _____
 - Were there any changes in dependents from the prior year? If yes, please note which one
 - _____
 - If adding a dependent, please provide Name, Social Security #, and Date of Birth _____
 - Do you have any children with wages, interest or dividend income over \$900, or who sold any stock in 2015? If yes, do you want us to prepare their required return(s)? _____
 - Did you adopt a child or begin adoption proceedings during 2015? _____
 - Did you pay for **childcare** while you worked or looked for work? _____

 - If so, please provide the Provider's name, address, SS#/EIN# and 2015 amounts paid for each child.
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Home/Real Estate Transactions:

- Please provide all 1098 Mortgage Interest statements and all Real Estate tax bills paid in 2015.
- Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? If so, please provide their name and social security number. _____
- Did you pay any points to refinance your mortgage?
- If so, provide closing statement. _____
- Have you refinanced your mortgage or taken out a home equity loan this year? If yes, please provide closing statement. _____
- Did you use any of the proceeds for other than improving your principal residence? _____
- If yes, please let us know if the cumulative amount of home equity loans over \$100k. _____
- Are the total mortgages on your first and/or second residence greater than \$1,000,000?. _____
- If yes, please provide the principal balance at the beginning and end of the year. _____
- Did you sell, exchange or purchase any real estate in 2015? If so, please attach the closing statements. _____
- Did you sell your Primary Residence in 2015? _____
- If yes, did you own and occupy the home as your principal residence or at least 2 years out of the five-year period prior to the sale? _____
- Did you ever rent out this property? _____
- Did you ever use any portion of the home for business purposes? _____
- Have you or your spouse sold a principal residence within the last two years? _____

Charitable Contributions:

How much of your deductible contributions were made by Cash: _____ Only list the total amount for which you have receipts. Receipts are required regardless of the dollar amount, even a \$1 contribution

Check:\$ _____ **Credit Card** \$ _____

Only list the total amount you can substantiate, net of benefits received, with: (1) For separate contributions of \$250 or more, you must have written acknowledgement from the charity; your canceled check is not enough. (2) For separate contributions under \$250, either a bank record or a receipt is required.

Clothing and household goods (must be in good or better condition). Only list the total amount you can substantiate with receipts if the contribution is \$250 or greater. Amount \$ _____. If over \$500, please indicate the name and address of the charity as well as your original cost basis for the items. Please note descriptions such as X bags is not acceptable; each item in the list your maintain must be valued.

Name: _____ Address: _____

Cost Basis: _____ Other Contributions - please describe and follow same rules as above _____

Miscellaneous Deductions:

- Did you incur any unreimbursed casualty or theft losses during the year? If so, provide details. _____
- Did you pay union or professional dues, incur uniform, unreimbursed auto or investment expenses or have gambling losses (to the extent of winnings). _____

Interest & Dividend Income

- Did you have any bank interest or dividend Income? _____
- Did you start or dispose of a business during the past year? _____
- If so, please discuss the matter with us.

Schedule C & Employee-Business Expenses:

- If you are a Schedule C filer, please provide the amount the business paid for health insurance premiums for you and your dependents. \$ _____
- If you or your spouse is self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If yes, how many months were you covered? Months _____
- Business auto expenses need to be substantiated with mileage logs and trip sheets for each trip.
- Do you have a written record of total miles and business miles driven? (Note that commuting miles between your home and a fixed work location are not considered deductible business miles). Per rules, estimates are unacceptable for business mileage.
- Do you have a log tracking business use of your computer? If yes please fill out below.
- Please note: Business gifts are limited to \$25 per person; meals should be separated from travel expense; landscaping expenses are not a deductible office in home expense; list improvements separately from repairs.

SCHEDULE D – SECURITIES. STOCKS, BONDS. INVESTMENTS

Purchases, Sales & Debts:

- Did you sell any securities, bonds or other investment property? _____
- If so, please provide realized gain or loss statements. _____
- If you sold at a loss, did you buy back substantially identical securities within 30 days before or after the sale in any of your accounts? If yes, this is a wash sale, and the loss is not deductible. _____
- Did you have any debts cancelled, forgiven or refinanced during 2015? _____
- Did you purchase or sell a rental property, or acquire or sell any interest in any partnership, LLC or S corporation in 2015? Please provide the K-1's as soon as they are available. _____
- Did you receive grants of stock option from your employer, exercise any stock options or dispose of any stock acquired under a qualified employee stock purchase plan? If so, please provide support (statements/schedules from your employer). _____
- Did you engage in any put or call transactions? If yes, please provide details. _____
- Did you close any open short sales during 2015? _____

IRA/Pension Distributions:

- Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? _____
- If so was it to acquire a principal residence, pay for qualified higher education expenses, or substantial medical expenses? _____
- Did you make a contribution to a retirement plan, 401k, SIMPLE, SEP, IRA, or Roth IRA not reported on your W-2 or K-1? _____
- Did you convert an existing IRA into a Roth IRA? _____
- Did you retire or change jobs in 2013? _____
- Have you taken your required Minimum Distribution (if you are older than 70.5)? _____
- Did you or your spouse turn age 70.5 during the year, and have money in an IRA or other retirement account without taking a distribution? _____
- Were any distributions from your IRA and/or Roth IRA distributed to a charitable organization? _____

Gifts:

- Did you or your spouse make any gifts, including birthday, holiday, graduation, etc. with a total aggregate value in excess of \$14k to any individual during the year? _____
- If yes, do you want us to prepare required Federal gift tax returns? _____
- If yes, please provide the name, address, social security number, date gift was made, amount, and description of gift to each person. _____

For Non-Mass Residents Only:

Does your town or city require the filing of a local earned income, school, or business privilege tax return? Note: It is the taxpayer's responsibility to inform us if a local tax return is required within their resident jurisdiction. Send any forms you receive.

Massachusetts Residents:

- Did you pay rent for your principal residence? _____
- If yes, who did you pay rent to and how much rent did you pay? _____
- Did you have health insurance coverage for all of 2015? _____
- If yes, please send Form MA 1099-HC received from your health insurance carrier for us to prepare Schedule HC. _____
- May the IRS or other taxing authorities discuss these returns with us? _____
- With your authorization, the IRS and certain states allow us to verify credits, payments, etc. for your tax account online. Do we have your authorization to view this information if necessary? _____
- Please sign below and return to our office with your tax information (or at your scheduled appointment).

Miscellaneous:

- Did you receive or pay any alimony? _____
- Did you or your dependents incur any post-secondary education expense, such as tuition? _____
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program? _____
- Did you move to a different home because of a change in the location of your job?

- Did you have any Household Employees, whom you paid in excess of \$1,000 in any quarter, or \$1,600.00 for the entire year? _____
- If yes, you are required to withhold/pay social security and unemployment taxes?

- Did you file Employment Tax Returns? _____
- Did you receive unreported tip income of \$20 or more in any month in 2015?

- Did you or your spouse receive distributions from long-term care insurance contracts? _____
- Were you or your spouse a grantor or transferor to a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? If yes, you must file Form TD F 90-22.1. Report of Foreign bank and Financial Accounts. Failure to file can result in penalties ranging from \$25,000 to \$100,000 for you and us. _____
- Have you received a punitive damage award or an award for damages other than for physical illness or injury? _____
- Were you notified by the IRS or other taxing authority of any changes in prior year returns? _____
- If yes, please send correspondence or provide details. _____
- Did you receive any payments from insurance companies, legal settlements, disability payments, or other taxable income? _____
- Did you or your spouse have any transaction pertaining to a Health Savings Account or Medical Savings Account during 2015? If you received a distribution from an HSA or MSA, Please attach form 1099-HSA/MSA. _____
- With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2015? _____
- Did you engage in any bartering transactions? _____
- Did you make any purchases outside of your home state or online for which you did not pay sales tax equal to your state's sales tax rate? Please provide dollar amount of purchases and related sales tax paid, if any. _____

THE QUESTIONNAIRE IS CRITICAL FOR US TO SERVICE YOU AND PROPERLY PREPARE YOUR TAX RETURNS. PLEASE ANSWER ALL QUESTIONS. A BLANK ANSWER WILL BE TREATED AS A "NO" RESPONSE AND BLANK AMOUNTS WILL BE TREATED AS ZERO. WE ARE ALWAYS AVAILABLE TO ANSWER ANY OF YOUR QUESTIONS.

Very Truly Yours,

Bobby's Business Services Inc.

I (We) have submitted this information for the sole purpose of preparing my (our) tax return. Each item can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. If applicable, both Taxpayer and Spouse must sign.

Accepted by: _____

Taxpayer Signature

Printed Name

Date

Spouse Signature (if applicable)

Printed Name

Date