

D'AGOSTINO & MAZZONE, LLC, CPAs

2015 TAX CHECKLIST/QUESTIONNAIRE

IMPORTANT: *This checklist/questionnaire is designed to assist you in assembling documents and information necessary in the preparation of your income tax return. Please complete this checklist/questionnaire and deliver it with your tax documents to our office. Thank you.*

Taxpayer's Name: _____ Spouse's Name: _____

EMAIL ADDRESS (REQUIRED): _____

If you are a new client or your information has changed, please fill out sections A through D.

A. Taxpayer's Date of Birth: _____ Spouse's Date of Birth: _____

B. Dependent's Full Name	Relationship	Date of Birth	Social Security Number	In College?
--------------------------	--------------	---------------	------------------------	-------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Home Phone: _____ Work Phone: _____ Cell Phone: _____

D. Mailing Address: _____

Here's a checklist to assist you in gathering your tax information:

- _____ Copies of prior year federal and state tax returns (*new clients only*)
- _____ W-2, W-2G Forms
- _____ 1099 Forms
- _____ Social security statements
- _____ Brokerage statements for security transactions (*purchases and sales*)
- _____ Closing statements and other documentation regarding purchase or sale of property
- _____ K-1 Schedules from Trusts, Estates, Partnerships, LLC's and S-corporations
- _____ Summary of rental income and expenses
- _____ Summary of self-employment activity
- _____ Amount and date paid for estimated tax payments (*federal and state*)
- _____ Amount and date paid for real estate taxes on homes and other real property
- _____ Amount and date paid for motor vehicle and other personal property taxes
- _____ 1098 Forms (*mortgage interest, tuition, etc.*)
- _____ Total unreimbursed medical and dental expenses, health and long-term care premiums
- _____ Total cash contributions
- _____ Total non-cash contributions (*for amounts greater than \$500 please provide details*)
- _____ Mileage information on vehicles used for business purposes
- _____ Provide a list of union dues, professional fees, education costs, safe deposit fees
- _____ Provide a statement showing gambling losses
- _____ Form 1095-A, 1095-B and/or 1095-C (*relating to health insurance coverage*)

2015 TAX QUESTIONNAIRE

Please answer the following questions. If you've answered "Yes" to any of these questions, please provide supporting documentation. If documentation does not exist, please explain on the last page.

	Yes	No
1. Do you have children who have received income during the year?	_____	_____
2. Did you receive any distributions or rollovers from any pension, 401K, IRA, Roth IRA or retirement plan?	_____	_____
3. Did you receive any of the following?		
a. Disability income	_____	_____
b. Gambling, lottery winnings	_____	_____
c. Inheritances	_____	_____
d. Receipts on installment sales	_____	_____
e. Income from the sale of personal or real property	_____	_____
f. Income from the sale of stocks, bonds or other investments	_____	_____
g. Income from the sale of partnership interests, closely-held businesses	_____	_____
h. Tip income not reported to your employer	_____	_____
i. Gifts of cash, property or other items	_____	_____
4. Did you sell your home, second home or any other property?	_____	_____
5. Did you have any outstanding debts that have been forgiven?	_____	_____
6. Did you make any loans to anyone in excess of \$10,000?	_____	_____
7. Did you have any casualties, thefts, losses, embezzlements, condemnations, or seizures?	_____	_____
8. Did you receive any correspondence from tax authorities?	_____	_____
9. Did you contribute to an IRA, Roth IRA, Education IRA, SIMPLE IRA, SEP IRA or any other retirement plan?	_____	_____
10. Did you give any gifts of cash, real estate, investments or property of any kind in excess of \$14,000?	_____	_____
11. Did you open a financial account for a minor?	_____	_____
12. Did you pay any interest on a student loan?	_____	_____
13. Did you pay for the cost of college education for anyone?	_____	_____
14. Did you redeem any US savings obligations?	_____	_____
15. Did you receive any unusual or non-recurring income or cash receipts?	_____	_____
16. Did you pay any unusual or non-recurring expenses?	_____	_____

2015 TAX QUESTIONNAIRE (CONTINUED)

	Yes	No
17. Did you start a business during the year?	_____	_____
18. Did you pay costs for medical care?	_____	_____
19. Were you awarded or have you any stock options?	_____	_____
20. Did you pay for the cost of daycare?	_____	_____
21. Were you a participant in a dependent care program?	_____	_____
22. Did you incur sales tax on large transactions, such as automobile purchase?	_____	_____
23. Did you receive or pay alimony or child support?	_____	_____
24. Did you receive unemployment compensation?	_____	_____
25. Did you receive compensation or damages for an injury?	_____	_____
26. Did you pay automobile expenses as an employee or use your car in your employer's business.	_____	_____
27. Did you buy any real estate?	_____	_____
28. Did you change names on any bank or brokerage accounts?	_____	_____
29. Did you pay household employees during the year?	_____	_____
30. Did you pay investment interest expense (i.e. margin interest)?	_____	_____
31. Did you convert or re-characterize an IRA or Roth IRA <i>in any year?</i>	_____	_____
32. Did you receive any commissions or fees not included on your W-2?	_____	_____
33. Did you make any contributions to a Health Savings Account (HSA)?	_____	_____
34. Did you pay any mortgage insurance premiums?	_____	_____
35. Did you refinance a mortgage?	_____	_____
36. Did you incur adoption expenses?	_____	_____
37. Did you have a foreclosure on any property?	_____	_____
38. Did you <i>ever</i> receive a Homebuyer Credit?	_____	_____
39. Did you incur any energy efficient improvement costs to your home?	_____	_____
40. Did you purchase a qualified fuel cell motor vehicle?	_____	_____

2015 TAX QUESTIONNAIRE (CONTINUED)

- | | Yes | No |
|--|------------|-----------|
| 41. Did you have a tax filing status change such as marriage, death or divorce? | _____ | _____ |
| 42. Do you own any stocks, bonds or other investments that became worthless? | _____ | _____ |
| 43. Do you have a loan receivable that has become uncollectible? | _____ | _____ |
| 44. Did you receive any military retirement eligible for the CT exemption? | _____ | _____ |
| 45. Did you earn or receive income in other states? | _____ | _____ |
| 46. Did you have a financial interest in a financial account located in a foreign country? | _____ | _____ |
| a. Did you receive a distribution from a foreign trust? | _____ | _____ |
| b. Did you own any assets located in a foreign country? | _____ | _____ |

(If so, there is a reporting obligation for failure to comply can result in significant penalties.)

47. Was the taxpayer, spouse and/or dependents listed on the tax return **not** covered by a health insurance plan? _____
48. Do you want direct deposit for your refund? *(If so, complete the following)* _____

Name of Financial Institution _____

Type of Account: Checking _____ Savings _____

Account # _____ Routing # (9 digits) _____

49. Enter estimated tax payments made for the current year:

Due Dates	Actual Date Paid	Federal	Connecticut	Other State(s)
4/15/2015				
6/15/2015				
9/15/2015				
1/15/2016				

Please provide or attach details for questions answered with a “Yes” response:

If you have questions about any items on this checklist/questionnaire, please do not hesitate to ask.

Thank you,
D’Agostino & Mazzone, LLC, CPA’s