

TAXCOM, LLC

8352 Six Forks Rd, Ste. 204

Tel (O) 919-870-0931, Cell: 919-699-7049 Fax: 919-870-0688

Website: www.taxcomllc.com

Email: zebaiye@taxcomllc.com

Questionnaire

*I/We hereby attest to the best of my/our knowledge the answers to the following questions are accurate and complete. **BOTH SIGNATURES** required for joint return.*

Taxpayer _____ Date _____ / _____ / 2016

Spouse _____ Date _____ / _____ / 2016

These questions are designed to help you gather your tax information. Make sure to read and answer ALL questions to avoid a delay in the preparation of your tax return.

Attach Last Year Tax Return – NEW CLIENTS ONLY

IMPORTANT: For each YES answered, please provide required documentation as indicated or fill in amount, if requested.

Personal Information		Yes	No	Docs/Info Required
1	Did your marital status change in 2015?			
2	Can you be claimed as a dependent by another taxpayer?			
3	If you are receiving a refund, do you want direct deposit?			
	Same account as last year?			If no, provide voided check
4	If you owe money, do you want to pay electronically?			Provide voided check
5	Did you or your spouse incur tuition expenses?			Form 1098-T AND Statement of Account or Registration Invoice from School

Dependent Information		____ N/A		Yes	No	Docs/Info Required
6	Were there changes in dependents?					
7	Did you incur any child care expenses?					Name, address, tax ID, amount paid
8	Did any of your dependent children (under age 19, or 24 if in college) have unearned income in excess of \$2,000?					Forms 1099: B, DIV, INT
9	Do you have dependents who must file a tax return? Earnings over \$5,350					
10	Did you provide more than half the support for any person(s) other than your dependent children? (Parent, sibling, grandparent etc)					
11	Did any of your dependents incur tuition expenses?					Form 1098-T AND Statement of Account or Registration Invoice from School
12	Did you incur expenses to adopt a child?					Adoption paperwork
13	Are you claiming a dependent who did not live with you?					Form 8332 Release of Claim

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Foreign Income & Accounts		Yes	No	Docs/Info Required
14	Do you have an interest in or signature authority over financial accounts in a foreign country?			
	If yes, did the total value of all foreign financial accounts exceed \$10,000 at any time during 2015?			Bank name, address, A/C #, balances
15	Did you live overseas any time in 2014 and 2015?			
	If yes, were you out of the US for 35 days or more during a consecutive 12-month period?			Foreign Income Exclusion sheet
16	Did you have foreign income or pay foreign income taxes?			Forms 1099: DIV, INT or brokerage statement

Comments (refer to number above): _____

Income		Yes	No	Docs/Info Required
1	Did you receive wages working for someone else?			Form(s) W-2
	Did you change Jobs last year?			
	If Yes, How many?			
2	Did you receive interest income from any source?			Form 1099-INT, brokerage statement
3	Did you redeem series EE or I US Savings Bonds issued after 1989?			Form 1099-INT
4	Did you receive dividend income from any source?			Form 1099-DIV, brokerage statement
5	Did you receive a state refund in the prior year?			Form 1099-G
6	Did you receive alimony?			Amount rec'd \$ _____
7	Do you own a business: sole proprietor / single member LLC			Business worksheet
8	Did you sell stocks, bonds, mutual funds or other investments? Capital gains and loss calculation – Basis MUST be provided in order to complete your return. Contact your broker before sending info.			Form 1099-B, brokerage statement. Basis=what you paid for the stock, bond, mutual fund or other investment
9	Did you sell or exchange a business, rental or other property?			HUD – closing documents
10	Did you receive payments from a business, rental or other property sold in a prior year?			Form 6252 from prior year return
11	Did you withdraw funds from a traditional IRA, Roth IRA, Pension, Annuity or other retirement plan?			Form 1099-R
	Were funds rolled directly to another retirement fund Were funds given to you, and then deposited to another retirement fund?			If you roll the funds over yourself, provide statements showing withdrawal & deposit.
12	Did you convert a traditional IRA into a Roth IRA?			Provide documentation of rollover
	Do you own residential or commercial rental property, farm or			

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	land?			
13	Do you own a farm that produces income?			Provide income and expenses
14	Did you collect unemployment?			Form 1099-G
15	Do you receive social security benefits?			Form 1099-SSA
16	Did you make withdrawals from a health savings account?			Form 1099-SA & medical expenses
	If yes, were ALL withdrawals used for a qualified medical expense?			
17	Did you use money from a 529 higher education plan?			Form 1099-Q
18	Did you receive any income not reported on a W-2, 1099 or Sch K-1?			Provide type and amount
19	Did you have an interest in a trust, partnership or S Corp?			Form Schedule K-1
20	Did you have any debts canceled or forgiven?			Form 1099-C
21	Did you foreclose or abandon real estate property?			Form 1099-A
22	Did you have any lottery winnings?			Form 1099-G
23	Did you receive any tip income not reported to your employer?			Amount \$ _____

Comments (refer to number above): _____

Adjustments to Income		Yes	No	Docs/Info Required
1	Are you a K-12 teacher that worked more than 900 hours and paid for classroom supplies?			\$ _____
2	Did / do you want to contribute to a health savings account (HAS) (not amounts through your employer)?			Form 1099-HAS or \$ _____
3	Did you change jobs or job location that required you to move more than 50 miles from your old workplace?			Summary of transportation of household goods, travel to your new home, mileage (not meals)
4	Did you pay student loan interest?			Form 1098-E
5	If you own a business, do you have a health insurance policy in your name ?			Amount \$ _____
6	Did you pay alimony? Amount \$ _____			Provide name and SSN or receipt
7	Did / do you want to contribute ____ Traditional ____ Roth IRA? Results first?			Amount \$ _____
8	Did / does your spouse want to contribute ____ Traditional ____ Roth IRA? Results first?			Amount \$ _____
9	If you have another type of retirement plan, do you want to contribute? Results first?			Amount \$ _____
10	Have you made non-deductible contributions to an IRA in prior years?			Provide form 8806 from prior year return

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Estimated Tax		N/A	Yes	No	Docs/Info Required
1	Did you make estimated tax payments for 2015?				Fill out information below
2	If you have an over payment of tax, do you want it applied to 2016?				

Federal Estimates

Due Date	Amount Paid	Check #	Date Paid
April 15 2015	\$		___ / ___ / ___
June 15 2015	\$		___ / ___ / ___
September 15 2015	\$		___ / ___ / ___
January 15 2016	\$		___ / ___ / ___

State Estimates

Due Date	Amount Paid	Check #	Date Paid
April 15 2015	\$		___ / ___ / ___
June 15 2015	\$		___ / ___ / ___
September 15 2015	\$		___ / ___ / ___
December 31 2015 or January 15 2016	\$		___ / ___ / ___

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Affordable Care Act Requirements

**We MUST have ALL documentation as indicated in order to complete your tax return.
A separate signature is required below (both signatures for joint filers)**

Health Care Coverage		Yes	No	Docs/Info Required
	Taxpayers:			
1	Did you have health insurance coverage ALL year?			
	If part-year: Circle which months you had coverage; Jan Feb Mar April May June July Aug Sept Oct Nov Dec			
	Coverage was provided through:			
	Employer with LESS than 50 employees			
	Employer with MORE than 50 employees			Provide Form 1095-C
	State or Federal Health Exchange / Market			Provide Form 1095-A
	Purchased directly through an agent or insurance company			
	Government provided from Medicare, Medicaid, CHIP or Tri-Care			If Tri-Care, provide Form 1095-B
	Spouse:			
2	Did you have health insurance coverage ALL year?			
	If part-year: Circle which months you had coverage; Jan Feb Mar April May June July Aug Sept Oct Nov Dec			
	Coverage was provided through:			
	Employer with LESS than 50 employees			
	Employer with MORE than 50 employees			Provide Form 1095-C
	State or Federal Health Exchange / Market			Provide Form 1095-A
	Purchased directly through an agent or insurance company			
	Government provided from Medicare, Medicaid, CHIP or Tri-Care			If Tri-Care, provide Form 1095-B
	Dependents:			
3	Did you have health insurance coverage ALL year?			
	If part-year: Circle which months you had coverage; Jan Feb Mar April May June July Aug Sept Oct Nov Dec			
	Coverage was provided through:			
	Employer with LESS than 50 employees			
	Employer with MORE than 50 employees			Provide Form 1095-C
	State or Federal Health Exchange / Market			Provide Form 1095-A
	Purchased directly through an agent or insurance company			
	Government provided from Medicare, Medicaid, CHIP or Tri-Care			If Tri-Care, provide Form 1095-B

Comments or questions: _____

Expenses & Deductions

Yes No Docs/Info Required

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1	Did you pay out of pocket medical expenses? \$			
	Prescriptions \$			
	Medical/Dental/Hospitals \$			
	Health Insurance (not Medicare reported on SS) \$			
	Long-term health insurance: You \$ Spouse \$			CO residents provide year-end statement
2	Did you make any major purchase during the year (cars, boats etc)?			Invoice copies
3	Did you pay any state income taxes – not estimated taxes?			Provide amounts
4	Did you pay real estate taxes on a personal residency? \$			Form 1098 or tax bill & actual amount paid
5	Did you pay real estate taxes on a second home or land (non-rental)?			Property tax bill or \$ _____
6	Did you pay registration fees for your vehicle (not VT residents)?			Provide registration or "Own tax" from registration (middle of page) \$ _____
7	Do you have a mortgage with a leading institution on a home (primary or second (non-rental)?			Form 1098
	Do you plan to buy a home in the next 3 years?			
8	Do you have a home equity loan or private loan on a home?			Form 1098, year-end statement. If you have a private loan, provide name, address, SSN/EIN and interest paid
9	Do you have a loan on a boat or RV that has a kitchen and bath?			Lender name, address, SSN/EIN, interest paid
10	Did you refinance or obtain an equity loan on a primary or second home? Funds were used for: _____ Home improvement _____ 2 nd home _____ Investment purchase _____ Business _____ Rental _____ Other _____			HUD – Closing documents
11	Did you make any cash/check charitable contributions? If you gave \$250 or more in one single payment , you will need a letter from the charity for your records			\$ _____
12	Did you make any non-cash charitable contributions that total \$500 or less ? Provide total and keep receipts for your records			\$ _____
13	Did you make any non-cash charitable contributions that total more than \$500 ?			Non-cash contribution sheet
14	Did you have a casualty loss of theft?			Provide documentation from insurance company, police report etc
15	Did you have unreimbursed employee expenses? \$			List and amount
16	Did you have job search expenses? \$			List and amount
17	Did you use your car on the job other than for daily commuting?			Miles _____
18	Did you pay union dues? _____ On W-2 by cash/check \$			Year-end pay stub
19	Did you pay a tax preparation fee?			New clients only \$ _____
20	Did you pay for a safe deposit box rental?			\$ _____
21	Did you pay legal fees? (Not all fees are deductible)			Invoice copies
22	If you had lottery winnings, did you have lottery losses?			\$ _____

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Some of these items were not extended for 2015 but may be extended retroactive in Jan 2016

Energy improvement		Yes	No	Docs/Info Required
1	Did you make energy efficient improvements to your home? Note: Not all improvements will qualify AND if you have taken credits in previous years, you may not be able to take the deduction.			Detailed receipts: Not all of the improvements include installation. Make sure you have a receipt that itemizes the expenses
2	New clients: Have you taken a credit for energy improvements in prior years?			Copy of prior tax returns

Energy improvement	Amount Paid
Insulation – regular & foam	\$
Exterior windows, including sky-lights	\$
Exterior doors	\$
Roofing	\$
Water heaters	\$
Central air	\$

Energy improvement	Amount Paid
Biomass stove	\$
Furnaces	\$
Water boilers	\$
Main air circulating fan	\$
Solar systems	\$
Wind energy	\$

Miscellaneous items		Yes	No	Docs/Info Required
1	Did you make gifts valued at more than \$14,000 to any one individual or trust?			Summarize list of recipient name, address and amount
2	Did you utilize an area of your home exclusively for business purposes?			