**2018 Personal Info Questionnaire & Tax Form Checklist**

***PLEASE PROVIDE PREVIOUS YEAR TAX RETURN***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filing Status: (Single, Married Filing Jointly, Married Filing Separately, Head of Household, Widowed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is Text Message A Communication Option? (Y/N) \_\_\_\_\_\_\_\_\_

Direct Deposit (EFT) Info If Refund Is Anticipated: **(Please Circle)** **Checking Account** or **Savings Account**

Name Of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D/O/B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Date License Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date License Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance In 2018 (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_ What Months Were You Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have health insurance through VT Health Connect or Healthcare.gov? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any large out of state or online purchases that VT Use Tax should be applied to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Other Household Members:**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O/B: \_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependent (Y/N): \_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Date License Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date License Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance In 2018 (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_ What Months Were You Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have health insurance through VT Health Connect or Healthcare.gov \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O/B: \_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependent (Y/N): \_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Date License Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date License Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance In 2018 (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_ What Months Were You Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have health insurance through VT Health Connect or Healthcare.gov \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O/B: \_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Dependent (Y/N): \_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Date License Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date License Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance In 2018 (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_ What Months Were You Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have health insurance through VT Health Connect or Healthcare.gov \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Potential Forms, Deductions, & Credits**

**Tax Form Checklist**

**Income Info:**

Income from Jobs (W2’s)

Investment Income

Any 1099 or 1098 forms

Income from State and Local Income Tax Refunds

Alimony Received

VT only – Child Support Received

Business or Farming Income**\***

IRA/Pension Distributions (1099-R Form)

Rental Property Income**\***

Unemployment Income (1099-G Form)

Social Security Benefits (1099-SSA Form)

Income from Sales of Property (1099-S or otherwise)

1095 Health Ins. Reporting

Foreign Bank Accts./Foreign Income

Gambling Winnings

Jury Duty

VA Income

Life Insurance Proceeds

Bartering Income

Cash

**Adjustments to your Income:**

IRA Contributions

Student Loan Interest

Medical Savings Account Contributions

Moving Expenses For A Job (More than 50 Miles)

Contributions to Keogh, SEP, SIMPLE and Other Self-Employed Pension Plans

Educator Expenses

VT Only- Child Support Paid/Alimony Paid Health Savings Account (HSA 1099-SA)

**Itemized Tax Deductions and Credits:**

Advance Child Tax Credit Payment

Child Care Costs

Education Costs (1098-T Form, Books & Supplies)

Adoption Costs

Interest You Paid

Charitable Donations

Casualty and Theft Losses

Sales Tax and Fee Deductions for New Vehicle Purchases

Job Expenses

HUD Statement if Property was Purchased

Medical and Dental Expenses

Energy-Efficient Home Improvement

Gambling Losses

**Taxes You Have Paid:**

State and Local Income Taxes

State and Local Sales Taxes

Real Estate Taxes

Personal Property Taxes

Large Purchases Made Out Of State

***\* Please Request Our Business Owners Deduction Checklist***

**The Rockwood Agency**

P.O. Box 270 2484 US Route 5 North Windsor, VT 05089

Phone: (800) 691-7341 or (802) 230-4100 Email: therockwoodagency@hotmail.com