

**2019 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 2019 (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 2019 (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 2019 (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 2019 (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

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