



## Tax Preparation and Financial Planning Questions

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

Tax Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Year: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1) Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during this year?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Did anyone in your household have any tuition expenses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Did you have any childcare expenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Did you make a contributions to or take any distributions from a retirement plan (401K, IRA, SEP, SIMPLE, etc.)?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a) Did everyone in your household have health insurance all year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b) Do you have health insurance through; Your employer <input type="checkbox"/> Covered CA <input type="checkbox"/> Other <input type="checkbox"/> |                          |                          |
| 6c) Did you receive a form: 1095-A <input type="checkbox"/> 1095-B <input type="checkbox"/> 1095-C <input type="checkbox"/>                         |                          |                          |
| 7) Did you make any residential energy-efficient improvements or purchases?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Did you purchase, sell or refinance a home?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Did you experience a short sale/foreclosure/loan modification on any properties in 2016?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Did you incur moving expenses during the year due to a change of employment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Did you have any debts cancelled or forgiven?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Did you have any bank accounts or other assets outside of the United States?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Were you notified or audited by either the IRS or the State taxing agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Did you make any estimated tax payments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Do you have any Use Tax due?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Do you own, or have signing authority for, any Foreign bank accounts or other assets?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Did you know we offer investment management solutions?  | <input type="checkbox"/> | <input type="checkbox"/> |

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_