

SCOTT OLSON, CPA, LLC
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Questions for the Year 2017

Please check the appropriate box and include all necessary details. We are fishing for write-offs, so be complete!

	<u>Y</u>	<u>N</u>
Personal Information		
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your residence change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or college students under age 24 with unearned income in excess or \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain a home for someone not claimed as a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care (babysitting, daycare)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide provider name, address and social security number/EIN and amount paid.	<input type="checkbox"/>	<input type="checkbox"/>
Purchase, Sales and Debt Information		
Did you start or dispose of a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in an LLC, partnership or corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year? (send closing statement)	<input type="checkbox"/>	<input type="checkbox"/>
Did you dispose of any stock during the year? (send original cost and sale price and dates)	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in puts or stock transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or line of credit this year or refinance any property? (send closing statement)	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a hybrid (gas/electric) auto? If yes, list make, model and year.	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payment from a pension or profit sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any rollovers or withdrawals from any retirement account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive disability or unemployment income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash in any U.S. Savings bond?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive employer-provided educational assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Did your college student receive educational benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a 1099-Q for a distribution from a 529 plan? If yes, attach form.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a damage award for personal injury, sickness or discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive executor fees or jury duty fees? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive alimony (not child support)? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____

Deduction Information

- Did you incur an unreimbursed casualty or theft loss greater than 10% of your income?
- Do you qualify for any Social Security benefits such as retirement, death, disability or Medicare? (send statement)
- Do you have a donee acknowledgement to substantiate cash or check charitable contributions of \$250 or more and proof of all charitable contributions?
- Did you have an unreimbursed employee expense or an allowance?
- Did you use your car on the job, for other than commuting?
- Did you work out of town during the year?
- Did you have educational expenses for you or your dependent(s)?
- Did you pay alimony (not child support)? If yes, please provide name paid to, social security number and amount paid.
- Name: _____ SSN _____ Amount \$ _____
- Did medical expenses exceed 10.0% of your income?
- Did you have any moving or job-seeking expenses?
- Are you a teacher or school administrator who provided school supplies in your job?
- Do you own or invest in a business that would be considered manufacturing?
- Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle, or plane purchased for personal use? If yes, amount \$ _____
- Do you have a Health Savings Account (HSA) or a Medical Savings Account (MSA)?
- If yes, provide the deductible \$ _____ contributions \$ _____
- qualified withdrawals \$ _____ and if single ___ married ___ coverage
- If you worked for yourself, did you pay health insurance premiums for yourself and your family? If yes, amount \$ _____
- Did you have health insurance coverage for the entire year? If no, what periods were you not covered?
- If not covered by an employer health plan, were you part of the health insurance exchange?

Credit Information

- Have you started and adoption process?
- Did you start a new pension plan this year?
- Did you make energy efficient improvements to your home in 2014?

Miscellaneous Information

- Are you in the military?
- Did you make 2016 gifts of more than \$14,000 to any individual?
- Did you engage in any bartering transactions?
- Are you covered by a pension plan?
- Did you make any Roth or traditional IRA contribution?
- Have you ever made a non-deductible IRA contribution?
- Do you have extra cash to contribute more into retirement?
- Do you have stock options?
- Did you receive correspondence from federal, state or local tax authorities?
- If yes, explain: _____
- Do you not have a current will and power of attorney for health care and financial decisions?
- Approximate date: _____

State Information

Did you contribute to a 529 Plan? If yes, what state plan? _____ ; amount \$ _____

Name: _____