

General Questions

Please check if "Yes" and provide documentation, if possible.

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| <input type="checkbox"/> | 1. Has your marital status changed? |
| <input type="checkbox"/> | 2. Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2016? |
| <input type="checkbox"/> | 3. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | 4. Are you being claimed as a dependent by another person? |
| <input type="checkbox"/> | 5. Are there any changes in the dependent information from the prior year? |
| <input type="checkbox"/> | 6. Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income? |
| <input type="checkbox"/> | 7. Do you have dependents who are neither U.S. citizens nor U.S. residents? |
| <input type="checkbox"/> | 8. Did you provide over half of the support for another person (or persons) during the year? |
| <input type="checkbox"/> | 9. Did you purchase or sell a principal residence? |
| <input type="checkbox"/> | 10. Did you receive payments from a pension or profit sharing plan? |
| <input type="checkbox"/> | 11. Did you receive any distributions from an IRA or other qualified plan? |
| <input type="checkbox"/> | 12. Did you receive any disability income? |
| <input type="checkbox"/> | 13. Did you receive any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | 14. Did you receive interest from a bank account or other financial account based in a foreign country? |
| <input type="checkbox"/> | 15. Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | 16. Were either you or your spouse enlisted in the military or National Guard? |
| <input type="checkbox"/> | 17. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? |
| <input type="checkbox"/> | 18. Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2016? |
| <input type="checkbox"/> | 19. Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | 20. Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |
| <input type="checkbox"/> | 21. Did you receive proceeds from an installment sale? |
| <input type="checkbox"/> | 22. Did you make a loan at an interest rate below market rate? |
| <input type="checkbox"/> | 23. Did you make gifts of more than \$14,000 to any one person? |
| <input type="checkbox"/> | 24. Were there any changes to a prior year's income, deductions, or credits? |
| <input type="checkbox"/> | 25. Did your employer pay premiums on life insurance in excess of \$50,000? |
| <input type="checkbox"/> | 26. Were any payments made on student loans? |
| <input type="checkbox"/> | 27. Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | 28. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2016? |
| <input type="checkbox"/> | 29. Did you refinance a mortgage or take out a home equity loan? |
| <input type="checkbox"/> | 30. Were any contributions made to a traditional or Roth IRA for 2016? |
| <input type="checkbox"/> | 31. Did you make any contributions to HSA (Health Savings Account) in 2016? |
| <input type="checkbox"/> | 32. Did you or a member of your family have minimum essential coverage in 2016? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |
| <input type="checkbox"/> | 33. Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption? |

Business and Investment Questions

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| <input type="checkbox"/> | 1. Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | 2. Did you buy or sell any bonds? |
| <input type="checkbox"/> | 3. Did you surrender any U.S. savings bonds? |
| <input type="checkbox"/> | 4. Did you suffer a casualty, theft or condemnation? |
| <input type="checkbox"/> | 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations? |
| <input type="checkbox"/> | 6. Did you own any investments for which you were not personally at-risk? |
| <input type="checkbox"/> | 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | 8. Did you sell any property or equipment on installments? |
| <input type="checkbox"/> | 9. Did you incur any business-related educational expenses? |
| <input type="checkbox"/> | 10. Did you incur any travel and entertainment expenses? |
| <input type="checkbox"/> | 11. Did you purchase any special fuels for non-highway use? |
| <input type="checkbox"/> | 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan? |