

If any of the following items pertain to you or your spouse in 2019, please check the appropriate box and provide additional information if necessary.

YES	NO	GENERAL INFORMATION <i>If yes, provide details.</i>
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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital or filing status change during the year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address, phone number, or email change during the year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your driver's license information change within the last twelve months? <i>Provide copies of updated licenses.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any changes in dependents? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have health care coverage through the marketplace exchange in 2019? <i>(Forms 1095-A)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? <i>Provide voided check.</i> |

YES	NO	INCOME INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
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| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive wages? <i>(Forms W-2)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive interest or dividend income? <i>(Forms 1099-INT or 1099-DIV)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you rollover retirement funds or receive a retirement distribution? <i>(Forms 1099)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive social security benefits? <i>(Forms SSA-1099)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unemployment compensation? <i>(Forms 1099-G)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell stocks, bonds or other investment property? <i>(Forms 1099-B)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell real estate? <i>(Closing disclosure, formerly known as the HUD-1, and/or Forms 1099-S)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase a rental property, or acquire an interest in a partnership, S corporation or trust? <i>(Forms K-1)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any business income from sources other than flow-through entities (such as a partnership, S corporation or trust)? <i>(Schedule C Organizer*)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Was an area of your home used regularly and exclusively for business? <i>(Business Use of Home Organizer*)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any rental income? <i>(Schedule E Organizer*)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? <i>(Forms 1099-C)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? <i>(Forms 1099-Q)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution or contribute to a Health Savings Account (HSA)? <i>(Forms 1099-SA)</i> |

YES	NO	DEDUCTION INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay college education tuition and fees? <i>(Forms 1098-T and copies of college account statements)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest? <i>(Forms 1098-E)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay after-tax or self-employed health insurance premiums? _____ |

		DEDUCTION INFORMATION (cont.) <i>If yes, provide details or copies of the applicable form listed below.</i>
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|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur major medical, vision, dental or prescription drug costs? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay real estate taxes? (County tax bills) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay sales tax on major purchases, such as autos, boats, etc.? (Purchase document) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest? (Forms 1098) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay interest on a home equity line of credit? (Forms 1098 and details of what the funds were used for) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance a mortgage? (Closing disclosure, formerly known as the HUD-1, and term of the loan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash charitable contributions? (Copies of any giving statements that you received from the non-profit organizations) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make non-cash charitable contributions? If the total amount donated is greater than \$500, provide the date for each contribution and the fair market value (thrift shop value) for the contributed items, along with copies of the thrift store receipts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay child and dependent care costs? (Copy of the year-end statement from the provider [including the name, address and the social security number or the employer identification number of the provider]) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make solar, wind, geothermal or fuel cell energy efficiency improvements to your primary residence? (Copy of the receipt and a description of the improvements) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any contributions or make any withdrawals from a 529 plan in 2019? |

		MISCELLANEOUS INFORMATION
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| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are claiming dependents, did you pay more than 50% support for all dependents you are claiming? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are claiming dependents, did you pay more than half the cost of maintaining a home for all dependents you are claiming? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are claiming dependents, did all dependents you are claiming live with you the entire year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? (Copies of the tax notice(s) received) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone in your family receive any scholarship funds of any kind during 2019? |

		ESTIMATED TAXES <i>If yes, provide details.</i>
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|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any Federal 2019 estimated tax payments? (Provide amounts and dates paid.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any State 2019 estimated tax payments? (Provide amounts and dates paid.) |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2020 taxable income and withholdings to be different from 2019? _____ |

YES	NO	ADDITIONAL QUESTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health Insurance for you, you spouse, and all your dependents for the entire year? <i>If no, provide details on page 3.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Can you be claimed as a dependent on some else's return?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay anyone for domestic services in your home?
<input type="checkbox"/>	<input type="checkbox"/>	Were you a Volunteer Firefighter and/or Ambulance Worker all year in New York State?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any out of state purchases for which the seller did not collect state sales or use tax?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received an Identity Protection PIN (IP PIN) from the IRS or been the victim of identity theft? (If yes, attach letter and list details)
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay or receive alimony in 2019?
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any significant changes in income or deductions next year, such as retirement?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any rewards, prizes, hobby income, gambling or lottery winnings?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any long-term care premiums for yourself or your family?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income from an installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	Were you granted, or did you exercise, any employee stock options during 2019?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, or will you, contribute any money to a Traditional IRA for 2019?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, or will you, contribute any money to a ROTH IRA for 2019?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any withdrawals from an IRA, ROTH, myRA, Keogh, SIMPLE, SEP, or 401(k) plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any lump-sum payments from a pension, profit sharing, or 401(k) plan?
<input type="checkbox"/>	<input type="checkbox"/>	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased, <i>If yes, provide details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Taxpayer Print Name _____

Taxpayer Sign Name _____

Spouse Print Name _____

Spouse Sign Name _____

Additional Details (optional):

Thank you for completing the Individual Questionnaire for Tax Year 2019.
Please upload this completed questionnaire as well as any supporting documentation to your secure [ShareFile](#) account as soon as possible to ensure timely delivery of your tax return.

Questions? Email Imercaldi@financialtally.com or call 518-298-5009