

2017	1040		US	Miscellaneous Questions
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**MISCELLANEOUS QUESTIONS**

If any of the following items pertain to you or your spouse for 2017,  
 please check the appropriate box and include all pertinent details.  
 Attach additional schedules if necessary.

**PERSONAL INFORMATION**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Did your marital status or address change during the year?

<input type="checkbox"/>	<input type="checkbox"/>
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Could you be claimed as a dependent on another person's tax return for 2017?

What is your occupation? \_\_\_\_\_

What is your spouse's occupation? (If appl) \_\_\_\_\_

**DEPENDENTS**

<input type="checkbox"/>	<input type="checkbox"/>
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Were there any changes in dependents? If yes, describe.

<input type="checkbox"/>	<input type="checkbox"/>
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Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2017?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you have any children under age 18 on January 1, 2018 with interest and dividend income in excess of \$700, or total investment income in excess of \$1400?

**HEALTH INSURANCE INFORMATION**

<input type="checkbox"/>	<input type="checkbox"/>
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Did you have health insurance coverage for the entire year? (COMPLETE ACA FORM 1)

<input type="checkbox"/>	<input type="checkbox"/>
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Was any member of your household (spouse and/or dependents) **not** covered for any part of the year? (COMPLETE ACA FORM 2)

<input type="checkbox"/>	<input type="checkbox"/>
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If you or anyone in your household did not have coverage for the entire year, Do you believe you meet meet one of the exemptions for health insurance coverage? (COMPLETE ACA FORM 2)

**INCOME**

<input type="checkbox"/>	<input type="checkbox"/>
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Did you receive unreported tip income of \$20 or more in any month?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you receive any disability income?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

<input type="checkbox"/>	<input type="checkbox"/>
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Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you buy or sell any stocks, bonds or other investment property? Specify the sale of any collectibles (e.g. artwork, gems, stamps, coins) and any qualified small business stock.

<input type="checkbox"/>	<input type="checkbox"/>
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Did you purchase, sell, or refinance your principal home or second home, or did you make a home equity loan?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you have any debts cancelled or forgiven?

<input type="checkbox"/>	<input type="checkbox"/>
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Did anyone owe you money which had become uncollectible?



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**RETIREMENT PLANS**

YES  NO

Did you receive a distribution from a profit-sharing plan, retirement plan, or individual retirement arrangement (including Traditional, Roth, and Education IRAs)?

Did you convert from a Traditional IRA to a Roth IRA?

Did you contribute to a Traditional, Roth, or Education IRA?

**ITEMIZED DEDUCTIONS**

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year or did you use your car on the job (other than to and from work)?

Do you plan to deduct Employee Business Mileage on your 2017 return? If so, you must provide me with a written statement as to the mileage you wish to deduct. (See attached statement.)

Do you plan to deduct Charitable Contributions on your 2017 return? If so, you must provide me with a written statement as to the contributions you wish to deduct. (See attached statement)

**MISCELLANEOUS**

Are you retired military?

Do you, or your spouse (if applicable) want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss this return with the preparer?

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?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in a MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you incur moving expenses due to a change of employment?

Did you incur any adoption expenses?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$10,000, or any gifts to a trust?

**FOR NEW CLIENTS:** What/who referred you to this firm?

\_\_\_\_\_ Newspaper (please specify) \_\_\_\_\_

\_\_\_\_\_ TV/Radio (please specify) \_\_\_\_\_

\_\_\_\_\_ Referral (please specify) \_\_\_\_\_

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Initial**