

Client Name(s): _____

2016 TAX QUESTIONNAIRE

COMPLETE TO THE BEST OF YOUR ABILITY

In order that we may accurately report all necessary tax events for this tax year, please complete the following questionnaire. If answers to specific questions are left blank, we will assume a "No" answer. Please return ALL pages of this questionnaire.

YOUR SIGNATURE(S) IS (ARE) REQUIRED ON THE LAST PAGE

RETURN WITH YOUR OTHER TAX MATERIALS

MANDATORY FOR THE COMPLETION OF YOUR 2016 TAX RETURN

Please provide the following tax support documents when delivering your tax information to us for the preparation of your 2016 Individual Income Tax returns. Please indicate with an "X" below which forms have been provided:

| | | | | | |
|---|-------|---|-------|-------------------------------------|-------|
| W-2 | _____ | 1099 R | _____ | 1099 B Brokerage Statements | _____ |
| 1099 INT | _____ | 1099 G | _____ | 1099 MISC | _____ |
| 1099 DIV | _____ | 1099SSA | _____ | 1098 Mortgage Interest | _____ |
| 1099 T (Tuition) | _____ | 1099 LTC | _____ | 1098 E | _____ |
| 1099 Q (529 w/d) | _____ | 1099 A | _____ | 1099 C (Debt Cancellation) | _____ |
| 1041 K-1 | _____ | 1065 K-1 | _____ | 1099 S (Sale of Real Estate) | _____ |
| 1099 SA (HSA) | _____ | 1120S K-1 | _____ | 1099 K (Merchant and 3rd Party Pay) | _____ |
| 5498-SA | _____ | 1095 - A , B or C (New mandate per - Affordable Care Act) | _____ | | |
| 1099 HC (Massachusetts Health Care Form provided by Insurance Carrier) - Required | _____ | | | | |

Also, please provide any additional tax documentation so that we may accurately include all taxable events you may have incurred throughout the year. If you are uncertain, provide the information and we will determine the tax impact.

NOTE: Please be advised that, if requested by the Internal Revenue Service or any other federal, state or local taxing authority, that you are required to have proof to substantiate all information presented.

ELECTRONIC FILING AND PAYMENT

We will prepare your tax returns for Electronic Filing, unless advised otherwise, or certain schedules preclude us from doing so.

| | | |
|---|-------------------|------------------|
| | <u>YES</u> | <u>NO</u> |
| If you have a tax refund, would you like it to be Direct Deposited into your bank account ? | | |
| If so, please attach a VOIDED CHECK to the Questionnaire unless that information is unchanged from the prior year. | _____ | _____ |

| | | |
|--|-------|-------|
| If you have a tax balance due, would you like it to be automatically withdrawn from your bank account? If so, please attach a VOIDED CHECK to the Questionnaire unless we have that information previously. | _____ | _____ |
|--|-------|-------|

YES **NO**

PERSONAL INFORMATION

Did your marital status change during the year? _____

If married, do you and your spouse want to file separate returns? _____

Can you or your spouse be claimed as a dependent by another taxpayer? _____

Did your address change since our last filing? _____

If so, please provide new address, phone, cell phone and e-mail: _____

Did you pay or receive alimony during 2016? _____

If yes, did you reside with your former spouse at any time during the year? _____

DEPENDENTS

Were there any changes in dependents from the prior year? _____

If adding a dependent, please provide Name, Social Security Number, and Date of Birth: _____

If losing a dependent, please identify _____

Did you pay for childcare while you worked or looked for work? _____

**If so, please provide the Provider's name, address, SSN/EIN and the amounts paid during this tax year for each child. _____

Do you have any children with wages, interest, dividend or sales of securities income totaling over \$1,050 ? If yes, please contact our office. _____

Did you adopt a child or begin adoption proceedings during 2016? _____

If yes, please provide expenses incurred in 2016 and whether a foreign adoption. _____

SCHEDULE A - ITEMIZED DEDUCTIONS INFORMATION

Please provide all 1098 Mortgage Interest statements and the total Real Estate tax payments made during this calendar year.

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? If so, please specify. _____

Did you pay any mortgage interest to someone other than a financial institution? If so, please provide name, address, social security number and amount paid in this calendar year. _____

Did you refinance your mortgage? If so, please provide the HUD Settlement Statement. _____

YES **NO**

Charitable Contributions:

Cash, Checks and Credit Cards: Total \$ _____

- * **Please supply a list summarizing all charitable contributions** showing the name of each charity and the amount contributed. At the time of filing, IRS requirements are as follows:
- * For contribution less than \$250 - proof of payment: cancelled check, credit card receipt, or in the case of cash contributions, a receipt from the charity. Records must be contemporaneous;
- * For contribution of \$250 or more, you must have either a cancelled check or credit card receipt **AND** a letter acknowledging the contribution and if any adjustment for goods and services received. Records must be contemporaneous. **For these contributions, please list the net contribution and provide a copy of the letter from the charity.**

Clothing and Household Goods: Total \$ _____

- * Per IRS instruction, these contributions must be in GOOD OR BETTER CONDITION. Only list the amount that you can substantiate.

If the total exceeds \$500, then please provide receipts which clearly indicates the following:

- name and address of the charity:
- the fair market value of the donated item:
- your cost and how acquired (purchase, inheritance, etc.):
- and the method used to calculate the fair market value.

Records must be contemporaneous.

For guidance on fair market value, we suggest viewing the list of suggested values per websites such as: www.salvationarmyusa.org (look under: ways to give/valuation guide); or www.goodwill.org (look under: get involved/donate). These can be accessed through our website.

Other Contributions - please describe and attach support or contact our office for guidance.

- * **For items over \$5,000**, other than securities, a signed appraisal is required. Please contact our office.

Did you make any large purchase, such as a motor vehicle or boat in this calendar year? _____

If so, the sales tax MAY be deductible. Please contact our office.

This deduction generally benefits taxpayers in states without state income tax (i.e. NH, FL, TX etc.)

Did you incur any casualty or theft losses during the year, including losses from _____

"Ponzi Schemes" or are in a Federally Declared Disaster area? If so, provide details.

Did you pay union or professional dues, incur uniform, un-reimbursed auto or certain _____

investment expenses or have gambling losses (to the extent of winnings). If so, please provide details: _____

YES **NO**

SCHEDULE B - INTEREST AND DIVIDEND INCOME

Did you receive any interest or dividend income? If so, please provide Forms 1099-INT, 1099-DIV or any other information showing the amount of income you received.

Did you have any Tax-Exempt income? If so, please provide statements.

SCHEDULE C - (SELF EMPLOYMENT) - BUSINESS INCOME AND EXPENSES

Did you start or dispose of a business during the past year?
If so, please discuss the matter with us.

If you are a Schedule C filer, please provide the amount you paid in health insurance and long term care premiums for yourself and your dependents.

\$ _____

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If yes, how many months were you covered? Months: _____

Business vehicle expenses must be substantiated with mileage logs and trip sheets for each trip. You are required to maintain these records and provide in the event of an audit. Please provide us with summary information. (Note that commuting miles between your home and a fixed work location is not considered deductible business miles). Please provide:

Business Miles 1/1/16-12/31/16 (\$.54 cents/mile) _____
Total Miles Driven 1/1/16-12/31/16 _____
Automobile: Date of Purchase, make, model and year _____

During the past tax year, did you make payments to others of \$600 or more for services that would require you to issue Forms 1099 ?

If "Yes" have you filed the required Forms 1099 and 1096 ?

If "Yes" please provide copies. If required to file these forms and have not done so, please contact our office.

Please provide us with a list of your related business income and expenses, any newly acquired business assets, business-related car expenses and business use of home expenses; the client organizer can be used.

YES **NO**

SCHEDULE D - CAPITAL TRANSACTIONS - PURCHASES, SALES AND DEBTS

Did you sell any securities, bonds or other investment property?
If so, please attach a statement of cost basis, dates of purchase, share acquired,
shares sold, date of sale and sale price. Now usually on Forms 1099-B. _____

If you sold at a loss, did you buy the identical security sold within 30 days BEFORE
OR AFTER the sale? If yes, please provide information. Now usually on Forms 1099-B. _____

Did you have any debts canceled, forgiven or refinanced during 2016? _____

Did you purchase or sell a rental property or farm, or acquire or sell any interest in any
partnership or S corporation during this past calendar year? Please provide us with the K-1's
as soon as they are available, along with pertinent purchase and sales contracts. _____

Did you receive grants or stock options from your employer, exercise any stock options
granted to you or dispose of any stock acquired under a qualified employee stock
purchase plan? If so, please provide support statements/schedules from your
employer. _____

Did you engage in any put or call transactions? If yes, please provide details. _____

HOME/REAL ESTATE TRANSACTIONS

Have you refinanced your mortgage or taken out a home equity loan this year?
If yes, explain and provide HUD statement. _____

Did you use any of the proceeds of re-financing for anything other than improving your
principal residence? If yes, please explain. _____

Did you sell, exchange or purchase any real estate in 2016? If so, please attach the
HUD and/or closing statements and Form 1099-S, if provided. _____

Did you sell your Primary Residence in 2016. _____

If yes, did you own and occupy the home as your principal residence for at least two
years out of the five-year period prior to the sale? _____

Did you ever rent out the property? _____

Did you ever use any portion of the home for business purposes? _____

Have you or your spouse sold a principal residence within the last two years? _____

At the time of sale, the residence was owned by the:
Taxpayer _____ Spouse _____ Both _____

FOR MASSACHUSETTS RESIDENTS

YES **NO**

RENTAL DEDUCTION (NO AGE LIMITATION)

Did you pay rent for your primary residence? _____

If yes, please provide lessor's name, address and amount paid. _____

SENIOR CIRCUIT BREAKER CREDIT - A MASSACHUSETTS REFUNDABLE CREDIT - IF AGE 65 OR OLDER:

A.) WHEN REAL ESTATE TAXES PAID AND 50% OF WATER AND SEWER EXCEED 10% OF MA AGI:

Please provide the following: real estate taxes paid in 2016, water and sewage charges paid in 2016, and the assessed value as of January 1, 2016;

B.) When 25% of Rent paid exceeds 10 % of MA AGI :

Please provide the amount of rent actually paid during tax year 2016;

COMMUTER DEDUCTION - For the amount exceeding \$150, up to \$750

Please provide the amount of commuting expense paid for:

FAST LANE, Weekly or Monthly Commuter Passes, Charlie Tickets, Twelve or Ten Ride Cards.

UNDERGRADUATE STUDENT LOAN INTEREST

If you paid undergraduate student loan interest, please provide a copy of Form 1098-E: _____

IRA/PENSION DISTRIBUTIONS

Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? Indicate amount and provide all 1099Rs. _____

Total withdrawal/distribution \$ _____

If so, was it to acquire a principal residence or pay for qualified higher education expenses? _____

Did you make a contribution to a retirement plan, 401(k), SIMPLE, SEP or IRA that is not reported on your W-2 or K-1: If so, indicate amount and type of plan. _____

Taxpayer Total Contribution _____

Spouse Total Contribution _____

Did you retire or change jobs in 2016? If so, please advise. _____

Did you receive retirement or severance compensation? _____

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking Required Minimum Distribution (RMD)? _____

If you are older than 70 1/2, have you taken your Required Minimum Distribution (RMD)? _____

YES **NO**

GIFTS

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc. with a total aggregate value in excess of \$14,000 to any individual during the year?

Did you assist in the purchase of any asset (auto, home, etc.) for any individual during the year?

Did you or your spouse make any gifts to a trust for any amount during the year?

Do you or your spouse have a life insurance trust that has investment income? If so, please provide investment income information.

Did you forgive any indebtedness to any individual, trust or entity during the year? If yes, please explain.

MISCELLANEOUS

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? If so, please provide this information.

Did you pay any student loan interest? If so, please provide Form 1098-E. For Massachusetts purposes, please indicate if interest applies to undergraduate or graduate school loans.

Did you or your dependents incur any post-secondary education expense, such as tuition?

| | |
|------------------------|----------------------|
| Taxpayer's Name _____ | Tuition Amount _____ |
| Spouse's Name _____ | Tuition Amount _____ |
| Dependent's Name _____ | Tuition Amount _____ |
| Dependent's Name _____ | Tuition Amount _____ |

Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (529 Plan)? If yes, include Form 1099-Q.

Did you move to a different home because of a change in the location of your job?

Did you have any Household Employees, whom you paid in excess of \$1,000 in any quarter, or \$1,700 for the entire year? If yes, did you file Employment Tax Returns?

Did you receive unreported tip income of \$20 or more in any month in 2016?

Did you or your spouse receive distributions from long-term care insurance contracts? If yes, include Form 1099-LTC.

Did you: A.) Work outside the U.S. and file in another country or pay any foreign tax;
 B.) Pay any foreign tax on investments, other than through your brokerage firm;
 If either of these apply, please contact our office.

YES **NO**

Did you create or transfer money or property to a foreign trust? _____

Did you purchase a new alternate technology vehicle in 2016?
If so, please provide a copy of the purchase agreement or purchase price,
date of purchase, year, model and make. _____

Have you received a punitive damage award or an award from damages other than
for physical illness or injury? _____

Were you notified by the IRS or other taxing authority of any changes in prior years
returns? If yes, please provide a copy of correspondences. _____

Did you install any energy efficiency improvements in your primary residence
such as exterior doors or windows, insulation, heat pumps, furnaces, central air
conditioners or water heaters? _____

Did you install any alternative energy equipment in your primary residence such as
solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? _____

Were any distributions from your IRA and/or Roth IRA distributed to a charitable
organizations? _____

Did you receive any payments from insurance companies, legal settlements, disability
payments or other taxable income? Indicate amount \$ _____

Did you/spouse have any transactions pertaining to a Health Savings Account (HSA) or
Medical Savings Account (MSA) during 2016? If you received a distribution for a HSA or
MSA, please attach Forms 1099-SA and 5498-SA. Also please provide:
A.) The amount you actually spent;
B.) If the plan is an Individual Plan or Family Plan. _____

With respect to any trust you have created or for which you are the trustee, have any
beneficiaries died during 2016? _____

Did you or your spouse make any contributions in excess to \$14,000 to a Qualified
State Tuition Plan (Section 529 plans) or a Coverdell Educational Savings Account
in excess of \$2,000 during 2016? If yes, please contact our office to discuss. _____

Did you engage in any bartering transactions? If so, please provide details. _____

Have you been involved in a reportable transaction? These are transactions which
produce questionable tax shelters, transactions which provide funds of loss tax
benefits, and/or require strict confidentiality of the transaction's tax benefits which
results in significant amounts of losses with book to tax differences or provides tax
credits with holding periods of less than 45 days. Tax avoidance transactions are
included in this category. _____

Have you incurred any use tax that remains unpaid?
If so, please provide information. _____

YES **NO**

REPORTING FOR FOREIGN ACCOUNTS, TRUSTS AND TRANSACTIONS

If you or your spouse are a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country, you must electronically file FinCEN Form 114 - Report of Foreign Bank and Financial Accounts (FBAR) by April 15, 2017. This deadline can be extended with the filing of the extension of your personal tax return. Failure to file timely can result in substantial penalties ranging from \$10,000 to \$100,000 or 50% of account balance. This is an informational filing only. This is a separate filing and not part of the income tax reporting prepared by our office. Please contact our office with any questions and information.

Does this report pertain to you ? _____

If you received a distribution from a foreign trust or estate, or were the grantor of a foreign trust or made a transfer to a foreign trust, you may have to file Form 3520. Please contact our office.

Does this report pertain to you ? _____

If you own or have an interest in any foreign assets, including financial assets and real property, that exceed \$50,000, please provide the following information for each asset:

- A.) fair market value as of year end;
- B.) the greatest fair market value at any point during the year.

This information must be reported on Form 8938 of your 2016 federal tax return.

Does this report pertain to you ? _____

FEDERAL AND STATE TAX PAYMENTS

YES **NO**

Refund Application: If you have an overpayment, would you like the excess:

- Refunded via a check sent in the mail? _____
- Refunded via Direct Deposit (attach voided check)? _____
- Applied to your 2017 estimated tax liability? _____

FEDERAL AND STATE ESTIMATED TAX PAYMENTS

| | <u>DATE PAID</u> | <u>FED. AMT.</u> | <u>DATE PAID</u> | <u>STATE AMT.</u> |
|-----------------------|------------------|------------------|------------------|-------------------|
| 1st Qtr. ES due 04/16 | _____ | _____ | _____ | _____ |
| 2nd Qtr. ES due 06/16 | _____ | _____ | _____ | _____ |
| 3rd Qtr. ES due 09/16 | _____ | _____ | _____ | _____ |
| 4th Qtr. ES due 01/17 | _____ | _____ | _____ | _____ |

Do you expect your 2017 taxable income and withholding to be generally the same as 2016? If no, please provide details. _____

With your authorization, the IRS and certain states allow us to verify credits, payments, and other information for your tax account. Unless indicated otherwise, we assume that we have your authorization to view this information if necessary.

Kindly sign below and return to our office with your tax information or at your scheduled appointment. A copy can be made available to you upon request.

Very truly yours,

Grant & Pottackal, P.C.

I (We) have submitted this information for the sole purpose of preparing my (our) tax returns. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct and complete to the best of my (our) knowledge. If applicable, both Taxpayer and Spouse must sign.

Accepted by:

Taxpayer: _____
Signature

Printed

Spouse: _____
(if applicable) Signature

Printed

Date: _____