

TAX QUESTIONNAIRE

Thank you for taking the time to complete this form. This will ensure our records are current and we are able to accurately prepare your tax returns.

Please mail, fax, or email this completed form to:
POPA & ASSOCIATES, PC, 105 Broughton Road, 2nd Floor, Bethel Park, PA 15102
(412) 854-1460 (fax) or accountant@popacpas.com (email)

YOUR NAME: _____ DATE OF BIRTH: _____

S.S. #: _____ OCCUPATION: _____

SPOUSE NAME: _____ DATE OF BIRTH: _____

S.S. #: _____ OCCUPATION: _____

DEPENDENT NAME: _____ D.O.B.: _____ S.S. #: _____

DEPENDENT NAME: _____ D.O.B.: _____ S.S. #: _____

DEPENDENT NAME: _____ D.O.B.: _____ S.S. #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE #: _____ WORK TELEPHONE #: _____

CELL #: _____ FAX #: _____

EMAIL ADDRESS: _____

(OUR NEWSLETTERS ARE SENT MONTHLY VIA E-MAIL. If you don't currently receive our monthly newsletter, visit our website www.popacpas.com, click on the "News" tab on the left and on "Monthly Newsletter" and enter your e-mail address).

IF YOU ARE A NEW CLIENT, HOW DID YOU HEAR ABOUT US? _____

**COMPLETE THIS SECTION TO HAVE YOUR REFUND DIRECTLY DEPOSITED INTO YOUR ACCOUNT.
IF YOU DO NOT COMPLETE THIS SECTION, YOUR REFUND WILL NOT BE DIRECTLY DEPOSITED.**

Your refund is usually deposited into your account within 7-10 business days of electronic filing.

BANK ACCOUNT INFORMATION

NAME OF INSTITUTION: _____

ADDRESS: _____

CHECKING: _____ SAVINGS: _____

You MUST provide a Voided Check to ensure account info is correct.

ROUTING NUMBER: _____

(Usually first set of numbers on the bottom of your check)

ACCOUNT NUMBER: _____

(Usually second set of numbers on the bottom of your check)

NAME(S) ON ACCOUNT: _____

(EXACTLY AS THEY APPEAR, PLEASE)

If your account is past due 30 days, we will automatically deduct our fees from your bank account listed above.

For office use only: Salesforce.com Lacerte Timeslips Easy Accounting

TAX ORGANIZER INFORMATION

If any of the following items pertain to you or your spouse for 2016, please check the appropriate box and include all pertinent details.

PERSONAL INFORMATION

YES NO

- Did your marital status change during the year?
Did your address change during the year? If so, when?
What is your new:
County Municipality School District
Would you like us to prepare your local return?
Please list your local taxing authorities:
County Municipality School District
Did you pay occupational tax or EMST tax? If so, how much?
Could you be claimed as a dependent on another person's tax return for 2016?

Due to the Patriot Act, we are required to keep on file a copy of your driver's license. If you have it available now, we will be more than happy to make a copy for our files. If you do not have with you at tax drop-off, please remember to bring it with you when you pick up your tax return.

DEPENDENTS

- Were there any changes in dependents? If yes, please provide details.
Were any of your unmarried children who might be claimed as dependents 19 years of age or full time students under 24 years of age at the end of 2016?
Did you have any children under age 18 on January 1, 2016 with interest and/or other investment income in excess of \$2,000?
Do you have bank or investment accounts set-up for your children? If yes, please provide any tax documents or statements.
Did you incur any higher education/tuition expenses for yourself or any dependents in 2016? If yes, please provide documentation.
Did you make any contributions to a 529 Plan? If so, list amount \$/per child.
Would you be interested in receiving information on the 529 Plan (new college savings plan)?

INCOME

YES

NO

- _____ _____ 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?
- _____ _____ Did you receive any Social Security or disability income? **If yes, please provide documentation.**
- _____ _____ Did you receive any interest income and/or dividend income? **If yes, please provide all 1099s.**
- _____ _____ Did you have any foreign income or pay any foreign taxes?
- _____ _____ Did you receive any income from rental properties? **If yes, please provide documentation showing receipts & expenses for each rental property.**
- _____ _____ Did you receive any unemployment compensation. **If so, please provide 1099-G.**
- _____ _____ Did you pay or receive any alimony income? **If so, please provide details.**

PURCHASES, SALES, AND DEBT

- _____ _____ Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- _____ _____ Did you purchase a car, truck, boat, etc? **If so, please provide sales tax.** Was it eligible for environmental tax credit (alternative fuel, electric, etc.)?
- _____ _____ Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- _____ _____ Did you buy or sell any stocks, bonds or other investment property?
NOTE: If you answer YES to this question, please provide all documentation and sign the attached Broker Authorization form to allow us to contact your broker for cost basis.
- _____ _____ Did you purchase, sell, or refinance your principal home or second home, or did you make a home equity loan? **Please provide closing settlement papers from sale of home.**
- _____ _____ Did you have any debts cancelled or forgiven? **Please provide 1099-C.**
- _____ _____ Did anyone owe you money which had become uncollectible?
- _____ _____ Did you add any energy efficient improvements (insulation systems, exterior windows and doors, metal roofs) to your home in 2016? **If so, please provide an itemized list and amounts paid.**

RETIREMENT PLANS

YES **NO** (PLEASE CIRCLE THE APPLICABLE RETIREMENT PLAN AND PROVIDE DOCUMENTATION)

_____ _____ Did you receive a distribution from a profit-sharing plan, retirement plan, or individual retirement arrangement? **CIRCLE:** Traditional, Roth, & Education IRAs and **provide all 1099s.**

_____ _____ Did you convert from a Traditional IRA or SEP to a Roth IRA?

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

_____ _____ Did you transfer or rollover any amount from one retirement plan to another?

_____ _____ Would you like us to calculate whether you can make an IRA Contribution for the 2016 tax year? (**please circle:** Traditional or Roth)

_____ _____ Do you have a 401-K or IRA that you would like to roll over?

ITEMIZED DEDUCTIONS

_____ _____ Did you incur any out of pocket medical expenses not reimbursed by your insurance carrier (prescriptions, doctor, dentist, hospitalization, etc.). **If so, please provide details.**

_____ _____ Did you incur any mortgage interest or real estate taxes? **If yes, provide documentation.**

_____ _____ Did you incur a non-reimbursed employee expense, union dues, or a qualified teacher's expense? **If so, please provide list.**

_____ _____ Did you work out of town for part of the year? **If so, please provide details.**

_____ _____ Did you use your car on the job (other than to and from work)? **If so, please provide details.**

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

HEALTH CARE

_____ _____ Did you and everyone in your family have health care coverage for every month of 2016? If yes, please provide the carrier who provided your coverage and the name of the plan. _____

_____ _____ Did you or your spouse pay health care premiums during 2016? If yes please provide the annual cost. Monthly cost _____ times 12 months = _____ annual cost.

_____ _____ Was the health care coverage paid by your employer? If yes please provide the annual cost. Monthly cost _____ times 12 months = _____ annual cost.

_____ _____ Was the health care coverage purchased on the Market Place/Exchange? If coverage was obtained from the Exchange please provide Form 1095-A.

MISCELLANEOUS

Was your home rented out or used for business? **If yes, please provide details.**

Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an 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 the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$14,000 or any gifts to a trust?

Did you make any donations worth \$250 or more? (The IRS requires receipt or bank check/draft for allowable deductions)

Did you make estimated tax payments?
If Yes, Please list dollar amounts, dates, and check numbers below.

Table with 3 columns: Federal, State, Local and 4 rows: 1st Quarter, 2nd Quarter, 3rd Quarter, 4th Quarter.

Would you like to purchase “tax notice insurance” for \$40.00 per return? Please review Page 6 for details - **signature required on page 6 if you are declining this insurance**

We truly appreciate your confidence in our firm. We would welcome the name of someone who could benefit from our services.

Referral Name, Address, Phone # and E-mail Address:

Two horizontal lines for entering referral information.

Do You Have Specific Questions You Would Like to Ask?

- 1. _____

- 2. _____

TAX NOTICE INSURANCE

Of late there has been an epidemic of individual tax notices and inquiries from the Internal Revenue Service and the state tax authorities. These notices usually result from a mistake by the tax agency, income reported to the tax agency for which the taxpayer didn't receive the appropriate information documents, or incorrect estimated tax payments.

If you receive a tax notice, it would make sense for you to forward it to us for review and resolution. We normally charge for this service. Fees for resolving tax notices are becoming quite expensive, sometimes more than the cost of the actual tax return. This is not through fault of our clients or us, but rather in the nature of dealing with the IRS and the state tax authorities.

In order to institute a more equitable process and minimize your potential costs, we are offering Tax Notice Insurance to all individual tax clients. The Tax Notice Insurance will cover any notices or inquiries for tax returns that we have prepared for the tax year 2016. The fee for this service is \$40.00, and if you elect to purchase this insurance you will not incur any additional fees if you receive a tax notice.

Please note the tax notice service fee referred to above does **not** apply to tax examination, meetings with tax agents or collections officers, extensive phone calls, and appeals (which would be billed at our standard hourly rates). Generally, our contract with you under the tax notice service does not include any meetings but would include telephone, fax, or e-mail.

If you do not wish to participate in our tax notice service, please sign the waiver, acknowledging that we offered it to you and you have chosen not to take advantage of the Tax Notice Service.

By signing below, I hereby acknowledge that I am **declining** the Tax Notice Service. I understand that I will not be billed the \$40.00 fee for this service with my 2016 tax return, but should I request you to respond to a tax notice, I will be charged at your standard hourly rates.

Signature: _____

Date: _____

BROKER AUTHORIZATION FORM

Date: _____

Re: Account No. _____

Please accept this as my/our authorization to forward specific account information to my/our accountant at my/our institutions. I understand that by providing this information you may be releasing:

- (1) my Form 1099 (DIV, INT, B, MISC, or OID)
- (2) my taxpayer identification number, or
- (3) other information reflecting activity in my account for the previous year.

I consent to the release of this information to the person named below.

Accountant: Popa & Associates, PC
Address: Broughton Professional Building
105 Broughton Road, 2nd Floor
Bethel Park, PA 15102
Telephone: 412-854-1260
Fax: 412-854-1460

I/we understand that this information will be kept on file until December 31, 2016.

Signature: _____ Signature: _____
(if account is in joint names)

Social Security #: _____

POPA & ASSOCIATES, PC, CPA'S
2016 TAX INFORMATION CHECKLIST

Name: _____

Phone Number: _____

DOCUMENTATION NEEDED

COMPLETE

- Prior 2 years Income Tax Returns (Federal, State, and Local) (**NEW CLIENTS ONLY**) _____
- Locality information (Municipality and School District) _____
- Social Security numbers and birth dates for dependents _____
- All W-2s _____
- All 1099s for pension, retirement, and miscellaneous income _____
- Any K-1 Schedules for Partnerships or S-Corporations _____
- Social Security and unemployment income _____
- Alimony paid or received (totals only) _____
- All 1099s for interest and dividend income, including any reported on brokerage statements _____
- All sales of investments during 2016 (please provide the purchase value, plus capital gain distributions and dividends reinvested) _____
- Rental property income and expenses (totals only) _____
- IRA contributions made in 2016 (Roth, Traditional, Educational) _____
- All 1099s and closing statements (when applicable) for real estate transactions _____
- Medical and dental expenses (totals only & mileage for medical and dental visits) _____
- 1098s for mortgage interest and real estate taxes paid in 2016 _____
- Dates and amounts of any estimated Federal, State, and Local tax payments made (provide copies of cancelled checks if possible) _____
- Cash and non-cash charitable contributions paid in 2016 (totals only) _____
- Non-reimbursed employee business expenses paid in 2016 (totals only) _____
- Child and/or dependent care expenses (totals only) and provider information (please provide name, address and tax ID number) _____
- Student loan interest paid in 2016 _____
- College educational expenses paid in 2016 _____
- Copies of each taxpayers' driver's license (required by the USA Patriot Act) _____