

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)

You may also upload to our secure webportal at:
<https://www.accountantsoffice.com/AOCommon/account/login/?firmCode=POPAA1260>
(see attached instructions)

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: Red Tail Lacerte Timeslips Easy Accounting

If any of the following items pertain to you or your spouse for 2018, 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 2018?

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 2018?
- _____ _____ Did you have any children under age 18 on January 1, 2018 with interest and/or other investment income in excess of \$2,100?
- _____ _____ Do you have bank or investment accounts set-up for your children? **Please provide all tax documents or statements.**
- _____ _____ Did you incur any higher education/tuition expenses for yourself or any dependents in 2018? **Please provide Form 1098-T and list of all other education-related expenses.**
- _____ _____ Did you make any contributions to a 529 Plan or Education Savings Plan (ESA) in 2018? **Please list amount \$ _____/per child.**
- _____ _____ Would you be interested in receiving information on 529 Plans (college savings plan)?
- _____ _____ Did you use any 529 Plan/ESA funds to pay for education expenses in 2018? **Please provide 1099-Q.**
- _____ _____ Did you pay for child care while you worked. **Please provide name, address, phone number & tax identification number of child care provider and total amount paid for each child.** _____

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? **Please provide Form SSA - 1099.**

_____ Did you receive any interest income and/or dividend income? **Please provide all 1099s.**

_____ Did you have any foreign income or pay any foreign taxes?

_____ Did you receive any income from rental properties? **Please provide documentation showing receipts & expenses for each rental property.**

_____ Did you receive any unemployment compensation. **Please provide 1099-G.**

_____ Did you pay or receive any alimony income? **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? **Please provide details.**

_____ Did you purchase a car, truck, boat, etc? **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? **Please provide details.**

_____ Did you buy or sell any stocks, including cryptocurrency, 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 2018? **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? **Please provide amount:**
\$ _____

_____ _____ Did you transfer or rollover any amount from one retirement plan to another? **Please provide details.**

_____ _____ Would you like us to calculate whether you can make an IRA Contribution for the 2018 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.). **Please provide total paid out of pocket.**

_____ _____ Did you incur any mortgage interest or real estate taxes? **Please provide Form 1098.**

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

_____ _____ Did you work out of town for part of the year? **Please provide details.**

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

_____ _____ Did you incur a loss because of damaged or stolen property? **Please provide details.**

HEALTH CARE

_____ _____ Did you and everyone in your family have health care coverage for every month of 2018? **Please provide the carrier who provided your coverage and the name of the plan.** _____

_____ _____ Did you or your spouse pay health care premiums *directly* to the insurance company during 2018? **Please provide the cost of the premiums you paid.** Monthly cost _____ times 12 months = _____ annual cost.

_____ _____ Did your employer deduct the cost of health care premiums from your paycheck?

_____ _____ Did you purchase health care coverage on the Market Place/Exchange? If coverage was obtained from the Exchange **please provide Form 1095-A, 1095-B or 1095-C.**

_____ _____ Did you use HSA or FSA (flex spending) funds to pay for medical expenses? **Please provide Form 1099-SA.**

_____ _____ Did you pay long-term health care premiums for yourself or your family in 2018? **Please provide amount paid.**

MISCELLANEOUS

_____ Was your home rented out or used for business? **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? **Please provide details.**

_____ Did you incur moving expenses due to a change of employment? **Please provide details.**

_____ Did you incur any adoption expenses? **Please provide details.**

_____ Did you engage the services of any household employees? **Please provide details.**

_____ Were you notified or audited by either the Internal Revenue Service or the State taxing agency? **Please provide details.**

_____ Did you or your spouse make any gifts to an individual that total more than \$15,000 or any gifts to a trust? **Please provide details.**

_____ Did you make any donations worth \$250 or more? **Please provide details. The IRS requires receipt or bank check/draft for allowable deductions)**

Please provide the details for all Estimated Tax Payments made in 2018:

	<u>Federal</u> (amount & check #)	<u>State</u> (amount & check #)	<u>Local</u> (amount & check #)
1 st Quarter	_____		
2 nd Quarter	_____		
3 rd Quarter	_____		
4 th 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:

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 2018. 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 2018 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, 2019.

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

Social Security #: _____

**POPA & ASSOCIATES, PC, CPA'S
2018 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 2018 (please provide the purchase value, plus capital gain distributions and dividends reinvested) _____
- Rental property income and expenses (totals only) _____
- IRA contributions made in 2018 (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 2018 _____
- 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 2018 (totals only) _____
- Non-reimbursed employee business expenses paid in 2018 (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 2018 _____
- College educational expenses paid in 2018 _____
- Copies of each taxpayers' driver's license (required by the USA Patriot Act) _____

PROCEDURE FOR UPLOADING DOCUMENTS TO CLOUD CABINET

Log in to Accountants Office at

<https://www.accountantsoffice.com/AOCommon/account/login/?firmCode=POPAA1260> using:

- a. Your login name that was provided to you in an email
- b. Your password that you created (if you did not set-up a password, click on the link in the email that provided your login name.
- c. The system will also prompt you to set you Two-Factor Authentication by a phone call/text when your password is created.
2. Once logged into Cloud Cabinet, you will be taken to the home page. From here select “Cloud Cabinet.”
3. Click on which folder you would like to post the documents to
 - a. Audit Clients: Choose between “1st, 2nd, 3rd, 4th Quarter”
 - b. Business Clients: “Accounting”
 - c. Tax Clients: “Tax Documents”
4. Click the “Upload” button that appears in the right-hand corner
5. You may either Drag & Drop the documents into the screen or click “Browse” to search for the specific documents on your computer. If you are uploading multiple documents highlight the documents by holding down your control key (to select specific documents in the folder you are in) or holding down your shift key (to select a group, select first document and then hold down shift key select the last document to highlight all files between the first document and last document).
6. Select “notify staff” and hit “OK”
7. The uploaded files will automatically appear in the folder
8. When you are finished, you can log out by pressing the “X” button in the upper right-hand corner.

If you forget the link to log-in to our firm’s web portal you can also log-in by searching or typing accountantsoffice into Google. Select accountantsoffice.com and you will need our Firm Code of: POPAA1260 your user name and password.