

INDIVIDUAL INCOME TAX QUESTIONNAIRE

Taxpayer #1 \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Occupation \_\_\_\_\_

Taxpayer #2 \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Date of Birth: Taxpayer #1 \_\_\_\_\_ Taxpayer #2 \_\_\_\_\_ Email Address \_\_\_\_\_

Please \* your preferred contact

Was there a change in your address, marital status, or dependents during the year?

\_\_\_\_\_ Yes \_\_\_\_\_ No Please give details.

In which format would you like your copy of your 2017 tax return?



CD \_\_\_\_\_

Print \_\_\_\_\_

Email \_\_\_\_\_

If you are entitled to a refund from either the state or the federal government and would like it to be directly deposited in your bank account, please provide the following:

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Would you like IRS to be able to discuss your return with us? \_\_\_\_\_ Yes \_\_\_\_\_ No

Names of dependents that live with you. (If you have dependent children who do not live with you, please highlight their names. We may need to attach a signed 8332 form to ensure a proper deduction.)

First, Initial, Last	Date of Birth	Social Security #	Relation-ship	# of months @ home in 2017
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did both Taxpayer #1 and Taxpayer #2 as well as all eligible dependents have health insurance coverage for all months of 2017 that met IRS regulations of minimum essential coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not please let us know what months, if any, your family was covered by health coverage for 2017.

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If you received either 1095-A, 1095-B or 1095-C please include.

Do you wish to purchase a park pass for entry into Maine State Parks?

Individual pass (\$55) \_\_\_\_\_ Vehicle pass (\$105) \_\_\_\_\_

Do you wish to contribute to any of the following?

Companion Animal Sterilization Fund Amt. \_\_\_\_\_

Maine Children's Trust Amt. \_\_\_\_\_

Endangered & Nongame Wildlife Fund

"Chickadee Check-off" Amt. \_\_\_\_\_

Maine Military Family Relief Fund Amt. \_\_\_\_\_

Maine Veterans' Memorial Fund Amt. \_\_\_\_\_

Maine Public Library Fund Amt. \_\_\_\_\_

Did you make a gift in excess of \$14,000 during 2017 to any individual? \_\_\_ Yes \_\_\_ No

If you made purchases from out of state retailers who do not collect sales tax, please give us the amount of total purchases. \_\_\_\_\_

Did you make payments for child care for a dependent(s) during 2017? Amt. \_\_\_\_\_ In order to claim the credit, and/or if you received employer provided day care benefits we need the following on the person/organization that provided care:

Name \_\_\_\_\_ Address \_\_\_\_\_

Soc. Sec./ I.D. number \_\_\_\_\_ Child Name \_\_\_\_\_ Amt. \_\_\_\_\_

Did you pay any expenses in relation to the adoption of a child? If so, how much? \_\_\_\_\_ Was this child a special needs child? \_\_\_\_\_

Do you expect any material change from 2017 in your income for 2018? If so, how much?

Increase \_\_\_\_\_ Decrease \_\_\_\_\_

Did you receive any unemployment compensation? Amt. \_\_\_\_\_ Attach Form 1099-G.

Did you receive a Form SSA-1099 for social security benefits? Amount paid \_\_\_\_\_ Amount repaid \_\_\_\_\_ Attach Form SSA-1099.

#### WAGES

PLEASE attach W-2s. PLEASE GIVE US ALL COPIES OF YOUR W-2.

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

#### BUSINESS EXPENSES

If you take auto expenses, PLEASE fill in the following: Total number of months you drove the car in 2017 \_\_\_\_\_; total mileage for the car in 2017 \_\_\_\_\_; business mileage 1/1/2017-12/31/2017 \_\_\_\_\_ date this car was put in service \_\_\_\_\_ average daily round trip commuting distance \_\_\_\_\_; do you (or your spouse) have another vehicle available for personal use? \_\_\_ Yes \_\_\_ No Do you have evidence to support your deduction? \_\_\_ Yes \_\_\_ No Is this evidence written? \_\_\_ Yes \_\_\_ No

Estimated Tax Payments Paid: (Do not include below carryforwards on your 2016 tax return. Only include amounts actually paid)

	Federal		State	
	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Date Paid</u>
4 <sup>th</sup> Quarter 2016	_____	_____	_____	_____
1 <sup>st</sup> Quarter 2017	_____	_____	_____	_____
2 <sup>nd</sup> Quarter 2017	_____	_____	_____	_____
3 <sup>rd</sup> Quarter 2017	_____	_____	_____	_____
4 <sup>th</sup> Quarter 2017	_____	_____	_____	_____

Did you receive state income tax refunds in 2017? Amount\_\_\_\_\_Please attach Form 1099-G.

Did you receive any lottery or gambling winnings?\_\_\_\_\_ If you received Form W-2G, please attach it.

#### INTEREST INCOME

PLEASE attach copies of Form 1099, DO NOT COPY NUMBERS FROM THEM. Also remember that we must report tax-exempt interest.

Indicate the amount of interest received, if any, from seller-financed mortgages\_\_\_\_\_the name, address and social security number of the person paying the interest\_\_\_\_\_.

Did you have financial account(s) in a foreign country? Was the combined value more than \$10,000? \_\_\_\_\_ If yes, please list the country, the bank, the address, the account number(s) and the approximate maximum value(s).

#### DIVIDEND INCOME

PLEASE attach copies of Form 1099, DO NOT COPY NUMBERS FROM THEM. Capital gains distributions and nontaxable distributions must also be reported.

#### SECURITY TRANSACTIONS

No. of Shares	Company	Sales Amt.* / Date	Cost Amt.* / Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Use the amount reported on your 1099-B.

PLEASE SEND US THE YEAR END STATEMENT FROM YOUR BROKER AND FORM 1099-B.

Did any stock you own become worthless during 2017? Yes\_\_\_\_\_ Please describe.

\_\_\_\_\_

Did you make contributions to any of the following? If so indicate amount.

	Taxpayer	Spouse
SEP	Amt. _____	_____
Traditional IRA	Amt. _____	_____
Roth IRA	Amt. _____	_____
Simple Plan	Amt. _____	_____

Did you pay any student loan interest for yourself or a dependent? \_\_\_\_\_amt. Please attach Form 1098-E.

Did you pay education expenses for yourself or a dependent? \_\_\_\_\_amt. If you received a 1098-T please include.

Did you pay premiums for long-term care insurance? (This is not health care insurance.) \_\_\_\_\_

Did you receive any pension or annuity payments this year? Please attach Form 1099-R.

If you received any rental income, please submit details pertaining to address of the property, expenses, income, and cost of property.

Did you receive any income or loss from an estate or trust? Please attach the Form K-1 that was provided to you.

Did you pay alimony? Indicate amount \_\_\_\_\_ and to whom: Name \_\_\_\_\_ Social Security Number \_\_\_\_\_.

Did you receive alimony? Indicate amount \_\_\_\_\_.

Did you make payments to a health savings account? (This is not a flex account.) What was the amount? \_\_\_\_\_ Please attach form 5498-SA.

Did you take distributions from a health savings account? What was the amount? \_\_\_\_\_

Did you make any energy improvements to your house during 2017? If so what were they and what was the cost of the improvements?

Why is the person who invests all your money called a broker?

Did you obtain an associate's or bachelor's degree after 2007 from an accredited Maine college or university? Were you a Maine resident during college and continue to be a resident now? Please include education loan payment information.

If you were an educator did you spend up to \$250 on qualified expenses used in the classroom?  
Amt \_\_\_\_\_

### ITEMIZED DEDUCTIONS

Medical Expense: Total medical and dental expenses \_\_\_\_\_

Insurance reimbursement for above \_\_\_\_\_

Taxes: State income taxes \_\_\_\_\_

Real estate taxes \_\_\_\_\_

\*\*\*\*Excise taxes (don't include registration fee) \_\_\_\_\_

Interest Expense: Home mortgage paid to financial institution \_\_\_\_\_

Mortgage paid to individual (give name, address & social security number) \_\_\_\_\_

Points paid separately to buy or improve home \_\_\_\_\_

Investment interest \_\_\_\_\_

Contributions: Cash or check \_\_\_\_\_

Noncash contributions (attach required statement) \_\_\_\_\_

Moving Expenses: Deductible moving expenses are limited to the cost of transporting household goods and personal effects, and travel (including lodging but not meals) to the new residence.

Miscellaneous deductions:

Union and professional dues \_\_\_\_\_

Tax return preparation \_\_\_\_\_

Educational expenses \_\_\_\_\_

Unreimbursed employee expenses (please itemize) \_\_\_\_\_

Safe deposit box fee \_\_\_\_\_

Investment advisory fees \_\_\_\_\_