

# Sauppé Tax Service LLC

## New Client Tax Questionnaire 2015

Name (F,L) : \_\_\_\_\_ Spouse : \_\_\_\_\_

Taxpayer Soc. Sec# \_\_\_\_\_ Spouse Soc. Sec. # \_\_\_\_\_

Taxpayer Date of Birth \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone# \_\_\_\_\_

E-mail: \_\_\_\_\_

Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

### Eligible Dependents for 2015

The list below shows all dependents claimed on your 2014 return. Please cross out any individual who does not meet the requirements to be claimed as a dependent for 2015. This would include any child who was born prior to 12/31/96 but after 12/31/91 who was not a full time student for at least five months during 2015. Any dependent who was 24 or older at any time during 2015 cannot be claimed as a dependent unless the meet certain requirements including an income limitation of \$4,000. Call the office if you are unsure of dependency status..

<i><b>Name</b></i>	<i><b>Date of Birth**</b></i>	<i><b>Social Security #</b></i>	<i><b>Months Lived in your home</b></i>	<i><b>Months a Full Time Student</b></i>	<i><b>Eligible Dependent for 2015</b></i>	<i><b>Child Care Expenses***</b></i>
					YES NO	\$
					YES NO	\$
					YES NO	\$
					YES NO	\$

\*\*\* Be sure to include documentation and receipts for all child care expenses

Estimated tax payments (EFT's or checks written by you) FOR 2015, including payments in the first quarter of 2016. This does **NOT** mean withholding from W-2's or 1099's

Federal		State		City		School Dist/REAL ESTATE	
DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

Because of IRS regulations, your federal and state returns will be electronically filed unless you complete and return a required IRS waiver of electronic filing prior to our completion of your return. Any refund on these returns will be deposited into the bank account shown above and any balance due will be deducted from this account on April 15<sup>th</sup>. If these account numbers are inaccurate or missing, please provide a void or cancelled check (do NOT send a deposit slip). By signing below you are confirming that you have included all income received during the year and that you have read the terms of engagement provided to you and agree with all items.

Signature of taxpayer \_\_\_\_\_ Signature of spouse \_\_\_\_\_

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

Please turn over - continued on back.

1	What was your marital status on 12/31/2015? _____	Single	Married
2	In 2015, did you have a foreign bank account and/or give or receive a distribution from a foreign trust?	YES	NO
3	Did you purchase any goods online or through catalogs in 2015 that did NOT include sales tax? If yes, please indicate total amount purchased \$_____.	YES	NO
4	Do you have written documentation for all business miles? If yes, you MUST complete the mileage section on the bottom of this form. If no, you cannot claim mileage.	YES	NO or N/A
5	Did you pay or receive alimony in 2015? If yes, complete provide details	YES	NO
6	Did you pay child care expenses? If yes, please include provider's name, address, and social security number, and show total paid in dependent section on the front.	YES	NO
7	Did you have any substantial (net out of pocket expenses greater than 10% of your AGI) casualty or theft losses in 2015 that were NOT covered by insurance?	YES	NO
8	Did you buy or sell a home in 2015 or refinance an existing home? If yes, please provide the settlement statement from the purchase, sale, or refinance.	YES	NO
9	Did you make contributions to a recognized 501c3 charity that you wish to claim on your tax return? If yes, please complete the charitable donation recap found on our website.	YES	NO
10	Did you, or any of your dependents, contribute to or make a withdrawal from any state 529 plan? If yes, please provide copies of all pertinent documents .	YES	NO
11	Did you pay any student loan interest? If yes, submit copies of all 1098E's received.	YES	NO
12	Did you pay any post-secondary (beyond high school) expenses for you, your spouse, or your dependents? This does NOT include student loan interest. If yes, please provide Form 1098T and <b>DETAILED</b> documentation on all amounts paid during this year.	YES	NO
13	If you answered YES to question 12, do any of the students involved have a felony drug conviction? If yes, provide details.	YES	NO or N/A
14	If you own rental property or had your own business (even on a small scale), did you make any payments in 2015 that would require you to file Forms 1099?	YES	NO or N/A
15	If you answered yes to question 14, did you or will you file all required Forms 1099?.	YES	NO or N/A
16	Did you receive a distribution from a Health Savings Account (please note this does NOT include payments made from a Flexible Spending Account)? If yes, please provide Form 1099-SA and details on all medical bills you paid during the year for you or any dependents	YES	NO
17	Do you have any children under the age of 24 with unearned ( <u>not</u> from a job) income over \$300? If yes, please provide details.	YES	NO
18	Did you make a gift or gifts to any individual during the year worth \$14,000 or more? If yes, provide name of recipient, address, description of item given, and amount.	YES	NO
19	If you are a full-time teacher, did you pay for any supplies for your classroom in 2015? If yes, please provide details on items purchased and amounts.	YES	NO or NA
20	Did you purchase a car, boat, truck, or motor home in 2015? If yes, please provide a copy of the invoice showing make and model of car and sales tax paid.	YES	NO
21	Are you, your spouse, and ALL eligible dependents shown on the front of this form covered by a qualified health insurance plan for the full year? Please include Forms 1095-B and/or 1095-C. If one or more individuals was not covered for all 12 months, please provide all details including any exemption certificates you may have.	YES	NO
22	Did you obtain insurance through the Marketplace (healthcare.gov)? If so, you MUST include Form 1095-A	YES	NO
23	Do any of these situations apply to you? Legally blind. Paid for domestic service in your home. Purchased any items that qualify for energy credits. Contributed to a retirement account outside of work. If yes, please provide all pertinent details.	YES	NO

#### 2015 Mileage Recap

1 <sup>st</sup> Business	2 <sup>nd</sup> Business	Charitable	Medical	Moving	Personal	Total All Miles**

\*\*The total must equal the sum of the other categories and should be the total miles driven during the year Car Information:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Your signature(s) on page one verifies that this log is a true and accurate reflection of mileage for 2015 and that you have the records to substantiate.