

Sauppé Tax Service LLC

New Client Tax Questionnaire 2017

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 2017

Please list all eligible dependents for 2017. **Your child born prior to 12/31/1998 must be a full-time student for at least five months during the year and under the age of 24 all year. Any child who does not meet this age/student test or any other dependent must be a relative, usually must be a member of your household, must have income below \$4,050 for the year, and you usually must have contributed more than 50% of their support...

<i>Dependent Name</i>	<i>Date of Birth</i>	<i>Social Security #</i>	<i>Dependent Relationship to Taxpayer</i>	<i>Months in 2017 Lived with you</i>	<i>Months in 2017 a Full Time Student</i>	<i>Taxpayer paid >50% of support</i>
						YES NO
						YES NO
						YES NO
						YES NO

Estimated tax payments (EFT's or checks written by you) FOR 2017, including payments in the first quarter of 2018. 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 15th. 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.

All of these questions pertain to the 2017 year. Any <u>YES</u> answers will require complete details and documentation.		
1	Do you have funds in a foreign bank account or give/ receive a distribution from a foreign trust?	YES NO
2	Did you make contributions to a recognized 501c3 charity that you wish to claim on your tax return? If yes, you must complete the charitable donation recap.	YES NO
3	Did you purchase any goods online or through catalogs 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? If yes, provide complete details.	YES NO
6	Did you pay child care expenses? If yes, please include documentation from the provider that shows amount paid, dependent covered, time period covered, and ID number of provider.	YES NO
7	Did you have any substantial (net out of pocket expenses greater than 10% of your AGI) casualty or theft losses that were NOT covered by insurance? If yes, provide details.	YES NO
8	Did you buy or sell a home this year or refinance an existing home? If yes, please provide the settlement statement from the purchase, sale, or refinance..	YES NO
9	Do you have a Health Savings Account? If yes, indicate any amounts you contributed that were not through work (work contributions are usually shown on your W2), and provide details, including the 1099SA form, for any withdrawals made during 2017. You must also include proof that these distributions were spent on qualified medical care by providing the medical bills or a detailed recap showing medical provider, date, and amount.	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 1098Es 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, you must provide Form 1098T and DETAILED documentation on all amounts paid during the 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 that would require you to file any 1099 forms?	YES NO or N/A
15	If you answered yes to question 14, did you or will you file all required 1099 forms?.	YES NO or N/A
16	Do you have any children under the age of 24 with unearned (not from a job) income over \$350? If yes, please provide details.	YES NO
17	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(s) given, and amount.	YES NO
18	If you are a full-time teacher, did you pay for any supplies for your classroom? If yes, please provide details on items purchased and amounts.	YES NO or NA
19	Did you purchase a car, boat, truck, or motor home? If yes, please provide a copy of the invoice showing make and model of car and sales tax paid.	YES NO
20	Are you, your spouse, or ANY of your eligible dependents shown on the front of this form NOT covered by a qualified health insurance plan for all 12 months of 2017? Provide details on any non-coverage, and be sure to include Forms 1095B/1095C with your paperwork.	YES NO
21	Did you get insurance through the Marketplace (healthcare.gov)? If yes, provide Form 1095A.	YES NO
22	Do any of these situations apply to you? Legally blind. Paid for domestic service in your home. Purchased any items that qualify for the solar energy credits. Contributed to a retirement account outside of work. If yes, please provide all pertinent details.	YES NO
23	What is your marital status as of 12/31/17?	Single Married

2017 Mileage Recap

1 st Business	2 nd 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 2017 and that you have the records to substantiate this mileage.