D'AGOSTINO & MAZZONE, LLC, CPAs
2016 TAX CHECKLIST/QUESTIONNAIRE

***IMPORTANT:** This checklist/questionnaire is designed to assist you in assembling documents and information necessary in the preparation of your income tax return. Please complete this checklist/questionnaire and deliver it with your tax documents to our office. Thank you.*

Taxpayer's Name: ___________________________ **Spouse's Name:** ___________________________

EMAIL ADDRESS (REQUIRED): ____

If you are a new client or your information has changed, please fill out sections A through D.

A. Taxpayer's Date of Birth: ____________________ **Spouse's Date of Birth:** ____________________

B.

Dependent's Full Name	Relationship	Date of Birth	Social Security Number	In College?

C. Home Phone: ________________ **Work Phone:** ________________ **Cell Phone:** ______________

D. Mailing Address: ____

____

____

Here's a checklist to assist you in gathering your tax information:

_____ Copies of prior year federal and state tax returns (n*ew clients only*)
_____ W-2, W-2G Forms
_____ 1099 Forms
_____ Social security statements
_____ Brokerage statements for security transactions (*purchases and sales*)
_____ Closing statements and other documentation regarding purchase or sale of property
_____ K-1 Schedules from Trusts, Estates, Partnerships, LLC's and S-corporations
_____ Summary of rental income and expenses
_____ Summary of self-employment activity
_____ Amount and date paid for estimated tax payments (f*ederal and state*)
_____ Amount and date paid for real estate taxes on homes and other real property
_____ Amount and date paid for motor vehicle and other personal property taxes
_____ 1098, 1098-T Forms (*mortgage interest, tuition, etc.*)
_____ Total unreimbursed medical and dental expenses, health and long-term care premiums
_____ Total cash contributions
_____ Total non-cash contributions (*for amounts greater than $500 please provide details*)
_____ Mileage information on vehicles used for business purposes
_____ Provide a list of union dues, professional fees, education costs, safe deposit fees
_____ Provide a statement showing gambling losses
_____ Form 1095-A, 1095-B and/or 1095-C (*relating to health insurance coverage*)
_____ Form 5498-SA and Form 1099-SA (*Health Savings Plan tax forms*)
_____ Form 1099-Q (*Payments for Qualified Education Programs Section 529/530 Plans*)

2016 TAX QUESTIONNAIRE

Please answer the following questions. If you've answered "Yes" to any of these questions, please provide supporting documentation. If documentation does not exist, please explain on the last page.

	Yes	**No**
1. Do you have children who have received income during the year?	______	______
2. Did you receive any distributions or rollovers from any pension, 401K, IRA, Roth IRA or retirement plan?	______	______
3. Did you receive any of the following?		
a. Disability income	______	______
b. Gambling, lottery winnings	______	______
c. Inheritances	______	______
d. Receipts on installment sales	______	______
e. Income from the sale of personal or real property	______	______
f. Income from the sale of stocks, bonds or other investments	______	______
g. Income from the sale of partnership interests, closely-held businesses	______	______
h. Tip income not reported to your employer	______	______
i. Gifts of cash, property or other items	______	______
4. Did you sell your home, second home or any other property?	______	______
5. Did you have any outstanding debts that have been forgiven?	______	______
6. Did you make any loans to anyone in excess of $10,000?	______	______
7. Did you have any casualties, thefts, losses, embezzlements, condemnations, or seizures?	______	______
8. Did you receive any correspondence from tax agencies?	______	______
9. Did you contribute to an IRA, Roth IRA, Education IRA, SIMPLE IRA, SEP IRA or any other retirement plan?	______	______
10. Did you give any gifts of cash, real estate, investments or property of any kind in excess of $14,000?	______	______
11. Did you open a financial account for a minor?	______	______
12. Did you pay any interest on a student loan?	______	______
13. Did you pay for the cost of college education for anyone?	______	______
14. Did you redeem any US savings obligations?	______	______
15. Did you receive any unusual or non-recurring income or cash receipts?	______	______
16. Did you pay any unusual or non-recurring expenses?	______	______

2016 TAX QUESTIONNAIRE (CONTINUED)

	Yes	No
17. Did you start a business during the year?	______	______
18. Did you pay costs for medical care?	______	______
19. Were you awarded or have you any stock options?	______	______
20. Did you pay for the cost of daycare?	______	______
21. Were you a participant in a dependent care program?	______	______
22. Did you incur sales tax on large transactions, such as automobile purchase?	______	______
23. Did you receive or pay alimony or child support?	______	______
24. Did you receive unemployment compensation?	______	______
25. Did you receive compensation or damages for an injury?	______	______
26. Did you pay automobile expenses as an employee or use your car in your employer's business.	______	______
27. Did you buy any real estate?	______	______
28. Did you change names on any bank or brokerage accounts?	______	______
29. Did you pay household employees during the year?	______	______
30. Did you pay investment interest expense (i.e. margin interest)?	______	______
31. Did you convert or re-characterize an IRA or Roth IRA ***in any year***?	______	______
32. Did you receive any commissions or fees not included on your W-2?	______	______
33. Did you make any contributions to a Health Savings Account (HSA)?	______	______
34. Did you pay any mortgage insurance premiums?	______	______
35. Did you refinance a mortgage?	______	______
36. Did you incur adoption expenses?	______	______
37. Did you have a foreclosure on any property?	______	______
38. Did you ***ever*** receive a Homebuyer Credit?	______	______
39. Did you incur any energy efficient improvement costs to your home?	______	______
40. Did you purchase a qualified fuel cell motor vehicle?	______	______

	Yes	No
41. Did you have a tax filing status change such as marriage, death or divorce?	______	______
42. Do you own any stocks, bonds or other investments that became worthless?	______	______
43. Do you have a loan receivable that has become uncollectible?	______	______
44. Did you receive any military retirement eligible for the CT exemption?	______	______
45. Did you earn or receive income in other states?	______	______
46. Did you have:		
a. A financial interest in a financial account located in a foreign country?	______	______
b. Did you receive a distribution from a foreign trust?	______	______
c. Did you own any assets located in a foreign country?	______	______

*(If "**Yes**", there is a reporting obligation **and** failure to comply can result in significant penalties, **the due date for filing Fin-Cen 114 is April 15th**)*

47. Were either you, your spouse or dependents ***not*** covered by health insurance for any part of the year?	______	______
48. Do you want direct deposit for your refund? (*If so, complete the following*)	______	______

Name of Financial Institution ____

Type of Account: Checking ______ Savings ______

Account # ___________________________ Routing # (9 digits) ___________________________

49. Enter estimated tax payments made for the current year:

Due Dates	Actual Date Paid	Federal	Connecticut	Other State(s)
4/15/2016				
6/15/2016				
9/15/2016				
1/15/2017				

Please provide or attach details for questions answered with a "Yes" response:

____

____

____

____

____

____

____

If you have questions about any items on this checklist/questionnaire, please do not hesitate to ask.

Thank you,
D'Agostino & Mazzone, LLC, CPA's

IMPORTANT

2016 Additional Tax Information Request

The IRS and State Revenue Agencies are now requesting additional documentation to verify client identity. Although this information is not mandatory, please be advised that not providing this information may cause delays in the processing of your return by the IRS and State Revenue Agencies.

Taxpayers and their spouses are being asked to include driver's license information as part of their 2016 tax return. If you do not have a driver's license, a state issued identification card may be used.

Please fill out the information below and include as part of your 2016 tax data. Thank you.

	Taxpayer	Spouse
Name:		
Driver's license number:		
Issuing State:		
Issue Date:		
Expiration Date:		