

## Background Information

This information will be used to determine your filing status. If you have recently married, be sure that your spouse has a social security number and, that if her name has been changed it is reflected on her social security card.

Taxpayer name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Date/Year

U.S. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Canadian Tax Identification #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(only needed if filing a Canadian return)

Marital status:  Single  Married  Divorced Is this a change from last year?  yes  no

Spouse's name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Date/Year

U.S. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Canadian Tax Identification #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(only needed if filing a Canadian return)

**NEW:** Driver's License Number \_\_\_\_\_

Issuing State \_\_\_\_\_ Date issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent address: \_\_\_\_\_  
House number & street  
\_\_\_\_\_  
City State Postal Code

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Twitter: \_\_\_\_\_ How would you prefer us to contact you? \_\_\_\_\_

(in-season) school district: \_\_\_\_\_ (off-season) school district: \_\_\_\_\_

County where you work: \_\_\_\_\_ County where you live: \_\_\_\_\_

## Direct Deposit

Do you want your refunds directly deposited into your bank account  yes  no

Do you want any balances owed directly withdrawn from your bank account  yes  no

**IMPORTANT:** If you answered yes to either of the above questions - **please include a voided check stapled to your questionnaire.** Note if you have a balance due and check yes to the above question I will notify you of the amount due prior to filing your taxes.

## Dependents

All children must have a social security number or a tax identification number, if they don't please contact us for information about obtaining one.

Dependent's name	Birthdate	Social Security Number	Relationship
_____	___/___/____	_____	_____
_____	___/___/____	_____	_____
_____	___/___/____	_____	_____
_____	___/___/____	_____	_____

Did your children live with you and did you provide over half of you children's living expenses?

yes    if no – explain: \_\_\_\_\_

## Child Care Expenses

A credit is allowed for all qualified child care expenses paid. You are only eligible if both parents work and your child is under the age of 13

**Tax Tip**  
Please note that under certain circumstances girlfriends or other individuals who are without wages and who you support can be claimed as a dependent.

Name of child: \_\_\_\_\_

Care provider name: \_\_\_\_\_

SS # or Business ID #: \_\_\_\_\_

Care provider address: \_\_\_\_\_

City/State and postal code: \_\_\_\_\_

Dates care was provided: \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_    total amount paid: \_\_\_\_\_

**Important:** Please provide separate information for each child's expenses that were paid and separate information for each child care provider used.

## Higher Education Tuition and Interest

Tax credits are available for tuition and student loan interest incurred by students pursuing college or graduate degrees. The taxpayer, spouse or any of their dependents can incurred these expenses. These deductions and credits are limited to your income level – however if you have paid tuition or student loan interest please include the amounts here and let me determine whether you qualify.

Name of student: \_\_\_\_\_ University or College: \_\_\_\_\_

Tuition paid (include 1098-T form): \_\_\_\_\_

Student loan interest paid (include 1098-E form): \_\_\_\_\_

## United States & Canada Wages and Income

Please provide all wage slips (W2 in US and T4 in Canada)

Employer		W2 or T4 slip enclosed
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no

If you missed any US road games – list the dates and reason you didn't travel with team:

\_\_\_\_\_

## Miscellaneous Income

If you received payments for a bonus or contracted work, which were not included in your wage slips, you still need to report this income. Failure to do so will result in a penalty and interest to be added on to this amount later by the IRS.

**This income will be reported on a 1099-Misc slip.**

Employer/Payer		1099-MISC enclosed	Amount
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	Taxpayer/Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

## Investments

If you have a stock broker please inform them we may be calling for information on your account!

Name of Broker: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Brokerage firms will send out 1099-B's (along with your 1009-Int/Div) and 'Realized Capital Gains Reports' by early February. Should you have this information please provide these forms. If you were not provided this information, and you sold stocks during the past year, please be sure to fill out the information below:

Name of the stock\*: \_\_\_\_\_

Number of shares sold: \_\_\_\_\_ Date purchased: \_\_\_ / \_\_\_ / \_\_\_ Date sold: \_\_\_ / \_\_\_ / \_\_\_\_\_

**\* If you had more than one stock sold please report all the information on an additional piece of paper and attach it to the questionnaire.**

## Interest and Dividends

If you received interest or dividends from a bank account or brokerage firm, please indicate below all financial institutions in which you have investment income. All information will be reported on forms 1099-Int or 1099-Div in the US and T4 or T5 slips in Canada.

Bank or Firm	Slip enclosed	Amount
_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Please note: If you have **not** received a form from your bank or brokerage firm, please indicate the amount of interest or dividends earned over the past year. By law every bank or financial institution that pays over \$10 in interest or dividends must supply you with a tax slip showing the amount of income you received by February 15<sup>th</sup>.

## Foreign Bank Accounts

If you have a financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, trust, or other type of foreign financial account, please indicate so below. Although there may not be any tax implications we still need to report *each* account that exceeds \$10,000 during the year.

Bank Name and Address	Account number	Maximum Amount
_____	_____	_____ (Currency)
_____	_____	_____ (Currency)

## Deductions and Credits

Deductions lower your taxable income while credits lower your actual tax. All deductions and credits should be substantiated with receipts.

## Property

If you own property and pay taxes, or have a mortgage, please fill out the following section. *If you **don't** own a house or pay property taxes on land or a house, please skip this section.*

Did you buy or sell your house over the past year?  yes  no

If you bought or sold your house over the past year please enclose a copy of your closing statement (HUD-1). If you sold your property, I'll also need a copy of the original closing statement from the purchase.

## Taxes and Interest

You can deduct the taxes paid on your primary or vacation home as well as any interest paid on your home mortgage loan. **Should you have rental property please put that information on page 11.** *If you paid property taxes through an escrow account, this amount will be found on your year-end 1098 mortgage and interest statement.* If you did not pay your property taxes through an escrow account, you should have received a receipt from your town clerk for taxes paid during the past year.

Property address	Taxes	Interest paid	1098 Slip	
_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you refinanced your home, you may be able to deduct the home equity loan interest paid over the following year as a deduction

Home equity loan interest: \_\_\_\_\_ (please enclose 1098MIS form)

## Personal Property Tax

Personal property tax on your automobile is deductible if it is based only on the value of the automobile and is charged on a yearly basis.

Auto Registration Taxes: \_\_\_\_\_ State registered: \_\_\_\_\_  Please enclose your receipt

Auto Registration Taxes: \_\_\_\_\_ State registered: \_\_\_\_\_  Please enclose your receipt

## Moving Expenses

If you remain with the same team - traveling back and forth to home after the season is **not** deductible as a moving expense.

Location of new team or first team: \_\_\_\_\_

Location of previous team, college/home: \_\_\_\_\_

Were you traded or did you sign with a new team during the year?  yes  no

Did you pay out of your own pocket to move your items or travel?  yes  no

If you answered yes to **both** questions above, please indicate your expenses below:

Expenses	Amount	Receipts	
Transportation, shipping and storage of household items:	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Expenses of moving from old to new location:	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Temporary housing or hotel: (amount) _____ or (days) _____		<input type="checkbox"/> yes	<input type="checkbox"/> no
Automobile miles: _____			

### Taxes Paid or Refunds

If you made estimated federal or state tax payments, please list them below. In addition - If we **did not** do your taxes last year and you made state tax payments at the deadline (separate from those listed on your W2)

For taxes paid or refunds if we did your taxes last year we have this information – you can skip this section and go to page 7

### Estimated tax payments

Federal/State: \_\_\_\_\_ Amount: \_\_\_\_\_ Dates of Payments: \_\_\_\_\_

**Payments made at deadline with your return** (if I did your taxes last year we have this information)

Please list all states and the amounts: \_\_\_\_\_

### Refunds received

If you itemized your deductions last year – your state refunds unfortunately need to be claimed as income this year. If you received a refund last year and we did not do your taxes, please indicate all refunds received below:

Please list all states in which refunds were received, the amount and include the 1099-Gs

State: \_\_\_\_\_ Amount: \_\_\_\_\_ 1099-G Included:  yes  no

**Tax Tip**  
Organize your receipts into categories and put them into envelopes – total the receipts and write on the outside of the envelope the amount

### Employee Business Expenses

**IMPORTANT: To claim a business expense, you need to prove the expense was related to your occupation (business purpose) and prove that you paid it. All expenses should have a receipt and records indicating the purpose of the expense.**

Expense	Amount	Receipts
Union dues	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Investment advisor fees	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Tax preparation fees separate from agent fees	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Phone and postal expenses (business purpose)	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Business related entertainment (business purpose)	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Professional Publications	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Gifts (limit to \$25 per client)	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Other – Please list: _____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

The IRS allows partial deductions on the cost of certain equipment which is used for both business and pleasure. If you purchased a television, computer, tablet or laptop for business purposes over the last year please indicate below:

Item: \_\_\_\_\_ Receipt:  yes  no

Cost: \$ \_\_\_\_\_

Approximately what percentage is used for business? \_\_\_\_\_%

### Business Related Travel/Temporary Living

The IRS allows the following deductions for unreimbursed expenses while temporarily away from home:

Transportation (airplane, bus, or train) \_\_\_\_\_  yes  no

Commuting away from home (taxi or car service) \_\_\_\_\_  yes  no

Parking and tolls \_\_\_\_\_  yes  no

Meals on the road (above per diem or team dinner) \_\_\_\_\_  yes  no

If you spent time in a hotel (either while called up/down or while having been traded or training in the summer), you may claim any unreimbursed cost for hotel or meals.

Number of days in a hotel: \_\_\_\_\_ City: \_\_\_\_\_ Reason: \_\_\_\_\_

### Automobile Expense

Automobile purchased: \_\_\_ / \_\_\_ / \_\_\_\_\_

Total miles driven during year: \_\_\_\_\_

Business miles driven during the year: \_\_\_\_\_

**Tax Tip**

Have your car serviced at the beginning and end of each year. The service invoice will help determine the total number of miles driven on your vehicle – should the IRS ever question your miles driven we can use the invoices to justify this amount

### Charitable Contributions

Contributions of money or property to a qualified organization are deductible. For contributions of over \$250 you need a receipt.

Organization	Donation	Amount	Receipt
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

Charitable miles: \_\_\_\_\_

### Medical Expenses

Medical expenses are amounts that are not paid by insurance or employer and they must exceed 10% of your income. **Unless you have a large amount of expenses or do not have health care through your employer you will probably not qualify for this deduction.**

Expense	Amount	Expense	Amount
Prescriptions	_____	Medicine	_____
Medication Insurance paid	_____	Eyeglasses, contacts or dentures	_____
Doctor or Dentist visits	_____	Lodging	_____
Hospital expenses	_____	Number of medical miles: _____	

### Health Insurance

If you are a resident or a citizen of the US you will need to report your health insurance coverage. **Important:** If you bought insurance in the marketplace, you should have been issued a 1095-A. Please be sure to include that document.

Employee-provided health insurance coverage  yes  no

Name of employer: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ (only if out of pocket)

Marketplace assigned policy issuer & number: \_\_\_\_\_ State: \_\_\_\_\_

Start date: \_\_\_/\_\_\_/\_\_\_\_\_ Termination date: \_\_\_/\_\_\_/\_\_\_\_\_ Monthly payment: \_\_\_\_\_

Other policy issuer & number: \_\_\_\_\_

Start date: \_\_\_/\_\_\_/\_\_\_\_\_ Termination date: \_\_\_/\_\_\_/\_\_\_\_\_

1095 (A,B or C) included:  yes  no

**Over the past year were you insured:**  all 12 months - if not list months w/o coverage: \_\_\_\_\_

### Small Business Revenue and Expense

If you have a financial interest in a business or partnership please attach all K-1 forms that you received

Partnership	Description	K-1 slip enclosed
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no



## Sole Proprietorship

If you or your spouse own a small business your income from this business will need to be reported. You report net profits or loss for the year on a schedule C and it becomes part of your adjusted gross income. A net loss from the business can lower your adjusted gross income.

Name of Business: \_\_\_\_\_ Business ID #: \_\_\_\_\_

Income from sales: \_\_\_\_\_

Expenses	Amount	Receipts
Cost of goods sold:	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Office expense:	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Advertising:	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Contracted labor (see below):	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Insurance:	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Equipment:	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

**Please note if you paid an individual over \$600 for contracted labor – please notify us as you are obligated under law to issue them a 1099-Misc prior to January 31<sup>st</sup>.**

### Automobile Expense

Total miles driven during the year: \_\_\_\_\_ Business miles: \_\_\_\_\_

Parking tolls: \_\_\_\_\_

### Home Office Expense

If you or your spouse have a home office you can take a percentage of all your expenses paid for your home or apartment.

Total square footage of house/apartment: \_\_\_\_\_ Area used exclusively for business: \_\_\_\_\_

House utilities: \_\_\_\_\_ Repairs/maintenance: \_\_\_\_\_

## Rental Real Estate

This form is only for taxpayers that own rental real estate. If you own real estate with partners and are supplied tax inform, please attach it to this form. If you own more than one property, please prepare one sheet for each property. *If you **do not** own rental real estate, please skip this page.*

Kind of property: HOUSE                      CONDO/APARTMENT                      OTHER

Property address: \_\_\_\_\_

Purchase date: \_\_\_ / \_\_\_ / \_\_\_\_    Date sold (if sold): \_\_\_ / \_\_\_ / \_\_\_\_

Original cost: \_\_\_\_\_                      Capital Improvements: \_\_\_\_\_

Are you the sole owner:     yes     no    if no, who else owns the property? \_\_\_\_\_

If you lived in the property at all during the year please list those dates: \_\_\_\_\_

Total rents collected this year: \_\_\_\_\_

Expense	Amount	Receipts
Advertising	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Auto & Travel	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Cleaning & Maintenance	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Commissions	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Insurance	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Legal fees	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Management fees	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Mortgage interest paid to banks	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Other interest	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Repairs	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Supplies	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Taxes	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Utilities	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Wages & Salaries	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Other	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

## Retirement Contributions

### Traditional IRA

Does your employer offer a retirement plan (box 13 on W2)  yes  no

If your employer offered a retirement plan you will not receive any benefit from contributing to a traditional IRA – however there are exceptions based on your income level. **If you are interested in learning if you qualify please feel free to ask.**

Traditional IRA's provide two benefits:

- They reduce your current tax liability
- They provide funds for your retirement

Amount to contribute: \_\_\_\_\_ (you must make this prior to April 15<sup>th</sup>)

The tax savings for a Traditional IRA are immediate. Any contribution you make will lower your taxable income by your tax rate. Therefore, if your tax rate is 25% you will save \$250 for every \$1,000 you contribute

### Roth IRA

If your employer offers a retirement plan and your total household income is less than \$199,000 (married) or \$135,000 (single) you may contribute to a Roth IRA. However, there is a legal backdoor way to contribute to a ROTH IRA even if your income is higher than the limits – **please notify us if you're interested in finding out how.**

Amount to contribute: \_\_\_\_\_ (you must do this prior to April 15<sup>th</sup>)

There are no immediate tax savings on a Roth IRA – however when you withdraw your money later in life you will not have to pay tax on that money plus any interest that has been earned on that money. Therefore, if you contribute \$1,000 and that money grows to \$5,000 over the next 30 years you will not have to pay tax on the \$5,000 when you withdraw it.

### RRSP

**This only applies if you filed a Canadian tax return.**

RRSP's are tax deferred savings plans for your retirement (like a traditional IRA). RRSP contributions are different for each individual and are determined by your income. If you are interested in making a RRSP contribution you need to make it prior to the February 28<sup>th</sup> deadline.

Yes I'm interested please call me

Amount to contribute: \_\_\_\_\_

## Earned Income Credit

**If you (and your spouse) earned more than \$55,000 you do not need to worry about this page and have completed your tax questionnaire.**

**Important:** If you have not earned more than \$55,000, you may be eligible for the earned income credit. Please know earning less than \$55,000 does not automatically qualify you for the credit but you should fill out this section just in case. Please answer these questions truthfully and sign at the bottom of this page, certifying that to the best of your knowledge, you have provided truthful information. If you have any questions, please do not hesitate to contact us.

On page two of the questionnaire, you were asked to list all your dependents. Do you certify that no one else can claim them as dependents on their tax return? If no, please specify which of your dependents have been claimed by another individual.

yes  no \_\_\_\_\_

Are all the dependents your legal children (or foster children) or descendants of them (i.e. they are your grandchildren)? If no, please specify who is not.

yes  no \_\_\_\_\_

Are any of the dependents over the age of 19?  Yes  No

If yes, do they attend an accredited college or university or legally disabled?  Yes  No

Have all the dependents lived with you for at least 6 months (or attend an accredited school)?

yes  no

Did you provide more than half of their support for the tax year?

yes  no

Do you, your spouse, and dependents have valid United States Social Security Numbers?

yes  no

Please sign below certifying, under law, that all the information provided on this page is truthful and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_