

2015 TAX QUESTIONNAIRE:
COMPLETION OF THE TAX QUESTIONNAIRE FOLLOWING
THE ENGAGEMENT LETTER, ALONG WITH YOUR SIGNATURE,
IS MANDATORY FOR THE 2015 TAX SEASON

Please provide the following tax support documents when delivering your tax information to us for the preparation of your 2015 Individual Income Tax return. Also, indicate the quantity of each form provided:

	#		#		#
W-2	_____	1099R	_____	1099B Brokerage Statements	_____
1099 INT	_____	1099G	_____	1099 MICS	_____
1099 DIV	_____	1099SSA	_____	1098 Mortg. Int.	_____
1098 T(Tuition)	_____	1099LTC	_____	1099C (Debt cancellation)	_____
1099Q(529 w/d)	_____	1099A	_____	1099S(Sale of RE)	_____
1041 K-1	_____	1065 K-1	_____	1020S K-1	_____
1099 SA(HAS)	_____	1095-A	_____		_____

Please provide any additional tax documentation so that we may accurately include all taxable events you may have incurred throughout the year. If you are uncertain, provide the information and we will determine the tax impact.

Please take a moment to complete the following questionnaire in order that we may accurately report all necessary tax events for this tax year. Your signature is required on the last page.

ELECTRONIC FILING OPTIONS

YES	NO
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If you qualify for Electronic Filing, would you like to file your return electronically with the IRS and the State?

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If you have a tax refund, would you like it to be Direct Deposited into your bank checking account? If so, please attach a **VOIDED CHECK** to the Questionnaire.

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We do not offer Automatic Funds Withdrawal. If you have a Balance Due, would you like to file electronically and mail in your payment with a check and a voucher?

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PERSONAL INFORMATION

Did your marital status change during the year?

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If married, do you and your spouse want to file separate returns?

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Did your address change during 2015?

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If so, please provide new address, phone, cell phone & email _____

Can you or your spouse be claimed as a dependent by another taxpayer?

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Pursuant to applicable U.S. Treasury Regulations, we must advise you that any tax advice included in this communication is not intended or written to be used, and cannot be used, by a recipient for avoiding penalties that may be imposed on the recipient by any governmental taxing authority or agency.

DEPENDENTS

YES

NO

Were there any changes in dependents from the prior year?

If adding a dependent, please provide Name, Social Security # and Date of Birth

If losing a dependent, please identify _____

Did you pay for childcare while you worked or looked for work?

If so, please provide the Provider's name, address, SS#/EIN# and 2015 amounts paid for each child. _____

Do you have any children or full time students up to age 23 with wages, interest or dividend income over \$1,000 or sold any stock in 2015? If yes, do you want us to prepare their return?

Did you adopt a child or begin adoption proceedings during 2015?

SCHEDULE A - ITEMIZED DEDUCTIONS INFORMATION

Please provide all 1098 Mortgage Interest statements and all paid Real Estate tax bills for 2015.

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? If so, please specify.

Did you pay any points to refinance your mortgage? If so, provide information

Charitable Contributions, how much are your deductible contributions made in:

***Cash:** Only list the total amount for which you have receipts. Receipts are required regardless of the dollar amount, even a \$1 contribution. Cash _____

***Check or credit card:**

Only list the total amount you can substantiate with:

(1) For separate contributions of \$250 or more, you must have written acknowledgement from the charity; your canceled check is not enough.

(2) For separate contributions under \$250, either a bank record or a receipt is required. Check:

Check: _____

Credit Card: _____

*** Clothing and household goods** (must be in good or better condition). Only list the total amount you can substantiate with receipts if the contribution is \$250 or greater. Amount _____

If over \$500, please indicate the name and address of the charity. Name _____

Address: _____

*** Contributions** — please describe and attach support. Other _____

Did you make any large purchases, such as a motor vehicle or boat in 2015?

If so, please provide us with the invoice amount and sales tax paid on the transaction.

Did you incur any casualty or theft losses during the year? If so, provide details.

Did you pay union or professional dues, incur uniform, un-reimbursed auto or

certain investment expenses or have gambling losses (to the extent of winnings). If so, please provide details.

SCHEDULE B - INTEREST & DIVIDEND INCOME-PROVIDE STATEMENTS

YES NO

Did you receive dividend income on shares of stock that you did not own for at least 60 days during the 120-day period beginning 120 days before the ex-dividend date?

Did you have any Tax-Exempt Income? If so, please provide statements.

At any time during 2015 did you have an interest in or a signature or other authority over a financial account in a foreign country such as a bank account, securities account, or other financial accounts?

If yes, name of foreign country: _____

During 2015, did you receive a distribution from or were you the grantor of, or transferor to a foreign trust?

SCHEDULE C - BUSINESS INCOME AND EXPENSES

Did you start or dispose of a business during the past year? If so, please discuss the matter with one of our Tax Managers.

If you are a Schedule C filer, please provide the amount you paid in health insurance premiums for yourself and your dependents.

\$ _____

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If yes, how many months were you covered? Months

Business car expenses need to be substantiated with mileage logs and trip sheets for each trip. Do you have a written record of total miles and business miles driven? (Note that commuting miles between your home and a fixed work location are not considered deductible business miles). If so, please provide: Business Miles _____ Total Miles _____

Please provide us with a list of your related business expenses, any newly acquired business assets, business-related car expenses and business use of home expenses.

PURCHASES, SALES & DEBTS

Did you sell any securities, bonds or other investment property? If so, please attach a statement of cost basis, dates of purchase, shares acquired, shares sold, date of sale and sales price.

If you sold at a loss, did you buy back the identical security sold within 30 days before or after the sale? If yes, please explain.

Did any securities sold this year pay a stock dividend or had a stock split? If yes, explain.

Did you have any debts canceled, forgiven or refinanced during 2015?

Did you purchase or sell a rental property or farm, or acquire or sell any interest in any partnership or S corporation during 2015? Please provide us with the K-1 's as soon as they are available.

Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? If so, please provide support (statements/schedules from your employer).

Did you engage in any put or call transactions? If yes, please provide details.

HOME/REAL ESTATE TRANSACTIONS

Have you refinanced your mortgage or taken out a home equity loan this year? If yes, explain

Did you use any of the proceeds for other than improving your principal residence? If yes, please explain.

Did you sell, exchange or purchase any real estate in 2015? If so, please attach the closing statements.

Did you sell your Primary Residence in 2015? If no, go onto the next section.

If yes, did you own and occupy the home as your principal residence for at least 2 years out of the five-year period prior to the sale?

Did you ever rent out this property?

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of the sale, the residence was owned by the: Taxpayer Spouse

 Both

IRA/PENSION DISTRIBUTIONS

Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? Indicate amount and provide all 1099Rs. Total withdrawal/distribution. _____

If so, was it to acquire a principal residence or pay for qualified higher education expense?

Did you make a contribution to a retirement plan, 401k, SIMPLE, SEP, or IRA that is not reported on your W-2 or K-1? If so, indicate amount and type of plan.

Taxpayer Total Contribution _____ Spouse Total Contribution _____

Did you retire or change jobs in 2015?

Did you receive retirement or severance compensation?

Did you or your spouse turn age 70 1/2 during the year, have money in an IRA or other retirement account without taking a distribution?

Have you taken your Required Minimum Distribution (even if you are older than 70 1/2)?

GIFTS

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc. with a total aggregate value in excess of \$14,000 to any individual during the year?

Did you assist in the purchase of any asset (auto, home, etc.) for any individual during the year?

Did you or your spouse make any gifts to a trust for any amount during the year?

Do you or your spouse have a life insurance trust?

Did you forgive any indebtedness to any individual, trust, or entity during the year? .
If yes, please explain

MISCELLANEOUS

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

Did you pay any student loan interest?

Did you make a contribution to a (529 plan)? If yes supply details.

Did you or your dependents incur any post-secondary education expense, such as tuition?

Dependent's Name _____ Tuition Amount _____

Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (529 Plan)? If yes, include Form 1099-Q.

Did you move to a different home because of a change in the location of your job?

Did you have any Household Employees, whom you paid in excess of \$1,000 in any quarter, or \$1,500 for the entire year?

Did you file Employment Tax Returns?

Did you receive unreported tip income of \$20 or more in any month in 2015?

Did you or your spouse receive distributions from long-term care insurance contracts? If yes, include Form 1099-LTC.

Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? If yes, we must file Form TD F 90-22.1 Report of Foreign Bank and Financial Accounts. Failure to file can result in penalties ranging from \$25,000 to \$100,000.

Did you create or transfer money or property to a foreign trust?

Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?

Have you received a punitive damage award or an award from damages other than for physical illness or injury?

Did you lose your job during 2015 because of foreign competition and pay for your own health insurance?

Did you install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?

Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

Were any distributions from your IRA and/or Roth IRA distributed to a charitable organization?

Did you receive any payments from insurance companies, legal settlements, disability payments or other taxable income?
Indicate Amount: _____

Did you/spouse have any transactions pertaining to a Health Savings Account (HSA) or Medical Savings Account (MSA) during 2014?
If you received a distribution from a HSA or MSA, Please attach Form 1099-HSA/MSA.

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2015?

Did you or your spouse make any contributions to a Qualified State Tuition Plan (Section 529 plans) or a Coverdell Educational Savings Account during 2015? If yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2014 Amount Contributed

Did you engage in any bartering transactions?

Did you have any work outside of the U. S. or pay any foreign taxes?

Have you been involved in a reportable transaction? These are transactions which produce questionable tax shelters, transactions which provide refunds of lost tax benefits, and/or require strict confidentiality of the transaction's tax benefits which results in significant amounts of losses with book to tax differences or provides tax credits with holding periods of less than 45 days. Tax avoidance transactions are included in this category.

LOCAL EIT RETURNS

Does your resident jurisdiction require the filing of a local Earned Income Tax/School Tax Return?

It is the taxpayer's responsibility to inform us if a local Earned Income Tax return is required within their resident jurisdiction. Please provide the local forms whenever possible.

FEDERAL, STATE & CITY TAX PAYMENTS

Refund Application: If you have an overpayment of 2015 taxes, do you want the excess:

- Refund via Direct Deposit (attach voided check)
- Refunded via a check in the mail.
- Applied to your 2016 estimated tax liability

FEDERAL, STATE & LOCAL ESTIMATED TAX PAYMENTS

	DATE PAID	FED AMOUNT	STATE AMOUNT	LOCAL AMOUNT
2015 1st Qtr. ES due 04-15-2015				
2015 2nd Qtr. ES due 06-16-2015				
2015 3rd Qtr. ES due 09-15-2015				
2015 4th Qtr. ES due 01-15-2016				

With your authorization, the IRS and certain states allow us to verify credits, payments, etc. for your tax account online. Do we have your authorization to view this information if necessary?

Do you expect your 2016 taxable income and withholding to be generally the same as 2015? If no, please provide details. _____

Do you have any other income from any other source?

If yes, list type and amount: _____

For future use please provide your Active E-mail address: _____

Kindly sign below and return to our office with your tax information or at your scheduled appointment. A copy can be made available to you upon request.

Very Truly Yours,

Certified Public Accountants

I (We) have submitted this information for the sole purpose of preparing my (our) tax return. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. If applicable, both Taxpayer and Spouse must sign.

Accepted by: _____
Taxpayer Signature

Spouse Signature (if applicable)

Printed Name: _____

Date: _____