

Personal Info Dependents

Filing Status		
Filing Status		
Taxpayer Information	Taxpayer	Spouse
First Name & Middle Initial		
Last Name		
Title / Suffix		
On 12/31, what was your marital status?		
SSN		
Form of Id and Location of Issuance		
ID Number		
ID Issue Date		
ID Expiration Date		
NY State Document Number		
Occupation		
Date of Birth (mm/dd/yyyy)		
Address Information		
Street Address		
Apartment / Unit Number		
City		
State		
Zip		
Resident of what state as of 12/31?		
List all states where you resided during the tax year and the date you moved out of that state		
Telephone Information	Taxpayer	Spouse
Number to print on your return?		
Describe this number (e.g. Home, Cell)		
Dependent Information	Dependent 1	Dependent 2
First Name & Middle Initial		
Last Name		
Suffix		
Date of Birth (mm/dd/yyyy)		
SSN		
Relationship to Taxpayer		
Months Lived At Home This Year		
What was your total qualified childcare cost for this dependent?		
Did this dependent have any post-secondary tuition expenses?		
Is This Dependent over age 18 and Disabled?		
Is This Dependent over age 19 and a Student?		
Dependent Information	Dependent 3	Dependent 4
First Name & Middle Initial		
Last Name		
Suffix		
Date of Birth (mm/dd/yyyy)		
SSN		
Relationship to Taxpayer		
Months Lived At Home This Year		
What was your total qualified childcare cost for this dependent?		
Did this dependent have any post-secondary tuition expenses?		
Is This Dependent over age 18 and Disabled?		
Is This Dependent over age 19 and a Student?		
Dependent Information	Dependent 5	Dependent 6
First Name & Middle Initial		
Last Name		
Suffix		
Date of Birth (mm/dd/yyyy)		
SSN		
Relationship to Taxpayer		
Months Lived At Home This Year		
What was your total qualified childcare cost for this dependent?		
Did this dependent have any post-secondary tuition expenses?		
Is This Dependent over age 18 and Disabled?		
Is This Dependent over age 19 and a Student?		
Dependent Information	Dependent 7	Dependent 8
First Name & Middle Initial		
Last Name		
Suffix		
Date of Birth (mm/dd/yyyy)		
SSN		
Relationship to Taxpayer		
Months Lived At Home This Year		
What was your total qualified childcare cost for this dependent?		
Did this dependent have any post-secondary tuition expenses?		
Is This Dependent over age 18 and Disabled?		

If PWA prepared your taxes last year and nothing in this section has changed from that time, you can everything in this section blank **EXCEPT the ID info (line 9-12) which is required for everyone.**

Many state revenue agencies are requesting ID information in an effort to combat stolen-identity tax fraud. Please provide the info in on lines 9-12. For line 9, most people should answer "Driver's License" and "XX" where XX is the state of issue.

If you are filing a NY resident return, you must also enter the Document Number of your NYS Driver's License on line 13. It is an 8 or 10 digit number at the bottom of the NY license (or state ID) or on the back if issued after 1/28/14.

If PWA prepared your taxes last year and if your address did not change from last year and you did not temporarily reside anywhere else during the tax year, you can leave this section blank.

Please fill in at least one phone number and description.

If PWA prepared your taxes last year and no dependent information has changed, list the names of your dependents only.

If dependents were added in the last year, list the names only of previous dependents and list all information for new dependents.

If you had dependents last year who are not dependents this year, please list the name and indicate "NO LONGER DEPENDENT" on the SSN line.

Please Continue To Part 2 on the Questionnaire Tab and answer ALL questions. Provide follow-up documentation where needed.

Notes:

- 1) For Months Lived At Home This Year, include all months prior to the birth of a baby and all months temporarily away at college.
- 2) What is "qualified childcare"? Generally, it's daycare, preschool, or at home care (nanny, etc.) where the nanny is paid legally (FICA/FUTA contributions, W-2, etc.).

Questionnaire

Yes	No	Comment	Personal Information
			Did your marital status change during the year? (If yes, indicate from what to what in Comment)
			Did your address change during the year? (If yes, list previous address)
			Did you change your state of residence during the year? (If yes, list date you established residence in the new state).
			Did you have health insurance for you, your spouse, and all dependents for the entire year? If no, we'll contact you for more details. For more information, see Link Here : ----->
			Did you enroll in a health plan through your (or your spouse's) employer? If yes, please include Form 1095-B (from insurer, who might be your employer in some cases) and Form 1095-C (from employer). Note that the deadline to send these forms was extended again for tax year 2016 so you may not receive them before filing. We can work around this if you marked "Yes" to the previous question about having insurance for the entire year. For more information, see Link Here : ----->
			Did you enroll in a health plan through a health insurance marketplace (e.g. Obamacare exchange)? If yes, please include Form 1095-A, which should have been sent to you by the exchange (mandatory for filing in most cases).
			Did you work in any states other than your 12/31 state of residency? (If yes, list states)
			Have you received an Identity Protection PIN from the IRS (most people haven't, so don't worry if you don't know what this is)
			Can you be claimed as a dependent on someone else's return this year? (If yes, who's?)
Yes	No	Comment	Dependents
			Were there any changes to dependents this year? (If yes, describe in Comment)
			Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of last year? (If yes, indicate who in Comment)
			Did you incur any qualified childcare expenses AND, did you (and your spouse if you're married) have earned income? If yes, please complete the QualifiedChildcare tab or provide additional statements with equivalent information. Include childcare costs even if they were reimbursed by a dependent care flexible spending account (FSA)
			Did you have any children under age 19 or full-time students under age 24 at the end of the year with interest and dividend income in excess of \$1050, or total investment income in excess of \$2100?
Yes	No	Comment	Income
			Did you receive any disability income? (If yes, please include the W-2, 1099-G, or other document that captures this income)
			Did you receive any unemployment income? (If yes, please include the 1099-G)
			Did you receive any social security income? (If yes, please include the 1099-SSA)
			Did you pay or receive any alimony. (If yes, indicate pay or receive and how much in Comment)
			Did you receive any interest from any financial institution? (If yes, please include the 1099-INT for that interest, or list the institutions and interest amounts in the comment field. Note that a 1099-INT will only be issued if you received >= \$10 from the institution and you may have to download it from their website)
			Did you receive any dividends? (If yes, please include the 1099-DIV or Consolidated 1099-B showing those dividends)
			Did you receive any gambling winnings? (If yes, include the amounts, and if applicable, the W-2G that you received).
			Did you receive any rental or royalty income? (If yes, please download and complete a Rental Property Income & Expense Summary xls or pdf from the Tax Prep Documents section of our website). Link Here ----->
			Did you receive any 1099-MISC or have any other self-employment income? (If yes, please include any 1099-MISC and complete a Small Business Income & Expense Summary xls or pdf from the Tax Prep Documents section of our website) Link Here ----->
			Did you receive or do you expect to receive a K-1 for income related to a partnership or trust in which you own a share? (If yes, and you have received the K-1, please include it with your tax documents)
			Did you receive any unreported tip income? (If yes, indicate total amount in Comment.)
			Did you have any foreign income or pay any foreign taxes? (If yes, please provide a summary of income earned by source country for each person in the household as well as taxes paid to each country).
Yes	No	Comment	Retirement Plans
			Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Profit Sharing Plan, etc.)? (If yes, please include the 1099-R showing the distribution)
			Did you receive a distribution from an insurance policy or annuity? (If yes, please include the 1099-R showing the distribution)
			Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? (If yes, please include the 1099-R showing the distribution)
			Did you transfer or roll over any amount from one retirement plan to another retirement plan? (If yes, please include the 1099-R showing the distribution)
			Did you contribute to a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Profit Sharing Plan, etc.)? (If yes, indicate which in Comment)
			Will you contribute to a traditional or Roth IRA for the previous year by the due date on this tax return? (If yes, indicate which and how much in Comment)
Yes	No	Comment	Purchases, Sales, Debt
			Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S-Corporation, Trust, or REMIC? (If yes, indicate type of business in Comment)
			Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use or business assets to personal use? (If yes, please provide a list of assets and what happened to them)
			Did you sell any stocks, bonds or other investment property? (If yes, please include the 1099-B from your broker or other documentation showing sale price, acquisition cost, and acquisition date).
			Did you acquire, sell, or participate in a program involving your employer stock, other than a 401k? (If yes, provide any documentation you received for the transactions. We will follow up for more information)
			Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? (If yes, please include the HUD-1 / Closing Disclosure statement for the transaction))
			Did you sell a rental property? (If yes, please include the HUD-1 / Closing Disclosure statement for the transaction)

Questionnaire

			Did you have any debts cancelled or forgiven?(Foreclosures / Short Sales) (If yes, please include the 1099-C received for the transaction)
			Did anyone owe you money which had become uncollectible?
			Did you make any energy efficient improvements to your primary home that qualify for a tax credit. For more information, see Link Here : ----->
			Did you purchase a new vehicle, boat, or aircraft? (If yes, please provide the purchase confirmation / receipt showing any sales tax paid)
Yes	No	Comment	Deductions
			Did you incur an <u>uninsured</u> loss because of damaged or stolen property? (If yes, describe)
			Did you pay medical costs (including COBRA premiums, but excluding all other insurance premiums) that may have exceeded 10% of your gross income for the year (7.5% if you're over 65)? If yes, please provide details and the total amount spend. Exclude anything that was reimbursed by insurance or a flexible spending account (or HRA / HSA)
			Did you pay for auto registration / tags in a state where the payment amount is based on the value of the vehicle? (If yes, please include receipt or deductible amount)
			Did you pay any mortgage interest on a residence, second home, or rental property? If yes, please include the form 1098 received from your mortgage company. If you own multiple homes, please indicate which 1098 goes with which home.
			Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?
			Did you pay any property taxes for real estate? (If yes, indicate how much by property unless it's through escrow and shown on the 1098 for your mortgage). Note, the municipal tax year of the property tax bill is not relevant. Only count taxes actually paid in this calendar year.
			Did you make any charitable contributions? If yes, please provide a list of all cash contributions (org, date, amount) and non-cash contributions (org, org address, date, description, amount) with your tax documents. Feel free to use the Charitable Contributions Worksheet in the Tax Prep section of the PWA Website to document these. Link Here : ----->
			Did you incur any out-of-pocket unreimbursed expenses for charity? If yes, provide the total expense by date by charitable organization with your tax documents.
			Did you drive your owned car for charitable purpose and keep a mileage log? If yes, provide the total miles by date by charitable organization with your tax documents.
			Are you a teacher? If yes, indicate the amount spent (up to \$250) on items for your classroom which were not reimbursed.
			Did you pay into a long-term care insurance contract? Note: Long Term Care is different from Long-Term Disability Insurance.
			Did you use your car on the job (other than to and from work)? (If yes, please provide a mileage worksheet with the year/make/model of car, when it was first used for business, what the starting and ending mileage are for the year, and the total business miles driven)
			Did you maintain a portion of your residence exclusively as an office? (If yes, we will contact you for more details). Note: Only answer yes (if you are self-employed AND use the office space exclusively as an office for your business) OR (if you are an employee AND use the office space exclusively as an office for your job, AND do so for the convenience of your employer (i.e. not because you choose to work from home sometimes).]
			Do you pay any other costs to do your job that were not reimbursed by your employer? See IRS Publication 529 for a list of potential expenses that fall into this category. Link Here : ----->
			Did you incur any other miscellaneous deductible items? See IRS Publication 529 for a list of potential expenses that fall into this category. Link Here : ----->
			Did you pay any student loan interest? (If yes, please include the 1098-E showing the amount paid)
Yes	No	Comment	Education
			Did you receive a distribution from an Education Savings Account, 529 Plan, or other Qualified Tuition Program? (If yes, please include the 1099-Q)
			Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? (If yes, please include the 1098-T)
			Did you make a contribution to a 529 Plan? (If yes, please list the amount by beneficiary)
			Did you make a contribution to an Educational Savings Account (this is not a 529 plan)? If yes, indicate how much and to what plan in Comment.
Yes	No	Comment	Miscellaneous
			Do you want to allocate \$3 to the Presidential Election Campaign Fund?
			Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
			Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
			Did you have an interest in or any authority over any foreign accounts or assets held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?
			During the tax year, did you receive any gifts (cash or property) from a non-resident alien?
			Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
			Did you have a health savings account ("HSA")? (Note, this is different from a flexible spending account ("FSA") and different from a Health Reimbursement Account ("HRA")).
			Did you incur moving expenses due to a change of employment? (If yes, please complete the Moving Expense Worksheet. Link Here : ----->
			Did you engage the services of any household employees? For more information, see Link Here : -->
			Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
			Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
Yes	No	Comment	Tax
			Did you make any Federal or State quarterly estimated tax payments? If yes, provide the dates and amounts with your tax documents.
			If you are due any refunds would you like them to be direct deposited? If yes, list bank name, routing number, account number, and checking or savings in Comment or indicate "Same As Last Year"
			If you owe any tax, would you like the amount to be directly debited from your bank account? If yes, list bank name, routing number, account number, and checking or savings in Comment or indicate "Same As Last Year". Note: withdrawal date can be set by you and nothing will be filed before your approval / time to prepare for withdrawal.

[Link](#)

[Link](#)

[Link](#)

[Link](#)

[Link](#)

[Link](#)

