

Tax Return Questionnaire

This questionnaire is designed to identify most situations that could affect your taxes. Your responses to these questions are important for us to provide you our best service, so we ask that you please read and answer each question carefully. If you have any questions while completing the questionnaire, simply call us and we'll help you through it. * **Please note: we will assume that unanswered questions are "No," and amounts that you leave blank are zero.**

PERSONAL INFORMATION		
	TAXPAYER	SPOUSE
Name:		
DOB:		
Email:		
Street address:		
Town, State, ZIP:		
Occupation:		
Home Phone:		
Cell Phone:		
Work Phone:		
What was your marital status at December 31, 2017?		Single <input type="checkbox"/> OR Married <input type="checkbox"/>
If your marital status is different from last year, please explain.		
Are there any other changes regarding your personal information that you want us to be aware of?		

Please provide us with all tax information forms you have received; such as W-2s, 1099s & 1098s. On the following pages you will have the opportunity to provide further details.

For the following pages, we realize there may be entire sections which do not apply to you. If this is the case, please check the N/A box in the section header so we know you've seen and addressed the information and determined that it does not apply to you.

CHILDREN OR OTHER DEPENDENTS (including dependent parents)		N/A <input type="checkbox"/>
1. Were there any changes in dependents from last year? If no, skip to question #2	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes...		
Are you adding a dependent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you removing a dependent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Please provide the following information about the dependents being changed:</i>		
Name:		
Social Security No.:		
Date of Birth:		
# of Months Living at Residence:		
2. Did you pay for child or dependent care while you worked or looked for work? If no, skip to question #3.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide statement from the care provider(s) or fill out section below.		
Amount paid in 2017 for child or dependent care:	\$	
Provider's Name:		
Provider's Address:		
Provider's Social Security # or Taxpayer ID #:		
3. Did you adopt a child or begin adoption proceedings during 2017?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Did any of your dependents have income in 2017? If no, please go to next section.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes...		
Did a dependent child receive more than \$1,050 in investment income?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did a dependent child earn more than \$6,500 in wages or other compensation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did any other dependent have any income over \$4,150 other than Social Security benefits?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. For each dependent, did you provide more than half of that person's support?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ALIMONY		N/A <input type="checkbox"/>
Alimony Received:	\$	
Alimony Paid:	\$	
SS# of recipient:		

ITEMIZED DEDUCTIONS

N/A

6. Please provide us with the tax form or other documentation related to the following expenses or provide us with the exact amount *paid* during 2017. If none of these expenses apply to you, skip to next section.

	N/A	FORMS PROVIDED	
Mortgage or home equity interest on primary or secondary home (Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE ALL 1098 FORMS
Real estate taxes	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE REAL ESTATE TAX BILLS
Vehicle registration tax (town portion only)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Tax prep fees	<input type="checkbox"/>	<input type="checkbox"/>	\$
Medical insurance (other than pre-tax payroll deductions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Long-term care insurance premiums (Taxpayer)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Long-term care insurance premiums (Spouse)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Miles driven to and from medical appointments and care	<input type="checkbox"/>	<input type="checkbox"/>	miles
Other transportation and lodging costs related to medical care	<input type="checkbox"/>	<input type="checkbox"/>	\$

Medical, dental or prescription drug expenses *not* reimbursed by insurance or health savings account:

MEDICAL (including eye care, hearing aids & co-payments for mental health)	<input type="checkbox"/>	<input type="checkbox"/>	\$
DENTAL	<input type="checkbox"/>	<input type="checkbox"/>	\$
PRESCRIPTION DRUGS	<input type="checkbox"/>	<input type="checkbox"/>	\$

UNREIMBURSED EMPLOYEE EXPENSES

N/A

Expenses such as supplies, meals and entertainment, travel, that you incurred as an employee but were not reimbursed.

Uniform costs necessary for employment	<input type="checkbox"/>	<input type="checkbox"/>	\$
Union or professional dues	<input type="checkbox"/>	<input type="checkbox"/>	\$
Supplies	<input type="checkbox"/>	<input type="checkbox"/>	\$
Meals & Entertainment	<input type="checkbox"/>	<input type="checkbox"/>	\$
Travel	<input type="checkbox"/>	<input type="checkbox"/>	\$

If you used your personal vehicle for work (excluding commuting) please provide the following information: N/A

Auto Make, Model, and Year:		
Date placed in service:		
Mileage from January 1, 2017 to December 31, 2017: <i>(round numbers are estimates and are not accepted by the IRS)</i>	Total miles driven (including personal):	
	Total job-related miles driven (excluding commuting):	

CHARITABLE CONTRIBUTIONS

N/A

If you had no charitable contributions in 2017, skip this page and check N/A above.

CASH CONTRIBUTIONS

N/A

7. Please answer the following questions regarding cash contributions. If none, skip to question #8.

7a. Enter your total cash, check or credit card contributions for 2017 which were individually under \$250 each.	\$
Do you have receipts or cancelled checks substantiating all contributions, regardless of amount?	YES <input type="checkbox"/> NO <input type="checkbox"/>

7b. For any one charity that you donated \$250 or more, please provide the following information:

Name of Charity	Donation Amount (> \$250)	Proper Documentation Received *
		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 <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

**Written acknowledgement from the charity is required substantiating the amount given. Cancelled checks are not sufficient.*

NON-CASH CONTRIBUTIONS

N/A

8. Please answer the following questions regarding non-cash contributions. If none, skip to question #9.

8a. For each contribution of clothing and household goods made to a charitable organization valued at less than \$500 , were these items in good condition or better?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, what is the total value of the clothing or household items given?	\$
8b. For each contribution of clothing and household goods made to a charitable organization valued at \$500 or more , were these items in good condition or better <i>and</i> do you have a receipt substantiating the donation of these items?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes, please provide the following information (if more than one contribution, please attach a separate sheet):

Name of Charity:	
Address of Charity:	
Description of item(s) donated:	
Date of contribution:	
Value of clothing or household goods greater than \$500:	\$
Method used to determine value:	

8c. Did you make any other non-cash contributions other than clothing or household items to any charitable organization? Please provide details.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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8d. Miles driven to/from volunteer activities:	miles
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INTEREST AND DIVIDEND INCOME		N/A <input type="checkbox"/>
9. Did you have any interest or dividend income? If yes, please provide all 1099s or brokerage statements.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Did you earn interest and dividend income not included on a 1099?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Do you (or your spouse) have a bank or investment account in a foreign country? If yes, did the amount in the account ever exceed \$10,000? Y__ N__ If yes, FinCEN Form 114 Report of Foreign Bank and Financial Accounts must be filed by April 17, 2018, or an extension filed. Failure to file can result in penalties ranging from \$25,000 to \$100,000.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

BUSINESS INCOME		N/A <input type="checkbox"/>
12. Did you own a business during the year? If no, skip to question #14.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, does the business file a separate tax return? If yes, skip to question #13.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please provide a list of business income and expenses, including the purchase or disposal of assets, or a QuickBooks backup file.	PROVIDED <input type="checkbox"/>	
13. Did you use part of your home exclusively for your business? If no, skip to question #14.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide the following expense information related to your home (we will calculate allowed expense based upon the percentage of your home used for business, please provide <i>total</i> expense amounts):		
Mortgage interest	\$	
Real estate taxes	\$	
Electricity	\$	
Heat	\$	
Insurance	\$	
Repairs and maintenance related to entire house	\$	
Repairs and maintenance related to home office space	\$	
Total square footage of home:		Total square footage of home office:
AUTOMOBILE EXPENSES		N/A <input type="checkbox"/>
14. Did you use your personal car or truck for business? If no, skip to question #15.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, do you have a written mileage log documenting business mileage and business purpose? If no, you are not entitled to this deduction.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have the required supporting documentation please provide the following information:		
Auto Make, Model, and Year:		
Date placed in service:		
Mileage from January 1, 2017 to December 31, 2017: <i>(round numbers are estimates and are not accepted by the IRS)</i>	Total miles driven (including personal):	
	Total business miles driven (excluding commuting to and from work):	

RENTAL INCOME		N/A <input type="checkbox"/>
15. Did you own rental property during 2017? If no, skip to question #16.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes...		
Have you provided us with rental income and related expenses for each property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were any of the rental properties used partly for personal use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, how many days was the property used personally?	days	
Did you purchase or sell rental property in 2017? If yes, please provide us with the closing statement and any other information related to the purchase or sale.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

INCOME FROM S-CORPORATIONS, PARTNERSHIPS OR TRUSTS/ESTATES		N/A <input type="checkbox"/>
16. Were you a partner in a partnership or a limited partnership and receive any K-1s?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Did you own stock in an S-Corporation and receive a K-1?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. If yes to either question #16 or #17, did you materially participate in each K-1 activity during the year? (Material participation commonly defined as devoting 500 or more hours during the year to the activity)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Were you a beneficiary of a trust and receive a K-1?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes to any of the above, please provide all K-1's not prepared by Crane & Bell.		

SALE OF ASSETS		N/A <input type="checkbox"/>
20. Did you sell any personal assets (your home, vacation home, land, stocks, bonds, collectibles, privately held corporations or partnerships)? If no, go to next section.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes...		
Did you receive a 1099-B or 1099-S? If yes, please provide.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the buyer be paying you over more than one year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were you related to the buyer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ANY OTHER INCOME		N/A <input type="checkbox"/>
	\$	
	\$	
	\$	
	\$	

PERSONAL RESIDENCE		N/A <input type="checkbox"/>
21. Did you own a home during 2017? If no, skip to question #24.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22. Did you refinance a mortgage or take out a home equity loan on your home in 2017?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, did you use any of the borrowed money for any other purpose than improving your home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23. Did you sell your home in 2017? If no, skip to question #24.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes...		
Did you live in the home for at least 2 years out of the 5-year period prior to the sale?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you ever rent out this property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you ever use any part of the home for business purposes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you or your spouse sold another home within the last 2 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
At the time of the sale, the home was owned by:	TAXPAYER <input type="checkbox"/>	SPOUSE <input type="checkbox"/> BOTH <input type="checkbox"/>

VERMONT/MAINE/MASSACHUSETTS RESIDENTS	N/A <input type="checkbox"/>
24. Please be sure to look for the separate Use Tax questionnaire included in your tax packet.	

NEW HAMPSHIRE HOMEOWNERS		N/A <input type="checkbox"/>
25. New Hampshire provides some limited property tax relief for low income tax homeowners. The application must be filed with the state between May 1 and June 30 on form DP-8, which is available on the NH Department of Revenue Administration website. If you're eligible for this benefit, would you like us to prepare form DP-8 for you at the required time for a fee of \$50? [If yes, please provide a copy of your 2017 second property tax bill showing the current valuation.]	YES <input type="checkbox"/>	NO <input type="checkbox"/>

VERMONT RESIDENTS		N/A <input type="checkbox"/>
26. Did you or your spouse live and own property in Vermont in 2017? If no, skip to question #27.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
26(a). In 2017, did you buy VT property that will be used as your home or was there a change in the use of your current VT home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
26(b). Do you own real estate in Vermont that is used as your home and do you expect to occupy that home on April 1, 2018?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered <i>yes</i> to 26(a) or 26(b) above, please provide us with your 2017 property tax bill so we can complete the Vermont Property Tax Adjustment Claim, required of all residents who own and occupy a Vermont home.		
NOTE: The Vermont Property Tax Adjustment Claim (Form HS-122) is due April 17, 2018, with no extensions allowed. If your federal income tax return is being extended, you must provide us with your property tax bill prior to April 17 ^h in order to be treated as a Vermont resident for purposes of determining your property tax rate.		
27. Did you contribute to a Vermont Higher Education Investment Plan (VHEIP 529 plan) during 2017? Vermont income tax credits are available for such contributions.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

RETIREMENT PLANS		N/A <input type="checkbox"/>
28. Did you or your spouse withdraw money from or contribute money to a retirement account during 2017? If no, skip to question #36.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DISTRIBUTIONS		
29. Did you or your spouse withdraw any amounts from your Individual Retirement Accounts (IRA), Roth IRA, or pension plan? If no, skip to question #30.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes...		
Was it to acquire a principal residence or pay for qualified higher education expenses or medical expenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were any of the distributions from your IRA paid directly to a charitable organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONTRIBUTIONS		
30. Did you or your spouse contribute to a traditional IRA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
31. Did you or your spouse contribute to a Roth IRA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
32. Did you or your spouse contribute to a Simple IRA that is <i>not</i> reported on your W-2?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
33. Did you or your spouse contribute to a SEP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
34. Did you or your spouse convert an existing IRA to a Roth IRA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes to questions 30 to 34, please indicate the amount contributed or converted. (Please use a separate piece of paper if needed.)	TAXPAYER	\$
	SPOUSE	\$
35. Did you provide us with all 1099-Rs related to all retirement plan activity?	PROVIDED <input type="checkbox"/>	N/A <input type="checkbox"/>
36. Would you like to discuss your options of maximizing retirement contributions with us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

HEALTH SAVINGS ACCOUNTS (HSA)		N/A <input type="checkbox"/>
37. Did you or your spouse contribute to a Health Savings Account (HSA) during 2017?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, how much was contributed?	TAXPAYER: \$	SPOUSE: \$
38. Did you or your spouse receive distributions or make payments from an HSA in 2017? If yes, please provide Form 1099-SA.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, were all payments and distributions from the HSA used for qualified medical expenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

HEALTH INSURANCE	
39. Did everyone in your household have health insurance for all of 2017?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes , please provide Form 1095 that was provided by your insurance provider if you have received one.	
If no and you are exempt , please provide ECN (exemption certification number(s)) for each person in your household _____	
If no and you don't have an ECN , penalties may be assessed. We will contact you for additional information.	

EDUCATION		N/A <input type="checkbox"/>
40. Did you, your spouse, or any dependents have any post-secondary education expenses during 2017? If no, skip to question #41.		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please provide the following information, and form 1098-T (if available), related to each student.		
STUDENT #1		N/A <input type="checkbox"/>
Student's Name:		
Year of Post-Secondary Education:	1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH <input type="checkbox"/> GRADUATE <input type="checkbox"/>	
Type of Education Expenses:		
Amount paid for tuition, fees, books and required supplies and equipment in 2017:		\$
Amount of grants or scholarships used to offset above expenses:		\$
Was the student enrolled at least half-time?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
For determining eligibility for credit, has the student been convicted of a felony for possession or distribution of a controlled substance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
STUDENT #2		N/A <input type="checkbox"/>
Student's Name:		
Year of Post-Secondary Education:	1 ST <input type="checkbox"/> 2 ND <input type="checkbox"/> 3 RD <input type="checkbox"/> 4 TH <input type="checkbox"/> GRADUATE <input type="checkbox"/>	
Type of Education Expenses:		
Amount paid for tuition, fees, books and required supplies and equipment in 2017:		\$
Amount of grants or scholarships used to offset above expenses:		\$
Was the student enrolled at least half-time?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
For determining eligibility for credit, has the student been convicted of a felony for possession or distribution of a controlled substance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
EDUCATION SAVINGS		N/A <input type="checkbox"/>
41. Did you withdraw amounts from a Qualified Education Program (Section 529 plan) or Coverdell Education Savings Account? If yes, please provide 1099-Q		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, were the distributions used for qualified higher education expenses?		YES <input type="checkbox"/> NO <input type="checkbox"/>
42. Did you make contributions to a Qualified Education Program (Section 529 plan) or a Coverdell Educational Savings Account during 2017?		YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF DESIGNATED BENEFICIARY	AMOUNT CONTRIBUTED IN 2017	
		\$
		\$
		\$
STUDENT LOAN INTEREST		N/A <input type="checkbox"/>
43. Did you pay student loan interest in 2017? If yes, please provide form(s) 1098-E.		YES <input type="checkbox"/> NO <input type="checkbox"/>

K-12 EDUCATOR – UNREIMBURSED EMPLOYEE EXPENSES	N/A <input type="checkbox"/>
If you worked at least 900 hours in a school year in a school as a K-12 educator, amount you spent for books, supplies, computer equipment, software, services, supplementary materials or professional development courses (no more than \$250 per educator)	\$

MISCELLANEOUS QUESTIONS		
	YES	NO
44. Did you move to a different home because you changed where you work?	<input type="checkbox"/>	<input type="checkbox"/>
45. Did you have an in-home caregiver, housekeeper, gardener or the like for which you paid more than \$2,000 of cash wages to?	<input type="checkbox"/>	<input type="checkbox"/>
46. Did you or your spouse receive distributions from long-term care insurance policies? If yes, include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
47. Did you receive a punitive damage award or an award for damages other than from physical injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>
48. Did you receive any payments from insurance companies, legal settlements or disability payments?	<input type="checkbox"/>	<input type="checkbox"/>
49. Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
50. Did you have any debts canceled or forgiven during 2017?	<input type="checkbox"/>	<input type="checkbox"/>
51. Did you buy or sell any Bitcoin or other cryptocurrency in 2017?	<input type="checkbox"/>	<input type="checkbox"/>
52. Did you purchase or install solar electric or solar hot water home improvements designed to save energy in 2017? If yes, please provide detail.	<input type="checkbox"/>	<input type="checkbox"/>
53. Have you (or your spouse) been a victim of identity theft or feel that your identity has been compromised?	<input type="checkbox"/>	<input type="checkbox"/>
54. Have you ever had an Earned Income Credit, Child Tax Credit/Additional Child Tax Credit or American Opportunity Tax Credit disallowed or reduced by the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
GIFTS N/A <input type="checkbox"/>		
55. Did you or your spouse make any gifts including birthday, holiday, anniversary, graduation, etc. whose total value exceeds \$14,000 to any individual during the year?	<input type="checkbox"/>	<input type="checkbox"/>
56. Did you or your spouse help any other person buy an asset (auto, home etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
57. Did you or your spouse make any gifts to a trust during the year?	<input type="checkbox"/>	<input type="checkbox"/>
58. Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
59. Did you or your spouse forgive any debt owed to you by any individual, trust, or any other entity during the year?	<input type="checkbox"/>	<input type="checkbox"/>

**FEDERAL and STATE
ESTIMATED TAX PAYMENTS**

N/A

60. Did you make any estimated tax payments for the tax year 2017? If yes, please complete the following:

	DATE PAID	FEDERAL	STATE
2017 1 st Quarter		\$	\$
2017 2 nd Quarter		\$	\$
2017 3 rd Quarter		\$	\$
2017 4 th Quarter		\$	\$

TAX REFUND		TAX BALANCE DUE	
If you have an overpayment of 2017 taxes, how would you like to receive your refund?		If you have a balance due for 2017 taxes, how would you like to remit the balance?	
Direct Deposited? (preferable for speed of refund & security) <i>Please provide bank information below.</i>	<input type="checkbox"/>	Automatic withdrawal on April 17, 2018? <i>Please provide bank information below.</i>	<input type="checkbox"/>
Refunded by check in the mail?	<input type="checkbox"/>	Send a check in the mail on or before April 17, 2018?	<input type="checkbox"/>
Applied to your 2018 estimated tax liability?	<input type="checkbox"/>	Pay by credit or debit card online or by phone? <i>Fees apply; see for more information at https://www.irs.gov/payments/pay-taxes-by-credit-or-debit-card.</i>	<input type="checkbox"/>
NAME OF BANK			
ACCT#		ROUTING #	
CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	JOINT ACCOUNT? YES <input type="checkbox"/>	NO <input type="checkbox"/>

TAX PLANNING

61. Do you expect any of the following to occur in 2018:	YES	NO	
Change in number of dependents?	<input type="checkbox"/>	<input type="checkbox"/>	
Substantial change in your income?	<input type="checkbox"/>	<input type="checkbox"/>	
Substantial change in your withholdings?	<input type="checkbox"/>	<input type="checkbox"/>	
Substantial change in your deductions?	<input type="checkbox"/>	<input type="checkbox"/>	
Change in your marital status?	<input type="checkbox"/>	<input type="checkbox"/>	
If you have answered yes to any questions above, would you like us to prepare a tax projection for you? We may ask you for some additional information.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments on any changes you expect for 2018:			
If you're not already drawing Social Security benefits, at what age are you planning to begin collecting benefits?	62 <input type="checkbox"/>	Full retirement age <input type="checkbox"/>	70 <input type="checkbox"/>