Did you move? **Y\_\_\_ N \_\_\_**  Provide new address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or your spouse blind? **Y\_\_\_** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or your spouse disabled? **Y\_\_\_** Name\_\_\_\_\_\_\_\_\_\_

Could you be claimed as a dependent on another person’s tax return? **Y\_\_\_N\_\_\_**

Did you make estimated tax payments in 2018? **Y\_\_\_N\_\_\_**

List Amounts & Dates:

#1 $\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

#2 $\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

#3 $\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

#4 $\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

If you receive a **refund,** do you want direct deposit? **Y\_\_**

If **YES**, provide account information: Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking / Savings (circle one) Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you **owe** taxes, do you want the payment paid electronically? **Y\_\_\_**

If **YES**, provide account information: Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking / Savings (circle one) Routing #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will we be filing a return for a dependent/s? **Y\_\_\_**

If **YES**, provide income statements and **ALL** client forms for your dependent/s.

Did you pay for day care so you could work/go to school? **Y\_\_\_**

If **YES**, provide information below. ***\*NOTE: If you had more than one provider, please list on last page and check here. \_\_\_\_*** Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Address & Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN or EIN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive W-2 income? **Y\_\_\_** (Need W-2s)

Did you receive bank interest income? **Y\_\_\_** (Need 1099-INTs)

Did you receive dividend income? **Y\_\_\_** (Need 1099-DIVs)

Did you receive non-employee income? **Y\_\_\_** (Need 1099-MISCs)

Did you sell stocks or have stock options? **Y\_\_\_** (Need 1099-Bs)

Did you receive a distribution from a retirement plan? **Y\_\_\_** (Need 1099-Rs)

Did you transfer or rollover any amount from one retirement plan to another? **Y\_\_\_** (Need 1099-Rs)

Have you already contributed to a retirement account this tax year? **Y\_\_\_** Indicate how much per taxpayer/spouse and what type of retirement account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a shareholder or a beneficiary from an S-Corp, Partnership or Trust? **Y\_\_\_** (Need K-1s)

Did you receive Social Security Benefits? **Y\_\_\_** (Need 1099-SSAs)

Did you receive Unemployment Compensation? **Y\_\_\_** (Need 1099-Gs)

Did you receive a state tax refund? **Y\_\_\_** (Need 1099-Gs)

Did you receive alimony? **Y\_\_\_** Provide amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have any gambling winnings? **Y\_\_\_** (Need 1099-Gs)

Did you have any debt forgiven? **Y\_\_\_** (Need 1099-Cs)

Did you have any unreported tip income of $20 or more? **Y\_\_\_** Provide amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have a withdrawal from an Education Savings or 529 Plan? **Y\_\_\_** (Need 1099-Qs)

Did you, your spouse or a dependent incur any tuition expenses that are required to attend a college, university or vocational school? **Y\_\_\_** (Need 1098-Ts)

If **YES,** how much did you spend on books and supplies? Provide amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years in college? \_\_\_

Did you pay interest on a student loan? **Y\_\_\_** (Need 1098-Es)

Did you **PAY** alimony? **Y\_\_\_\_** Recipient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_ Recipient’s SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you contribute to an **HSA** ***(NOT FSA)*** account? **Y\_\_\_** (Need 1099-SA)

If **YES**, is the contribution reflected on your W-2 **(Y\_\_\_)** or did you make it yourself **(Y\_\_\_)**?

Did you make a withdrawal from an **HSA** ***(NOT FSA)*** account? **Y\_\_\_** (Need 1099-SA)

If **YES,** was the entire amount used for qualified medical purposes? **Y\_\_\_**

Does anyone owe you money that has become uncollectible (personal loan you gave)? **Y \_\_\_**

If **YES**, provide: Borrower’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of the debt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you claim the first-time homebuyer credit in 2008, 2009, 2010 or 2011 when you purchased your home? **Y \_\_\_**

If **Yes,** did the home cease to be your main home last year? **Y\_\_\_ N\_\_\_**

Do you have an interest in or signing authority over a **financial bank account in a foreign country**, such as a bank account, brokerage account or investments? **\*This includes online gambling accounts\* Y\_\_\_**

If **YES**, List highest balance for the year. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any assets in a foreign country? **\*Note: All foreign questions have a high penalty ($10,000) if not disclosed to the IRS. Y\_\_\_** List each asset and value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have any medical expenses that you incurred? **\*Note: Deductible medical expenses must exceed 10% of your adjusted gross income. Y\_\_\_** Please list amounts below: Doctor costs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Ins.(not on W-2)$\_\_\_\_\_\_\_\_ Medical Miles driven \_\_\_\_\_\_\_\_\_\_ Acupuncture $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Glasses/Contacts $ \_\_\_\_\_\_\_\_\_\_\_\_ Lab & X-Ray Fees $ \_\_\_\_\_\_\_\_\_\_\_\_ Nursing Home $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Costs $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Long Term Care $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Prescriptions $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chiropractor $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dental $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hearing Aids $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Addiction Treatment $ \_\_\_\_\_\_\_\_\_

Did you pay **DMV** license fees (registration/s)? **Y\_\_\_** $\_\_\_\_\_\_\_\_\_ (total for all vehicles)

Did you pay real estate taxes (property taxes) on your personal *residence* ***(NOT rental/s)***? **Y\_\_\_** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you pay mortgage interest on your personal residence ***(NOT rental/s)***? (Need 1098s)

If you paid mortgage interest, did you borrow more than $1.1 million dollars on your home? **Y\_\_\_** (Need Dec. statement to show loan balance at end of yr)

Did you pay mortgage interest that was **NOT** reported to you on a Form 1098? **Y \_\_\_**

If **YES**, provide; Lender’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you purchase, sell or refinance your mortgage on your personal residence ***(NOT rental/s)*** last year? **Y\_\_\_** (Need closing escrow statement and/or 1099s)

Did you have a foreclosure or short sale on your personal residence ***(NOT rental/s)***? **Y\_\_\_** (Need 1099-S or 1099-A)

Did you incur a major loss because of damaged or stolen property that was not covered by insurance? **Y\_\_\_** Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have any adoption expenses last year? **Y\_\_\_** Amount paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive court awarded compensation ***other than*** alimony or child support? **Y\_\_\_** Amount paid to attorney to fight for these funds $\_\_\_\_\_\_\_\_\_\_

Did you contribute cash/check to charity? **Y\_\_\_** List charity names and amounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_

Did you contribute tangible ***(non-cash)*** items over $500 to charity? **Y\_\_\_** (Need receipts)

Did you donate a vehicle or a boat to charity? **Y\_\_\_** (Need 1099)

Did you drive your vehicle for charity purposes? **Y\_\_\_** Miles Driven: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you, your spouse and all your dependents have health care insurance for the entire calendar year? **Y\_\_\_** **(Need1095-A, B &/or C)** **N\_\_\_** If **NO** ***(you or your family members had NO or partial coverage for the year)***, please fill out the Heath Insurance Questionnaire and include any 1095-A, B &/or C you may have received.

Did you purchase any qualified residential energy efficient items, such as solar, wind, central air conditioning, furnace &/or water heater? **Y\_\_\_** List items and amounts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_

Did you purchase ***(NOT lease)*** a plug-in electric vehicle? **Y\_\_\_** (Need purchase agreement)

Did you hire an individual ***(NOT a company)*** to do household services for you that exceeded $2000/yr? **Y\_\_\_**

If **YES**, did you issue a 1099-MISC or W-2? (Need copy of the 1099-MISC or W-2)

Did you or your spouse make any gifts to an individual or a trust that totaled more than $15,000? **Y\_\_\_** List name/s and amount/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_

Do you have any questions or additional information you feel we should see or know? **Please respond below:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*All information supplied on this worksheet is correct & accurate for the use of *E-File Tax Services of Nevada, Inc* to use for my 2018 tax return. I am aware that I must have proof when needed and I am required to keep ALL supporting documentation for at least 7 years. I hold myself accountable for all numbers supplied to *E-File Tax Services of Nevada, Inc.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date