



Alvini & Associates, P.A.

29 Bancroft Mills Road, Ste. 200

Wilmington, DE 19806

(302) 836-8490

(302) 543-5389-facsimile

www.alviniassociates.com

2017 Tax Return Questionnaire

Directions: Print and complete this form prior to your consultation. Bring it with you when you come to the office or contact us for email or fax instructions. Preparing this form ahead of time will allow us to serve you more effectively. If we did not prepare your Tax Return, please provide a copy.

Client Information:

Primary taxpayer (First, MI, Last):	Spouse:	
Address:	Address (if different):	
City:	City:	
State:	State:	
Zip Code:	Zip Code:	
Telephone number:	Telephone number:	
DOB:	DOB:	
SSN:	SSN:	
Email:	Email:	
Driver's License/ID:	Driver's License/ID:	
Issue: Exp:	Issue: Exp:	
Occupation:		
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow		
Did you settle any notices or settle any tax examinations concerning your prior years' tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you would like your tax refund (if any) deposited directly into your bank, provide:		
Account Type:	Account Number:	Routing Number:
Checking [] Savings []		



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HEALTH INSURANCE COVERAGE:

YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE BEGINNING ON JANUARY 1, 2017.

The IRS requires that you report certain information related to your health care coverage on your tax return. Please read the following statements carefully. More than one might apply to your "tax family."

1. If you had health care coverage with a government Marketplace (Exchange). Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. Are you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, you will also need a copy of that taxpayer's 1095-A.
3. Has your dependent filed a tax return? If so, provide a copy of the return.
4. Did you have compliant health insurance through an employer plan, private policy or with a government plan? If so, please provide Form 1095-B, 1095-C or other proof of insurance documents.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

DEPENDENTS:

Name (First, MI, Last)	DOB	SSN	Relationship	Months Lived in Home



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Directions: Please answer each question by checking Yes or No

INCOME:

Wages and Salaries (Attach W-2's) – Did you or your spouse receive any Form W-2's?

Yes No

Interest Income (Attach 1099's) – Did you or your spouse receive any 1099-INT?

Yes No

Seller Financed Income - Did you or your spouse receive any 1099-S?

Yes No

Dividend Income - Did you or your spouse receive any form 1099-DIV?

Yes No

Capital Gains and Losses - Did you or your spouse receive any form 1099 for Capital Gains?

Yes No

Other Gains and Losses - Did you or your spouse receive any other gains & losses?

Yes No

Pensions, IRA Distributions, Annuities and Rollovers - Did you or your spouse receive any Pensions, IRA Distributions, Annuities and Rollovers?

Yes No

Self-Employment Income - Did you or your spouse receive any form 1099-MISC and/or will you be filing a Schedule C?

Yes No

Rents/Royalties, Partnerships, S Corporations, Estates, and Trusts – Did you or your partner receive any Rents/Royalties, Partnerships, S Corporations, Estates, Trusts? Attach K-1.

Yes No

Unemployment Compensation - Did you or your spouse receive any Unemployment Compensation?

Yes No



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Social Security Benefits - Did you or your spouse receive any Social Security Benefits?

Yes No

State or Local Tax – Did you or your spouse receive any State or Local tax refunds for the prior tax year or any form 1099-G?

Yes No

Other Income - Did you or your spouse receive any other income?

Yes No

CREDITS:

CHILD & DEPENDENT CARE:

Were there any births or deaths in your household?

Yes No

Did you or your spouse pay any Child or Dependent Care?

Yes No

If Payment were made to an individual, were the services performed in your home?

Yes No

If "Yes", have payroll reports been filed?

Yes No

Did you adopt a child during the current year?

Yes No

TUITION & FEES PAID FOR EDUCATION:

Did you or your spouse pay any tuition and fees for higher education? Attach form 1098-T.

Yes No

Foreign Tax Credits - Did you or your spouse pay any taxes to a foreign country?

Yes No



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ITEMIZED DEDUCTIONS:

Medical and Dental – Did you or your spouse have any out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums, including Medicare B (reduce any insurance reimbursements)?

Yes No

Did you or your spouse have any state or local taxes not listed elsewhere?

Yes No

Did you or your spouse have any home mortgage interest paid to financial institutions or individuals (1098-MORT)?

Yes No

Did you or your spouse have any real estate taxes (not listed elsewhere)?

Yes No

Did you or your spouse have any personal property taxes (includes owners tax on auto registration)?

Yes No

CONTRIBUTIONS and/or DEDUCTIONS:

Did you donate any money or item(s) to charity?

Yes No

Did you or your spouse contribute to a retirement account (i.e. 401k, 403b, IRA, Roth IRA)

Yes No

If yes, specify which type:

Did you or your spouse have any moving expenses?

Yes No

Did you or your spouse have any student loan interest?

Yes No



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Did you sell your primary residence? Yes No

If "Yes", provide a copy of the closing statements of the sale and a copy of the Closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale.

RENTAL & ROYALTY – INCOME & EXPENSES:

Did you or your spouse own any rental property?

Yes No

Did you or your spouse own a business? Did you file all required 1099-MISC and W-2s by the filing date?

Yes No

BUSINESS USE OF HOME:

Did you or your spouse use any part of your home regularly and exclusively for business?

Yes No

MISCELLANEOUS:

Did your marital status change during the year? If so, how?

Yes No

Did you refinance any of your mortgages during the year or establish a home equity line of credit? If yes, please provide a copy of the settlement sheets.

Yes No

Are you requesting more than one state return?

Yes No

If yes, specify which States:

Did you receive or pay alimony or child support?

Yes No

Did you sell any stocks, bonds, or mutual funds during the year? Attach form 1099-B from your broker.

Yes No

