



## Alvini & Associates, P.A.

29 Bancroft Mills Road, Ste. 200

Wilmington, DE 19806

(302) 836-8490 (302)

543-5389-facsimile

www.alviniassociates.com

# 2018 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:

<b>Primary taxpayer (First, MI, Last):</b>	<b>Spouse:</b>
<b>Address:</b>	<b>Address (if different):</b>
<b>City:</b>	<b>City:</b>
<b>State:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>Zip Code:</b>
<b>Telephone number:</b>	<b>Telephone number:</b>
<b>DOB:</b>	<b>DOB:</b>
<b>SSN:</b>	<b>SSN:</b>
<b>Email:</b>	<b>Email:</b>
<b>Driver's License/ID:</b>	<b>Driver's License/ID:</b>
<b>Issue:</b> <b>Exp:</b>	<b>Issue:</b> <b>Exp:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Filing Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow	
<b>Did you settle any notices or settle any tax examinations concerning your prior years' tax returns?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**If you would like your tax refund (if any) deposited directly into your bank, provide:**

<b>Account Type:</b>	<b>Account Number:</b>	<b>Routing Number:</b>
Checking [ ] Savings [ ]		

**HEALTH INSURANCE COVERAGE:**

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:**

<b>Name (First, MI, Last)</b>	<b>DOB</b>	<b>SSN</b>	<b>Relationship</b>	<b>Months Lived in Home</b>



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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



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**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

**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



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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

**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



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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:**

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Did you or your spouse have any moving expenses?

Yes     No



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Did you or your spouse have any student loan interest?

Yes  No

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:**

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