

**Baity Assoc. Tax and Financial Services, Inc.**  
**2019 Tax Year Questionnaire**

**Name :** \_\_\_\_\_

*In what format would you like your Client Copy of the tax return? Please circle one: Flash Drive / Paper*

***Personal / Dependent Information***

	YES	NO	N/A
Did your marital status change during the year? ( <i>Marriage, Divorce, Death</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently separated from your spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If divorced, was divorce finalized in 2019?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your home/mailling address/phone number/email address change from last year? <i>If yes, please ask receptionist for Client Info Sheet</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside/operate a business in a Federally Declared Disaster Area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Federally Declared disaster areas include victims of hurricanes, tropical storms, floods &amp; wildfires</i>			
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there changes in dependents from the prior year? <i>If so, please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have children under age 19 or a full-time student under age 24 with unearned income ( <b>interest/dividends</b> ) in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who will file a tax return? <i>If so, what is their gross income?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any person(s) other than dependent children this year? <i>If yes, who?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If divorced/separated, do you have a divorce decree or agreement which establishes who will claim children on the tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active member of the Armed Services who had moving expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Income Information***

Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold <u>during</u> the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold <u>prior</u> to the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any rental Property? <i>If yes, please provide income and expenses for property</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to/withdrawals from an IRA, myRA, Roth, Keogh, SIMPLE, SEP, 401(k), etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a withdrawal was made, was it due to a Federally Declared Disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401K Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security/SS Disability/Railroad Retirement benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any gambling or lottery winnings, awards, prizes, or hobby income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell/exchange virtual currencies, used virtual currencies to pay for goods or services, or holding any as an investment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any punitive damages (personal injury or sickness)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Itemized Deduction Information***

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please provide evidence such as a receipt, canceled check, or record of payment.</i>			
Did you donate a vehicle or boat during the year? <i>If so, please provide 1098C</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any gambling losses this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay property taxes on your personal residence or land? Mortgage interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Purchases, Sales, and Debt Information***

Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy or sell an existing business this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Did you acquire a new or additional interest in a Partnership or S Corporation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled/forgiven this year? <i>If yes, please provide 1099-C</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a plug-in electric drive or fuel cell (hybrid) vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a teacher with unreimbursed supply expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you received a 2016 or 2017 qualified disaster retirement plan distribution in 2017 or 2018, did you repay any of the distribution in 2019? <i>If yes, attach any Form(s) 5498 you received</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Health Care Information***

Did you have qualifying health care coverage, at any time during 2019, for you and/or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for Marketplace Coverage or apply for lower cost Marketplace Coverage through www.healthcare.gov under the Affordable Care Act? <i>If yes, provide Form 1095-A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you or any of your dependents qualify for an exemption from the health care coverage mandate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Do you share a health care policy with someone who is not included on your tax return?</i></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or distributions from a Health savings account (HSA), or Archer MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay health care or long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Premium Tax Credit (PTC) advanced payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Miscellaneous Information***

Did you make any Estimated Tax Payments? <i>Amount/Date?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you "gift" more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any post-secondary educational expenses during the year on behalf of yourself, your spouse, or a dependent? <i>(If so, provide 1098-T)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes? <i>Sq. ft.?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from a foreign account or trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust, or do you have an interest in/signature authority over financial accounts in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous year's tax returns that are unfiled or have balances due?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you or any of your dependents receive an Identity Protection PIN from the IRS, or been a victim of identity theft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If a refund is due to you, and you would like Direct Deposit, please provide the following: Circle one: Checking or Savings*

**Bank :** \_\_\_\_\_ **Routing # :** \_\_\_\_\_ **Acct. # :** \_\_\_\_\_

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_