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2019 Individual Tax Return Questionnaire

Please answer the questions below in preparation for your tax appointment. If you have any questions, write them down so that we can discuss them during our meeting or over the phone.

Personal Information

| | | | Тахра | ayer 1 | | | | Taxpayer 2 | 2 | |
|--------------------------|-------------------------------|----------|--------------------------------------|-----------------|--------------|-----------|---|---------------|---------------|--------------|
| Full name | | | | | | | | | | |
| Current Street add | dress | | | | | | | | | |
| Current City / Stat | e / ZIP code | | | | | | | | | |
| County of as of 1/1/ | residence 2019 | | | | | | | | | |
| Phone nui | mber | | | | | | | | | |
| Email add | ress | | | | | | | | | |
| Driver's License details | | State | Number | Issue Date | Exp. Date | State | Number | | Issue Date | Exp. Date |
| | | | ss our additional s nyone in your | | g financia | al, educa | itional, and | retirement sa | | inning? |
| During 2 | ora, ala ye | ou or a | nyone in your | Tallilly. | | ,,,,,, | *************************************** | ,, ,cs, p.o. | | |
| [] H | Have a chang | ge in ma | arital status? | | | | | | | |
| [] (| Change home | e addre | ss, mailing addre | ess, email addr | ress, or p | ohone n | umber? | | | |
| 1 1 | Have a chang RS or other t | | sting bank accou | unts used to de | eposit fu | ınds to/ | from the | A blank, voi | ded check | |
| [] E | Become a vic | tim of i | dentity theft? | | | | | | | |
| [] F | Receive an id | entity p | orotection PIN (I | P PIN) from the | e IRS? | | | Letter from | IRS | |
| | Can you or ar | nyone i | n your family be | claimed as a d | lepende | nt by ar | other | | | |

Dependents

| Di | urin | g 2019, did you or anyone in your family: | If yes, provide: |
|----|------|---|-----------------------|
| [|] | Have any changes in dependents? | SSN of newborn |
| [|] | Have any children under age 19 (or a full-time student under age 24) with investment, unearned, or other income of more than \$2,100? | |
| [|] | Have dependents who may need to file a tax return (for example: children with W-2s or significant investment income)? | |
| [|] | Provide over half the support for anyone other than your dependent children? | |
|] |] | Pay for childcare while you worked, looked for work, or while a full-time student? | Completed table below |
| [|] | Pay any expenses related to the adoption of a child? | |
|] |] | Have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | |

List of Dependents

| Dependent Name | Date of Birth | Relationship to You | Months lived in home | Income |
|----------------|---------------|---------------------|----------------------|--------|
| | | | | |
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Childcare Expenses

| Dependent name | Total childcare expenses | Provider name | Provider ID (SSN, federal ID) | Provider Address |
|-------------------|--------------------------|---------------|-------------------------------|------------------|
| | | | | |
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Income

| D | urir | ng 2019, did you or anyone in your family: | If yes, provide: |
|---|------|---|--|
| [|] | Work at one or more jobs? | All W-2s; <u>and</u> Last paystub from 2019; <u>and</u> Most recent 2020 paystub |
| [|] | Retire or change jobs? | 401(k) statement and final paystub from previous employer |
| [|] | Have a self-employed business or rental property? | Summary of income & expenses |
| [|] | Receive unemployment benefits or disability income? | Form 1099-G |
| [|] | Receive tip income not reported to your employer? | Summary of unreported tips |
|] |] | Receive any awards, prizes, hobby income, gambling or lottery winnings? | All documentation, including form W-2G for gambling winnings |
| [|] | Work as a teacher during the year? | Receipts for unreimbursed education expenses |
| [|] | Have foreign income or pay foreign taxes directly or indirectly from investment accounts, partnerships, or foreign employers? | Para de la companya d |
| [|] | Cash in any Series EE US savings bonds issued after 1989? | All documentation of transaction |
| [|] | Have life insurance policies mature, or did you surrender any policies? | |
| [|] | Purchase an annuity, or have an existing annuity contract? | Most recent statement |
| [|] | Pay or receive alimony, spousal maintenance, or child support? | All documentation |

Retirement

| D | During 2019, did you or anyone in your family: If yes, provide: | | | | | |
|---|--|--|-----------------------------------|--|--|--|
|] |] | Receive any Social Security benefits? | Form 1099-SSA | | | |
| [|] | Receive any lump-sum payments from a pension, profit-sharing, IRA, 401(k), or 403(b) plan? | Form(s) 1099-R | | | |
| [|] | Make contributions to or withdrawals from a Traditional or Roth IRA or a retirement plan [401(k), SIMPLE, or SEP]? | Form(s) 1099-R or other documents | | | |
| [|] | Transfer or roll over any amount from one retirement plan to another retirement plan? | Form 1099-R | | | |
| [|] | Convert part or all of your IRA (Traditional, SEP, or SIMPLE) to a Roth IRA? | Form 1099-R | | | |
| [|] | Are you interested in making additional retirement plan contributions, especially if it lowers your tax due? | | | | |

Purchases, Sales, and Debts

| D | urir | ng 2019, did you or anyone in your family: | If yes, provide: |
|---|------|---|--|
| [| 1 | Buy or sell stocks, bonds, or investment property? | Brokerage statements, Form 1099-B, and/or Form 1099-DIV |
| [|] | Purchase rental or royalty property? | Closing paperwork and details of all assets |
| [|] | Start a new business; or acquire interest in a partnership, S corporation, or trust? | Form K-1 |
| [|] | Purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? | Detailed records of the dates and amounts of each sale / purchase |
| [|] | Sell an existing business, rental, or other property? | Closing paperwork and/or Form 1099-S |
| [|] | Sell, exchange, or purchase any real estate? | Closing paperwork and/or Form 1099-S |
| [| J | Purchase or sell a principal residence, or foreclose or abandon a principal residence? | If you lived there for less than 2 years: Closing paperwork and/or Form 1099-S |
| [|] | Take out a home equity loan, or refinance a principal or second residence? | Closing paperwork |
| [|] | Have debts canceled or forgiven, such as a home mortgage, credit cards, or student loan? | Form 1099-C |
| [|] | Purchase a qualified plug-in electric vehicle or qualified fuel cell vehicle? | Receipt or bill of sale |

Itemized Deductions

| D | urir | ng 2019, did you or anyone in your family: | If yes, provide: |
|---|------|--|--|
|] |] | Pay out-of-pocket medical expenses (for example: co-pays; prescription drugs; dental, vision, or long-term care expenses)? | Summary listing of medical expenses |
|] |] | Make cash or non-cash charitable contributions (clothes, furniture, etc)? | Summary listing of charitable giving |
|] |] | Donate a vehicle or boat? | Form 1098-C or other paperwork from receiving organization |
| [|] | Pay real estate taxes for your primary home and/or second home? | Related documentation |
| [|] | Pay excise taxes for cars, trucks, boats, or other vehicles? | Copy of vehicle registration |
| [|] | Make any major purchases (cars, boats, etc.)? | Copy of purchase paperwork |
| [|] | Pay mortgage interest on an existing home loan? | Form 1098 (Mortgage Interest Statement) |

Healthcare

| D | urir | ng 2019, did you or anyone in your family: | If yes, provide: |
|---|------|---|--|
|] |] | Have health coverage through a high-deductible HSA-based health plan? If yes, was it [] single or [] family coverage? | |
| [|] | Make any contributions to a health savings account (HSA)? | Form 5498-SA or other documentation |
| [|] | Receive any distributions from a health savings account (HSA)? | Form 1099-SA or other documentation |
| [|] | Pay long-term care insurance premiums for yourself or your spouse? If you have coverage, is it an Indiana Partnership Plan? [] Yes [] No | |
|] |] | Receive long-term care benefits from an insurance policy? | Form 1099-LTC |
| [|] | Enroll in Marketplace health insurance under the Affordable Care Act? | Form 1095-A |
| E | υb | cation | |
| D | urir | ng 2019, did you or anyone in your family: | If yes, provide: |
| [|] | Attend a post-secondary school, or plan to attend one in the coming year? | |
| [|] | Attend a private school (K-12) or home school? | |
| [|] | Have any educational expenses (for example: tuition, book fees, school supplies, computer)? | Complete the table below <u>and</u> Form 1098-T and/or receipts |
| [|] | Receive a scholarship for post-secondary education? If yes, were funds used for expenses besides tuition, such as room & board? | Form 1098-T |
| ſ | , | Make any contributions to or any withdrawals from an education savings | Form 1099-Q (withdrawals); |
| L |] | account or 529 Plan? | Year-end 529 acct statements |

Education Expenses

| Student | Name of school | Type of school (K-12, college, etc) | 529 Acct contributions | Tuition paid | Room and Board paid | Other educ. expenses paid |
|---------|----------------|-------------------------------------|------------------------|--------------|------------------------|------------------------------|
| | | | | | | |
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Miscellaneous Information

| υl | ırin | g 2019, di | d you or ar | nyone in yo | our family: | | | If yes, provi | de: | |
|-----|--------------|--|-------------------------------|--------------------|---------------------------------------|--------------|--------------|---|-------------------|--|
| [|] | • | | 10 | make any paym | | | Copies of the | 1099s | |
|] |] | | n an apartme | | | | | Total rent paid; name and address of landlord; numbe of months paid | | |
| [|] | Pay any inc | dividual as a | household e | mployee? | | | | | |
| [|] | Make ener | gy-efficient i | mprovemen | ts to your prima | ary residenc | :e? | All document | tation | |
| [|] | Have any foreign financial accounts or assets, or hold interest in a foreign entity? | | | | | Year-end sta | tement | | |
| [|] | Have a fina | ncial interes another cour | 10 - 10 | cure authority o | ver a financ | ial account | Year-end sta | tement | |
| [|] | Receive a conforeign tru | | rom, or were | you a grantor | or transfero | or of a | All document | All documentation | |
| [|] | Receive co | rrespondenc | e from the S | tate or IRS? | | | Copies of all letters | | |
|] |] | unpaid bal | ances due? | | at are either unf Presidential Ele | | | List of unfiled years | | |
| L | J | The state of the s | | | your tax or you | | algir rana. | | | |
| [|] | Make gifts | of more tha | n \$15,000 to | any individual? | | | Details of all gifts | | |
| [|] | Make any | estimated Fe | deral or Stat | e tax payments | ? | | Detail of all payments made (below) | | |
| | | Fede | eral Estimated | l Tax Paymen | ts - 2019 | Sta | te Estimated | Tax Payments - 2019 | | |
| | | Q1 (Apr) | Q2 (June) | Q3 (Sept) | Q4 (Dec/Jan) | Q1 (Apr) | Q2 (June) | Q3 (Sept) | Q4 (Dec/Jan) | |
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| mo | unt | | | | | | | | | |
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| N |)TE | es ana | Questi | ons | | | | | | |
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