
Part III. Income – In 2015, did you (or your spouse) receive:

Yes No Unsure

- 1. Wages or Salary? (Form W-2) If yes how many jobs did you have in 2015? _____
- 2. Tip Income?
- 3. Scholarships (Form W-2, 1098-T)
- 4. Interest/Dividends from: Bank accounts, Bonds, CDs, brokerage (Forms 1099-INT, 1099-Div)
- 5. Refund of state/local income taxes? (Form 1099-G)
- 6. Alimony Income?
- 7. Self-Employment Income? (Form 1099-MISC, cash)
- 8. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
- 9. Income (or loss) from the sale of Stocks, Bonds, or Real Estate (including your home) (Forms 1099-S, 1099-B)
- 10. Disability Income (such as payments from insurance, or workers compensation)? (Form 1099-R, W-2)
- 11. Distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
- 12. Unemployment Compensation? (Form 1099-G)
- 13. Social Security or Railroad Retirement Benefits? (Form SSA-1099, RRB-1099)
- 14. Income (or loss) from Rental Property?
- 15. Other Income: (gambling, lottery prizes, awards, jury duty, etc.) (Forms W-2 G, 1099-MISC)
Specify: _____

Part IV. Expenses – In 2015, did you (or your spouse) pay:

Yes No Unsure

- 1. Alimony: If yes, do you have the recipient's SSN? Yes No
- 2. Contributions to a retirement account? IRA Roth IRA 401K Other
- 3. Educational expenses for yourself, spouse or dependents, such as tuitions, books, fees, etc. (Form 1098-T)
- 4. Unreimbursed employee business expenses (such as uniforms or mileage)?
- 5. Medical expenses (including health insurance premiums)?
- 6. Home mortgage interest? (Form 1098)
- 7. Real estate taxes for your home or personal property taxes for your vehicle (Form 1098)
- 8. Charitable contributions?
- 9. Child or dependent care expenses such as day-care?
- 10. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
- 11. Expenses related to self-employment income or any other income you received?

Part V. Life Events – In 2015, did you (or your spouse):

Yes No Unsure

- 1. Have a Health Savings Account? (Form 5498-SA, 1099-A, W-2 with code W in Box 12)
- 2. Have a debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C, 1099A)
- 3. Buy, sell or have a foreclosure on your home? (Form 1099-A)
- 4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
- 5. Purchase and install energy-efficient home items (such as windows, furnace, installation, etc.)
- 6. Live in an area affected by a natural disaster? If yes, where? _____
- 7. Receive the First Homebuyers Credit in 2008?
- 8. Pay any student loan interest? (Form 1098-E)
- 9. Make estimated tax payments or apply last year's refund to your 2015 tax? If so, how much? _____
- 10. Attend school as a full time student? (Form 1098-T)
- 11. Adopt a child?
- 12. File a 2014 federal tax return containing a "capital loss carryover" on Form 1040 Schedule D?
- 13. Become a victim of identity theft?

Presidential Election Campaign Fund: (If you check a box, your tax refund will not change.)

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

Part VI. Healthcare Coverage (includes CHIP, Medicare, Medicaid, Employer-Sponsored Insurance, Individual Health Insurance, etc.)

Yes No Unsure

1. Last year, did you have health care coverage for you, your spouse, and all qualifying dependents?
(Forms W-2, 1099 SSA and Form 1095 Series?)
2. Last year, did you or your spouse receive an advance payment from the Marketplace to help you pay for your monthly care payments? (Form 1095A)

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance coverage options and assistance.

If you're receiving advance payments of the premium tax credit to help pay for your health insurance coverage, you should report life changes, such as income, marital status or family size changes, to your marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

To be completed by the Intake or Tax Professional				
Had Health Care Coverage	For the Entire Year (12 months)	For part of the year (Less than 12 months)	No Health Care Coverage at all	Qualified for an exemption
Taxpayer				
Spouse				
Dependent 1				
Dependent 2				
Dependent 3				
Dependent 4				
Dependent 5				
Dependent 6				
Dependent 7				

Part VII. Refund – Will you and your spouse:

Yes No Unsure

1. Want a paper check?
2. Want your refund electronically deposited into your bank account?

RT# _____ ACCT# _____ CK or SV? _____

3. If you have a balance due, would you like to make a payment directly from your bank account?

RT# _____ ACCT# _____ CK or SV? _____

Intake Professional Name/Initials	Tax Professional Name/Initials