|  |  |
| --- | --- |
| **\*\*Did you receive a stimulus payment?**  **First payment 🗖 Yes 🗖 No**  **If yes, how much? \_\_\_\_\_\_\_**  **Second Payment 🗖 Yes 🗖 No**  **If yes, how much? \_\_\_\_\_\_\_** | **Mother’s Maiden Name:** |

**ELQ INCOME TAX QUESTIONNAIRE**

|  |
| --- |
| **Filing Status:**  **🗖 HOH 🗖 Single 🗖 Married f/Joint 🗖 Married f/Separate** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date: Home Phone: Work Phone: Cell Phone:** | | | | | | | | | | | | | | | | | **Your Name: DOB: Social Security Number (SSN):** | | | | | | | | | | | | | | | | | **Blind:**  **🗖 Yes 🗖 No** | | | | | | | | **Over 65:**  **🗖 Yes 🗖 No** | | | | | | | | | **Spouse’s Name: DOB: Social Security Number (SSN):** | | | | | | | | | | | | | | | | | **Blind:**  **🗖 Yes 🗖 No** | | | | | | | | **Over 65:**  **🗖 Yes 🗖 No** | | | | | | | | | **Home Address: Mailing Address:** | | | | | | | | | | | | | | | | | **City: State: Zip: City: State: Zip:** | | | | | | | | | | | | | | | | | **Email Address:** | | | | | | | | **Spouse’s Email Address:** | | | | | | | | | **Your Occupation:** | | | | | | | | **Spouse’s Occupation:** | | | | | | | | | **Name of Dependents**  **Name (First, Initial, Last) DOB SSN Relationship** | | | | | | | | | | | | | | | | | **1.** | | | | | |  | |  | | | | |  | | | | **2.** | | | | | |  | |  | | | | |  | | | | **3.** | | | | | |  | |  | | | | |  | | | | **4.** | | | | | |  | |  | | | | |  | | | | **5.** | | | | | |  | |  | | | | |  | | | | **Name of Dependents Claimed as Exemptions**  **New Remove Name (First, Initial, Last) SSN DOB Relationship** | | | | | | | | | | | | | | | | |  |  |  | | | | | |  | | | | |  | |  | |  |  |  | | | | | |  | | | | |  | |  | | **Can you or your spouse be claimed as a dependent on someone else’s tax return this year:**  **🗖 Yes 🗖 NO** | | | | | | | | | | | | | | | | | **Cell Phone Carrier: Preference of Communication: 🗖 Text 🗖 Email** | | | | | | | | | | | | | | | | | **If you are due a refund, would you like direct deposit?**  **🗖 Yes 🗖 No** | | | | | **Bank Name:** | | | | | **Routing Number:** | | | | **Account Number:** | | | **If yes: 🗖 Checking 🗖 Savings** | | | | | | **Tax Payments**  **(Please provide payment history)**  **If you made any IRS estimated tax payments this year, please list the following:** | | | | | | | | | | | | | | | | |  | | | | | | | **Date Paid** | | | | | **Amount Paid** | | | | | Prior year refund applied: | | | | | | | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | | | | **$** | | | | | First quarter payment: | | | | | | | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | | | | **$** | | | | | Second quarter payment: | | | | | | | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | | | | **$** | | | | | Third quarter payment: | | | | | | | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | | | | **$** | | | | | Fourth quarter payment: | | | | | | | **\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | | | | **$** | | | | | **Child Care Provider Information** | | | | | | | | | | | | | | | | | Amount paid this year: $ | | | | | | | | Amount paid this year: $ | | | | | | | | | Name: | | | | | | | | Name: | | | | | | | | | Address: | | | | | | | | Address: | | | | | | | | | City, State, Zip: | | | | | | | | City, State, Zip: | | | | | | | | | SSN or EIN: | | | | | | | | SSN or EIN: | | | | | | | | | Phone: | | | | | | | | Phone: | | | | | | | | | **Itemized Contributions** | | | | | | | | | | | | | | | | | **Medical** | | | | **Contributions** | | | | | | | **Miscellaneous:** | | | | | | Prescription Drugs: | | |  | Church | | | | | **$** | | Educational Expenses | | | | **$** | | Private Ins Premium: | | | **$** | United Way | | | | | **$** | | Lottery/Gambling (w/W2G): | | | | **$** | | Dental Ins Premium: | | | **$** | Heart / Cancer | | | | | **$** | | Educational Expenses | | | | **$** | | Doctor & Dentist | | | **$** | Clothing, Furniture, etc: | | | | | **$** | | Alimony Payments: | | | | **$** | | Medical Mileage | | | **$** | Charitable Miles: | | | | | **$** | | Amortizable Bond Premiums | | | | **$** | | Labs and/or X-rays: | | | **$** | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **$** | | Casualty and Theft Losses | | | | **$** | | Glasses/Hearing Aides: | | | **$** | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **$** | |  | | | |  | |  | | |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **$** | |  | | | |  | | **Taxes** | | | | **Interest Paid** | | | | | | |  | | | |  | | Property Taxes: | | | **$** | 1st Home Mortgage: | | | | | **$** | |  | | | |  | | School Taxes | | | **$** | 2nd Home Mortgage | | | | | **$** | |  | | | |  | | Boat Property Tax: | | | **$** | Name: | | | | | | |  | | | |  | | Auto Sales Tax: | | | **$** |  | | | |  | | State Income Tax | | | **$** | Address: | | | | | | |  | | | |  | | Other: | | | **$** |  | | | |  | | Other: | | | **$** | City, State, Zip: | | | | | | |  | | | |  | | Other: | | | **$** |  | | | |  |   **All information that is being provided by the Taxpayer and/or Spouse and under penalties or perjury and declares that all information being provided is true and accurate to the best of my/our knowledge.**    Taxpayer’s Signature Date Taxpayer’s Signature Date |
|  |
|  |
|  |
|  |
|  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Part III - Income** | | | | | **Did you (or your Spouse) receive?** | | **Yes** | **No** | | **Unsure** | | **Check appropriate box for each question in each section** | | **🗖** | **🗖** | | **🗖** | | 1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? | | **🗖** | **🗖** | | **🗖** | | 2. (A) Tip Income? | | **🗖** | **🗖** | | **🗖** | | 3. (B) Scholarships? (Forms W-2, 1098T) | | **🗖** | **🗖** | | **🗖** | | 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) | | **🗖** | **🗖** | | **🗖** | | 5. (B) Refund of state/local income taxes (Form 1099-G) | | **🗖** | **🗖** | | **🗖** | | 6. (B) Alimony Income? | | **🗖** | **🗖** | | **🗖** | | 7. (A) Self-Employment Income (Form 1099-MISC, cash) | | **🗖** | **🗖** | | **🗖** | | 8. (A) Cash/Check payment for any work performed not reported on W-2 or 1099. | | **🗖** | **🗖** | | **🗖** | | 9. (A) Income (0r loss) from the sale of Stocks, Bonds, or Real Estate (including your home) (Forms 1099-S, 1099-B) | | **🗖** | **🗖** | | **🗖** | | 10, (B) Disability income? (such as payments from insurance or worker’s compensation) (Forms 1099-R, W-2) | | **🗖** | **🗖** | | **🗖** | | 11. (A) Distribution from Pensions, Annuities, and/or IRA? (Form 1099-R) | | **🗖** | **🗖** | | **🗖** | | 12. (B) Unemployment Compensation? (Form 1099-G) | | **🗖** | **🗖** | | **🗖** | | 13. (B) Social Security or Railroad Retirement Benefits (Forms SSA-1099, RBR-1099) | | **🗖** | **🗖** | | **🗖** | | 14. (M) Income (or loss) from Rental Property? | | **🗖** | **🗖** | | **🗖** | | 15 (B) Other income? (Gambling, lottery, prizes, awards, jury duty, Sch. K-1, etc.) (Forms W-2G) Specify: | | **Part IV - Expenses** | | | | | **Did you (or your Spouse) pay?** | | **Yes** | | **No** | | **Unsure** | **Check appropriate box for each question in each section** | | **🗖** | | **🗖** | | **🗖** | 1. (B) Alimony? If yes, do you have the recipient’s SSN? **🗖Yes🗖No** | | **🗖** | | **🗖** | | **🗖** | 2. Contributions to a retirement account? 🗖 IRA (A) 🗖 Roth IRA (B) 🗖 401K (B) Other: | | **🗖** | | **🗖** | | **🗖** | 3. (B) Post-Secondary educational expenses for yourself, Spouse, or dependents? (1098-T) | | **🗖** | | **🗖** | | **🗖** | 4. (B) Unreimbursed employee business expenses? (such as uniform / mileage) | | **🗖** | | **🗖** | | **🗖** | 5. (B) Medical Expenses? (Including health insurance premiums) | | **🗖** | | **🗖** | | **🗖** | 6. (B) Home mortgage interest? (Forms 1098) | | **🗖** | | **🗖** | | **🗖** | 7. (B) Real estate taxes for your home or personal taxes for your vehicle (Form 1098) | | **🗖** | | **🗖** | | **🗖** | 8. (B) Charitable Contributions? | | **🗖** | | **🗖** | | **🗖** | 9. (B) Child or dependent care expenses such as daycare? | | **🗖** | | **🗖** | | **🗖** | 10.(B) For supplies used as an eligible educator such as a teacher, teacher’s aide, counselor, etc.? | | **🗖** | | **🗖** | | **🗖** | 11. (A) Expenses related to self-employment income or any other income you received? | | **Part V – Life Events** | | | | | **Did you (or your Spouse)** | | Yes | | No | | Unsure | Check appropriate box for each question in each section | | 🗖 | | 🗖 | | 🗖 | 1. (HSA) Have a Health Savings Account? (Forms 5498\_A, W-2 w/code in Box 2) | | 🗖 | | 🗖 | | 🗖 | 2. (COD) Have a debt mortgage or credit card cancelled/forgiven by a commercial lender? (Form 1099-Cm 1099-A) | | 🗖 | | 🗖 | | 🗖 | 3. (A) Buy, sell or have a foreclosure (COD) of your home? (Form 1099-A) | | 🗖 | | 🗖 | | 🗖 | 4. (B) Have Earned Income Credit (EIC) disallowed in prior year? If yes, for which tax year? | | 🗖 | | 🗖 | | 🗖 | 5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) | | 🗖 | | 🗖 | | 🗖 | 6. (B) Live in an area that was affected by a natural disaster? If yes, when | | 🗖 | | 🗖 | | 🗖 | 7. (A) Receive the First Time Homebuyers Credit in 2008? | | 🗖 | | 🗖 | | 🗖 | 8. (B) Pay any student loan interest statement? (form 1098-E) | | 🗖 | | 🗖 | | 🗖 | 9, (B) Make estimated tax payments or apply last year’s refund to this year’s tax. If so, how much? | | 🗖 | | 🗖 | | 🗖 | 10 (A) File a federal return last year containing a “capital loss carryover” on form 1040 Schedule D? | |

**Entire Form Must Be Filled Out Completely**

**Decline Participation in the Audit Protection Program**

**Tax Year \_\_\_\_\_\_**

By signing you are declining participation in the Audit Protection Program available through E.L.Q. Tax and Business Center Inc., your tax preparer.

The Audit Protection Program is an extended warranty program offered by E.L.Q. Tax and Business Center, Inc. only to taxpayer clients of E.L.Q. Tax and Business Center, Inc. in the preparation of federal individual income tax returns. The Audit Protection Program provides protection for you, the Taxpayer, against tax preparation software miscalculations or certain preparer mistakes by reimbursing you for taxes, penalizes, and interest assessed by the IRS as result of miscalculations or mistakes.

By declining the protection under the Audit Protection Program, you are not entitled to protection except as may be provided by applicable law. Consequently, in the event of a federal tax audit or assessment, which results in additional taxes, penalties or interest due, you the taxpayer accept responsibility for such amounts, but only to the extent that you are otherwise legally liable, and not for any other item or expense. The tax preparer assumes no liability or responsibility whatsoever except to the extent that it is otherwise legally liable, and not for any other item or expense or your additional tax liabilities.

**I/we decline the Audit Protection Program described above.**

**Return year**

Taxpayer Name: SSN:

Spouse Name: SSN:

Taxpayer / Spouse Signature(s):

Date

Date

**Shared Responsibility Payment Worksheet**

If you, or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 20\_\_\_

Complete the monthly columns by placing an “X” in each month in which you or another member of your household had neither minimum essential coverage nor a coverage exemption.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

Taxpayer’s Signature Date

Did you have Obamacare / health insurance through the ACA Marketplace?

**🗖 Yes X No**

**(If so a form 1095A is REQUIRED)**

Mass Mutual

Contact Request

ELQ Tax and Business Center recently made a decision to affiliate itself with Everhart Insurance Group. Everhart Insurance Group is aligned with Massachusetts Mutual Life Insurance Company (“MassMutual”). Mass Mutual and its affiliated companies, which include domestic insurance operations and asset management firms, managed a combined total of $771 billion at the end of 2017. The financial strength of Mass Mutual is among the highest in any industry as they delivered over $5 billion in benefits to their customers, fulfilling the commitments they made to the 5 million people who rely on them each day. The company was ranked No. 77 on the FORTUNE®500 (FORTUNE®Magazine, June 15, 2017). In addition, Mass Mutual was named FORTUNE® Most Admired company for 2018.

Mass Mutual would like to discuss your personal financial situation at no cost to you. If you would like to speak with a Mass Mutual representative please acknowledge your consent below.

□ **I would like for a Mass Mutual representative to contact me**

Taxpayer Signature Date

Contact Number