THE COOK GROUP

1040 Questionnaire

Tax Year 2016

This Questionnaire is designed to assist you in gathering all your tax information so that we can accurately prepare your tax returns. Most tax forms are mailed by January 31st; however, others may not be issued until February 15.

Please provide your documents as soon as you have them. You can scan and upload your information to your account on our tax website: http://www.thecookgroup.net. Please call our office if you need assistance with your login information or uploading documents. If you choose, you can mail or drop off your documents at our office.

Part I: This portion of the Questionnaire will assist you in determining the documents you need to submit.

Income:

- Copy of your 2015 Tax Return – if we did not prepare your returns
- Original W-2 Form(s)
- If you were granted any restricted stock or stock options, provide copies. If you exercised of any options or purchase rights, provide details.
- Social Security Benefits (SSA-1099)
- Form(s)1099 (**non- LPL only**) or statements reporting income earned from dividends, interest, state tax refunds, retirement distributions, or other miscellaneous income. Also, provide information regarding any sale of stocks, securities or other assets that are not under our management. **We have access to your LPL Financial account information.**
- Schedule(s) K-1 from Partnerships, S-Corporations, Estates or Trusts
- Unemployment income information (Form 1099-G)
- Amount of Alimony received or paid
- Information on U.S. Savings Bonds cashed in or used to pay tuition

Business Income:

- Details of business income received in 2016
- Details of business expenses paid in 2016
- Self-employed health insurance / LTC premiums paid
- Vehicle used for business, total miles driven during the year, and the date you started using vehicle for business

Rental Income:

- Details of rental income received
- Details of rental expenses paid in 2016

Adjusted Gross Income:

- Health Savings Account Information
- Student loan interest paid (Form 1098-E)
- Tuition paid for college (Form 1098-T)
- 529 Plan contributions in your resident state
- IRA or Pension contribution information

Health Insurance:

- Form 1095-A Marketplace Health Insurance Statement; or,
- Form 1095-B showing proof of all other health insurance coverage

Itemized Deductions:

- Medical and dental expenses not covered by insurance; include premiums
- Form(s) 1098 and copies of real estate taxes paid
- Copy(ies) 2016 personal property tax notices with amount(s) paid (these are no longer available online)
- 2016 charitable contributions – cash, check or credit card. Keep receipts for all contributions. Provide a schedule listing date of contribution, to whom made and amount.
- Non-cash charitable contributions – provide receipts detailing charity name, date of donation, and items given and monetary value.
- Cost of tax return preparation for 2015, if we did not prepare your taxes.

Credits:

- Child care taxable benefits from your employer
- Childcare expenses paid, including payee's name, address and ID number
- Receipts for any energy-saving improvements made to your principal residence in 2016

Real Estate Transactions:

- Legal documents (settlement statements) pertaining to the purchase, refinance or sale of property

Estimated Tax Payments: (It is important that we confirm your estimated tax payment made for 2016. Please complete the following **if you paid estimates**. Even if we prepare your estimates, it is very important that you **confirm your payment and indicate the date paid below**:

	Federal		***State***	
	Date Paid	**Amount Paid**	**Date Paid**	**Amount Paid**
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

Part II: This portion of the Questionnaire asks for specific information.
If your answer is *yes* to any of the following questions, please check the appropriate box and provide necessary details. If needed, you can submit documentation with your tax information.

☐ Did you move in 2016?

____

☐ Have $3 (or $6 for joint return) of your taxes applied to the Presidential Campaign Fund?

What is your filing status? (Select one)

○ Joint ○ Single ○ Head of Household

What method of payment do you prefer if you are due a tax refund?

○ Check by mail ○ Direct Deposit: Complete your account information below and upload or mail a copy of your voided check.

BANK NAME: ____
NAME ON ACCOUNT: ______________________________________
ACCOUNT #: ____
ROUTING #: ____

☐ Did you make any gift(s) during the year directly or in trust exceeding $14,000 per person?

____

☐ Were you a resident of, or did you have income in more than one state during the year?

____

☐ Have you or your spouse been a victim of identity theft?

____

☐ Did any of your securities become worthless or loans become uncollectible?

____

☐ Did you have household employee(s) that you paid more than $600 during the year?

____

____

DEPENDENTS:

☐ Do you have any **Dependents**?
Complete the following questions ONLY if this box is checked.

☐ Were there any additions to your dependents from the prior year?
Please provide details for each below: (Name, Relationship, Date of Birth, SS#

____

____

☐ Are any of your dependents between the ages of 18-24 no longer full-time students:
Please provide details for each below:

____

☐ Did any of your children under the age of 19 (24, if student) have any earned income or investment income? Please provide details for each below:

☐ Will any of your dependents be claiming themselves on their own return this year? Please provide details for each below:

OTHER DEDUCTIONS:

☐ Did you receive any IRA distributions during the year? Please provide details below:

☐ Did you make any contributions or plan to make any contributions to a traditional or Roth IRA for 2016? Please provide details below:

BUSINESS INCOME AND EXPENSES:

☐ Do you have records to support travel, entertainment, and / or gift expenses? The law requires that adequate records of business expenses be maintained; these records should include amount, time and place, date, business purpose, description of gift(s), if any, and business relationship of recipient(s).

FOREIGN ACCOUNTS:

☐ Do you have any **Foreign Accounts?**
Complete the following questions ONLY if this box is checked.

☐ Did you have any interest in, or signature, or other authority over a bank, security, or other financial account in a foreign country?
Please provide details below and include copies of your statements with your tax information:

☐ Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms?
Please provide details below and include any documentation with your tax information:

☐ Were you the grantor, transfer or beneficiary of a foreign trust?
Please provide details below and include any documentation with your tax information: