



1140 N Lincoln Street
Greensburg, IN 47240
Phone: 812-222-3035
Fax: 812-222-3037
www.bohmancpagroup.com

If any of the following items pertain to you or your spouse for 2019,
please check the appropriate box and provide additional information if necessary.

If you have already provided the information on your **Client Intake form**, you do not need to list it again here.

Taxpayer Name: _____ **Spouse Name:** _____

YES NO

- Would you like to donate to the Presidential Election Campaign?
- Did your marital status change during the year? If yes, provide date.

- Did your address change during the year? If yes, provide current address here:

- Provide County of residence and work as of 1/1/2019.
Taxpayer: Residence _____ Work _____
Spouse: Residence _____ Work _____
- Could you be claimed as a dependent on another person's tax return?
- Were there any changes in dependents? For children born this year, provide:
Name _____
Date of birth _____
Social Security Number _____
- Were any of your unmarried children who might be claimed as a dependent turn 19 or older and are no longer enrolled as a student at the end of 2019? If so, please list the dependent's name.

- Did any of your dependent children under age 19 or full-time students under age 24 at the end of 2019, have interest or dividend income in excess of \$1,100 or total investment income in excess of \$2,200?
- Did you and your dependents have healthcare coverage for the **full-year**?
- Did you receive any of the following IRS Documents? If yes, provide a copy.
Form 1095-A (Health Insurance Marketplace Statement)
1095-B (Health Coverage)
Form 1095-C (Employer Provided Health Insurance Offer and Coverage)

Taxpayer Name: _____

Spouse Name: _____

YES NO

- Did you receive a form 1095-A and have a dependent file their own tax return? If yes, provide a copy of the return (If we did not prepare). All income for the household must be reported for insurance purchased by the Marketplace (exchange).
- Did you make contributions to a health savings account (HSA)? If yes, provide the amount contributed, unless it is included on your W-2. _____
- Did you take any distributions from a HSA account for qualified medical expenses? If yes, provide Form 1099-SA.
- Did you pay for health insurance (other than withheld pre-tax from your paycheck)? If yes, provide annual amount paid. \$ _____
- Did you receive any disability income? If yes, provide Form W-2, SSA-1099 or other tax document filed with the IRS reporting your income.
- Were you or your spouse on Medicaid and living in a nursing home?
- Did you receive any unemployment compensation? If yes, provide Form 1099-G.
- Did you have an interest in, or other authority over, any foreign assets or accounts, including bank, securities, or trusts?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
- Did you receive, sell, send, exchange, or otherwise acquire cryptocurrency (such as bitcoin)?
- Did you buy or sell any stocks, bonds or other investment property? If yes, attach brokerage tax statement.
- Did you purchase, sell, or refinance your principal home or second home? If any of your mortgage interest deductions are from a home equity loan, please specify on the Form 1098.
- Did you make any residential energy-efficient improvements or purchases involving geothermal heat pumps, solar panels or wind turbines? If yes, provide the energy star rating and purchase invoice.
- Did you receive a distribution from a retirement plan (401(k), IRA, etc.)? If yes, provide Form 1099-R.
- Did you make a 2019 contribution to an IRA or SEP, **other than through wage deduction at work**? If yes, please provide the date and amount paid for you and spouse, if applicable. Also list type of contribution (Traditional IRA, ROTH IRA, SEP)

Taxpayer:	Date _____	\$ _____	Type: _____
Spouse:	Date _____	\$ _____	Type: _____
- Would you like to make an IRA contribution for 2019 before April 15th if you haven't already? If you answer yes, we will call you to discuss your options and potential savings.

Taxpayer Name: _____

Spouse Name: _____

YES NO

- Did you transfer or rollover any amount from one retirement plan to another retirement plan? If yes, provide Form 1099-R.
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2019? If yes, provide Form 1099-R.
- Did you make any charitable contributions directly from your retirement account? If so, provide statement from financial institution showing donated amount.
- Did you pay any post college student loan interest? If yes, provide Form 1098-E
- Did you pay for childcare or preschool for dependent children under the age of 13? If yes, please provide a statement with the name, address and tax id# of the person or organization that provided the care and amount paid for each child.
- Did you, as an educator, spend at least \$250 on classroom supplies that was not reimbursed?
Total unreimbursed expenses \$ _____
- Did you make a charitable contribution to any Indiana college? If so, please provide a statement verifying your contribution that includes the following:

Name of College _____ Contribution \$ _____ Date Paid _____
- Did you incur a loss after being declared a federal disaster area? Please give a description and amount of loss \$ _____

- Did you pay rent for your residence? If yes, provide the following:
Total Rent paid in 2019 \$ _____
Number of months rented _____
Landlord name and address _____
Address of location rented _____
(if not same as your current address)
- Did you pay property taxes on your residence? If yes, provide amount paid: \$ _____
(DO NOT include property tax paid on rental properties or other business assets)
- May the IRS discuss your tax return with your preparer?
- Were you notified or audited by either the Internal Revenue Service or a State taxing agency? If yes, provide a copy of the notice.

Taxpayer Name: _____

Spouse Name: _____

YES NO

- Did your bank information change within the last 12 months? If yes, provide a copy of a voided check or list the following:

Name of Bank _____

- Checking Savings

Routing Number _____

Account Number _____

- Did you make estimated tax payments quarterly? If yes, provide the date and amounts paid:

Quarter 1 Federal \$ _____ State \$ _____ Date Paid _____

Quarter 2 Federal \$ _____ State \$ _____ Date Paid _____

Quarter 3 Federal \$ _____ State \$ _____ Date Paid _____

Quarter 4 Federal \$ _____ State \$ _____ Date Paid _____

- Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust in 2019?
- Do you have a valid will in place?
- If so, has the will been updated in the last 3 years?

College/Private School

- Did you pay any student loan interest? If yes, provide **Form 1098-E**
- Did you, your spouse, or a dependent pay any college expenses (including tuition, books, computer, internet) to attend a college, university or vocational school? If yes, provide a statement listing payments made for tuition and fees (even if paid from a student loan or 529 plan). List any scholarships or grants received. Also provide **Form 1098-T** from the institution

Student's Name _____

Tuition Paid \$ _____

Books and Required Supplies \$ _____

Scholarships/Grants \$ _____ Years in College _____

Student's Name _____

Tuition Paid \$ _____

Books and Required Supplies \$ _____

Scholarships/Grants \$ _____ Years in College _____

Taxpayer Name: _____

Spouse Name: _____

YES NO

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, provide **Form 1099-Q**.
- Did you contribute to an Indiana CollegeChoice 529 savings plan? **If yes, please provide a statement showing your contribution and account number for each plan.**
Contributions amount \$ _____
- Were or will funds be used to pay for K-12 education?
- Were or will funds be used to pay for post-secondary school (ex, trade school, college)?
- Did you incur any educational expenditures (tuition or books) for K-12 private school or did you home school any of your dependent children? If yes, please list the child's name and the name of the private school they attended or note if you home school your children.
Child's name _____ Name of school _____
Child's name _____ Name of school _____
Child's name _____ Name of school _____
Child's name _____ Name of school _____

BUSINESS/FARM/RENTAL

- Was your home rented out or used for business? If yes,
Business square footage _____
Home total square footage _____
- Did you use your car on the job (other than to and from work)? If yes,
Business mileage _____
Total mileage _____
Car make/model and year _____
- Did you trade in, purchase, or dispose of any business assets (equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If so, provide invoice. Use attached business asset listing (if applicable) to mark disposed items.
- Did you exclude from meals your non-deductible entertainment expense?
- Did you pay employees wages while they were on family and medical leave? If so, what amount was paid? \$ _____