

CLIFFORD W. STUMBO, CPA

CLIENT QUESTIONNAIRE

TODAY'S DATE _____

NEW CLIENT? Yes No

PART I. YOUR PERSONAL INFORMATION

| | | | |
|------------------------|--------------------|--|--|
| First Name | M.I. | Last Name | Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spouse's First Name | M.I. | Last Name | Is Spouse a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address | Apt # | City | State Zip Code |
| Contact Information | Cell: _____ | Email: _____ | |
| Phone: _____ | Spouse Cell: _____ | Spouse Email: _____ | |
| Date of Birth | Job Title | Are you: Legally Blind Totally/Permanently Disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spouse's Date of Birth | Spouse's Job Title | Is Spouse: Legally Blind Totally/Permanently Disabled | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

Can anyone claim you or your spouse on their tax return? Yes No Unsure

Did you make internet purchases where NO SALES TAX was paid? ie. Amazon Yes No If yes, Amount? _____

For direct deposit purposes, is the Bank and Account # same as last year? Yes No If no, provide voided check. _____

PART II. MARITAL STATUS AND HOUSEHOLD INFORMATION

As of December 31, were you?

- Single
- Married: Did you live with your spouse during any part of the last six months of tax year? Yes No
- Divorce or Legally Separated: Date of final decree or separate maintenance agreement: _____
- Widowed: Year of spouse's death: _____

List names below of everyone who lived in your home (other than you or spouse). Also, list anyone who lived outside of your home that you supported. If additional space is needed, please check here and list on bottom of next page.

| Name (first, last) <small>Do not enter your name or spouse's name below</small> | Date of Birth <small>mm/dd/yy</small> | Relationship to you <small>(e.g. daughter, son, mother, sister, none)</small> | No of months lived in your home | US Citizen <small>Yes or No</small> | Marital Status as of Dec. 31st <small>S or M</small> | Full-time Student <small>Yes or No</small> | Earned less than \$3,950? <small>Yes or No</small> |
|--|--|--|---------------------------------|--|---|---|---|
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PART III. INCOME - DID YOU (OR YOUR SPOUSE) RECEIVE:

Yes No Unsure

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Wages or Salary? (Forms W-2's) Tip Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have any interest or authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Self Employment payments (such as cash received for services, small businesses)? (Form 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Refund of state income taxes? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Alimony Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Income (or loss) from the sale of Stocks, Bonds or Real Estate? (Forms 1099-B, 1099-S) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Distributions from Pensions, Annuities, and/or IRA? Disability Income? (Forms 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Unemployment Compensation? (Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Income from S-Corporations or Partnerships? (Forms K-1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Other Income (Gambling, Lottery, Prizes, Awards, Jury Duty, etc.) |

CLIFFORD W. STUMBO, CPA

CLIENT QUESTIONNAIRE

SEPARATE QUESTIONNAIRE FOR AFFORDABLE HEALTHCARE ACT COMPLIANCE

PART IV. EXPENSES- DID YOU (OR YOUR SPOUSE) PAY:

| Yes | No | Unsure | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Alimony: If yes, provide the recipient's SSN? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401K <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. College Expenses (Form 1098-T, Need Payment Transcript and Textbooks Receipts) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Home Mortgage Interest? (Form 1098) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Real estate taxes? Personal property taxes for vehicles, boats, etc? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Charitable contributions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Medical expenses (including health insurance premiums, long-term care premiums paid out of pocket)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Unreimbursed employee business expenses (such as teacher supplies, uniforms or mileage)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Child/dependent care expenses, such as day-care? |

PART V. LIFE EVENTS - DID YOU (OR YOUR SPOUSE):

| Yes | No | Unsure | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have a Health Savings Account? (Forms 5498-SA, 1099-A, W-2 Box 12 Code W) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Form 1099-C) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Buy, sell or have a foreclosure of your home? (Form 1099-A) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, which tax year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Purchase and install energy efficient home items (such as windows, furnace, insulations, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Received the First Time Homebuyers Credit in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Pay any student loan interest? (Form 1098-E) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Make estimated tax payments or apply last year's refund to this year's tax return? |

PART VI. BUSINESS INFORMATION - DID YOU (OR YOUR SPOUSE):

| Yes | No | Unsure | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you have a business this tax year? If yes, check which ones: <input type="checkbox"/> Business <input type="checkbox"/> Rental <input type="checkbox"/> Farm |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you make any payments last year that would require you to file Form(s) 1099? (\$600 or more per vendor) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. If yes to No. 2, did you or will you file all reported Form(s) 1099? (Due date to file is Feb. 28th) |

ADDITIONAL DEPENDENTS:

| Name (first, last) <small>Do not enter your name or spouse's name below</small> | Date of Birth <small>mm/dd/yy</small> | Relationship to you <small>(e.g. daughter, son, mother, sister, none)</small> | No of months lived in your home | US Citizen <small>Yes or No</small> | Marital Status as of Dec 31st <small>S or M</small> | Full-time student <small>Yes or No</small> | Earned less than \$3,950 <small>Yes or No</small> |
|--|--|--|---------------------------------|--|--|---|--|
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OTHER COMMENTS/QUESTIONS:

SEE ADDITIONAL PAGE FOR AFFORDABLE HEALTHCARE ACT COMPLIANCE

HEALTH CARE COVERAGE QUESTIONNAIRE – 2014

Taxpayer Name: _____

Taxpayer Signature: _____ Date: _____

I agree, the information (below) is true and accurate:

YES or NO

I had qualifying health care coverage every month of 2014? _____

If YES, provide copy of insurance card _____

If NO, Was coverage provided through the Marketplace/ Exchange? _____

-If YES, provide copy of Form 1095A _____

My Spouse had qualifying health care coverage every month of 2014? _____

If YES, provide copy of insurance card _____

If NO, Was coverage through the Marketplace/ Exchange? _____

-If YES, provide copy of Form 1095A _____

My "tax dependents" had qualifying health care coverage every month of 2014? _____

If YES, provide copy of insurance card(s) _____

If NO, Was coverage through the Marketplace/ Exchange? _____

-If YES, provide copy of Form 1095A _____

THE TAX FILER AND/OR TAX DEPENDANT(S) DID NOT HAVE HEALTHCARE COVERAGE FOR THE FULL YEAR:

I acknowledge there will be a "Shared Responsibility Payment" included on my tax return filing. _____

Are your "tax dependents" required to file a tax return? _____

If YES, we require a copy of the tax return if Clifford W. Stumbo, CPA is not the tax preparer.

*****List of Exemptions from "Shared Responsibility Payment" on Page 2*****

HEALTH INSURANCE MARKETPLACE EXEMPTIONS

1. Exemption for members of a recognized religious sect
2. Exemption for members of a healthcare sharing ministry
3. Exemption for members of a federally recognized Indian Tribe
4. Exemption for individuals who have been incarcerated
5. Hardship exemptions if:
 - You were homeless
 - You were evicted in the past 6 months or were facing eviction or foreclosure
 - You received a shut-off notice from a utility company
 - You recently experienced domestic violence
 - You recently experienced the death of a close family member
 - You experienced a fire, flood, or other natural or human caused disaster that caused substantial damage to your property
 - You filed for bankruptcy in the last 6 months
 - You had medical expenses you couldn't pay in the last 24 months
 - You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member
 - You expect to claim a child as a tax dependent who has been denied coverage in Medicaid and the Children's Health Insurance Program (CHIP), and another person is required by court order to medical support to the child
 - As a result of an eligibility appeals decision, you are eligible for enrollment in a qualified health plan (QHP) through the Marketplace, or lower costs on your monthly premiums, or cost sharing reductions, for a time period when you were not enrolled in a QHP through the Marketplace
 - You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act
 - You received a notice saying that your current health insurance plan is being cancelled, and you consider the other plans available unaffordable
 - You experienced another hardship in obtaining health insurance

YOU MUST COMPLETE AN APPLICATION TO APPLY FOR AN EXEMPTION IN WRITING TO THE HEALTH INSURANCE MARKETPLACE-EXEMPTION PROCESSING. YOU CAN DOWNLOAD APPLICATIONS AT HEALTHCARE.GOV