

2017 Tax Update Questionnaire

Client Name: _____

Client #1 Drivers License ID #, Date of Issue, and Expiration:

_____ / _____ / _____

Client #2 Drivers License ID #, Date of Issue, and Expiration:

_____ / _____ / _____

Y / N Did you move in 2017?

If "yes" New Address _____

Y / N Did you have Health Insurance for ALL of 2017?

If "yes" Did you bring your 1095- A, B and/or C?

If "no" Did you have coverage for PART of 2017?

Y / N Did you contribute to a 529 plan in 2017?

If "yes" Beneficiary: _____

529 state: _____

Y / N Did you have any education expenses for yourself or your Child(ren)?

If "yes" Please have expenses already listed or complete on the back of this page.

Y / N Did you contribute to or convert an IRA or Roth IRA or HSA in 2017?

If "yes" Traditional or Roth IRA or HSA

\$ Amount Contributed _____