(Retired)

BUSINESS & TAX CONSULTANTS, INC.

Questionnaire
Please check the appropriate box and include all necessary details.

Name: Your e-mail address if you use	one		
Phone Number(s)			
Personal Information			
Did you marry, divorce, separate or become widowed during the year?	Yes □	No □	Not Sure \square
Did your address change from last year?	Yes □	No □	Not Sure \square
New Address:	Date Mo	ved:	
Did you or your spouse become blind or disabled during the year?	Yes □	No □	Not Sure \square
Is someone else supporting you—paying most of your bills?	Yes □	No □	Not Sure \square
Do you want to change the bank account where your refund is deposite If yes, Bank Name Account #			
Is it a \square checking or \square savings account? (if not a local bank, please	e attach vo	oided che	eck)
Purchases, Sales and Debt Information			
Did you buy or sell, any real estate during the year?	Yes □	No □	Not Sure \square
Did you sell stock during the year (other than in a retirement acct?)	Yes □	No □	Not Sure \square
Did you take out a home equity or refinance your mortgage this year?	Yes □	No □	Not Sure \square
Did you sell a business, rental, or other property this year?	Yes □	No 🗆	Not Sure \square
Income Information			
Do you have any income from hobbies or odd jobs?	Yes □	No □	Not Sure \square
Please check "Yes" or "Not Sure" if you:			
Sell produce or farm products (and you are not a farmer), sell items	_	_	ties, get paid to
teach classes or monitor tests or sell on-line (other than personal its Describe briefly:	ems at no	pront.) -	
Did you win any prizes or money from bingo, lotteries, raffles or gambl	ing? Yes	□ No	\square Not Sure \square
Do you get paid for any work you did that you don't have a W-2 or 109	9 for? Ye	s 🗆 N	o \square Not Sure \square
Did you have any foreign income or pay any foreign taxes during the year	ear? Yes [□ No [\square Not Sure \square
Did you receive any income from property sold prior to this year?	Yes □	No □	Not Sure \square
Did you receive Social Security Benefits?	Yes □	No □	Not Sure \square
If not, will you start this year?	Yes □	No □	Not Sure \square
Did you receive any payments from a pension or IRA?	Yes □	No □	Not Sure \square
Did you cash in any life insurance policies?	Yes □	No □	Not Sure \square
Did you cash any U.S. Savings bonds?	Yes □	No □	Not Sure \square
Do you rent out a home or RV through Airbnb or other such agencies?	Yes □	No 🗆	Not Sure□
Miscellaneous Information			
Did you receive or pay Alimony? If yes, amount:\$	Yes □	No □	Not Sure \square
Did you give anyone more than \$14,000 (cash, real estate or other)?	Yes □	No □	Not Sure \square
Did you make any contributions to an education savings or 529 Plan?	Yes □	No □	Not Sure \square
Did you pay long-term (nursing) health care insurance premiums?	Yes □	No □	Not Sure \square
Did you make energy efficient improvements to your home this year?	Yes □	No □	Not Sure \square

Have you ever lived or worked in, or were you born in, or do y countries (including Canada) such as bank accounts, real estat abroad, or any interest in a foreign bank account, corporation or	e owned, relatives or close friends living
***If "No" initial here:	
If you answered "Yes" or "Not Sure" please ask for the	he foreign interest questions.
Obamacare/Affordable Care Act	
Did every person in your <u>household</u> * have medical in for all of 2015?	surance ** Yes □ No □ Not Sure□
If you have medical insurance, you should get a 1095.	A, B or C. Please bring it or send it to us.
If you <u>didn't</u> get a 1095 <u>but</u> all members of your ho Medicaid, VA or an employer, please sign he	
If some or all of your household members did not hav why.	e insurance, please let us know who and
*Household for this purpose includes your spouse, of dependents, children (up to age 24) who live with you partner if you claim him/her as a dependent or they dependent child. ** Insurance includes Medicare coverage.	ou, and your unmarried are the parent of your
Vermont and Massachusetts now <u>required</u> us to ge <u>license</u> and provide the numbers when electronical	
New Hampshire Residents Only: You are done!!!!!	Sign here.
Signature	Date

Vermont and Massachusetts residents keep going. You have one more page!

Vermont Residents Only:

•	•	ne? RENT (bring a Landly tax help, check NEITHER/N			
Did y	ou or any household	members receive or pa members receive any Military allowance	of the following: (cl	neck any that	No □ Not Sure□ might apply) or □NONE
		☐ Welfare (not inclu	•		re)
	fts over \$6500	☐ Lottery or other pr		ruer assistanc	
	•	ers of your household	· · · · · · · · · · · · · · · · · · ·	ouse or depe	ndent children:
Did any	y of your dependent childs	ren earn (from a job) more	than \$6,500? Ye	s 🗆 No 🗆	Not Sure □
		have unearned income (social statements			es No Not Sure
		rchases out of state, by ma resident state and NOT pay			that would have been subject
Yes [(The "safe you can o	fe harbor" amount is based on yo		amount or, I or track of your non-taxed purcha use-tax for more information.)		n give you more information about this or
		sdale or on Amazon for an		es and food, yo	ou owe use tax.
W	ould you like to contribute	e to any of the following (to	be deducted from your r	efund or added	tax due)?
	Green Up Vermont \$Ch	nildren's Trust Fund \$ N	ongame Wildlife Fund \$	_Vermont Veterans	s Fund \$
	Signature				
		Vermont	residents are do	ne!	
****	******	*****	******	******	******
	sachusetts Resider	•	order telenhone o	· internet of i	items that would have been
su	bject to sales tax if pu op at Walmart in Hi	irchased in your residentinsdale check "yes."	nt state and NOT pay Amazon collects MA	sales tax at t sales tax.	the time of purchase? If you
Ye		Sure Use standard at d on your income has gone up. If y			
1.	If you don't own you	r home, what is the tota	al ront vou paid durin	σ the vear \$	
		f landlord:			
2.	Name and address o Would you like to cor Organ Transplant Fur	f landlord: ntribute to any of the follond \$	owing: (to be deducted	l from your re	
2.	Name and address o Would you like to cor Organ Transplant Fur Endangered Wildlife	f landlord: ntribute to any of the follond \$ Fund \$	owing: (to be deducted AIDS Fund \$ US Olympic Fund	d from your ref	fund or added tax due)
2.	Name and address o Would you like to cor Organ Transplant Fur Endangered Wildlife	f landlord: ntribute to any of the follond \$	owing: (to be deducted AIDS Fund \$ US Olympic Fund	d from your ref	fund or added tax due)



Signature _____

Date

