**GENERAL QUESTIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>1. Did your marital status change? If yes, explain</th>
<th>____</th>
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</thead>
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<table>
<thead>
<tr>
<th>2. Do you or your spouse plan to retire in 2016?</th>
<th>____</th>
<th>____</th>
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</thead>
</table>

| 3. Did you move? If so, please provide the dates lived in each state. | |
|------------------------------------------------------------------------|-----|-----|
|_______________________________________________________________________|-----|-----|
|_______________________________________________________________________|-----|-----|

| 4. Please provide your current email and telephone numbers: | |
|------------------------------------------------------------|-----|-----|

**DEPENDENT INFORMATION**

<table>
<thead>
<tr>
<th>7. Did you have any changes to your dependents? (i.e., babies, deaths, etc.)</th>
<th>____</th>
<th>____</th>
</tr>
</thead>
</table>

<p>| If so, please provide details | |</p>
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<thead>
<tr>
<th>-----------------------------</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>8. Do you have dependents who must file?</th>
<th>____</th>
<th>____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes, do you want us to prepare the return(s)?</th>
<th>____</th>
<th>____</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>9. Do you have children who are under the age 19 or a full time student under age 24 with investment income greater than $2,000?</th>
<th>____</th>
<th>____</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, do you want to include your child’s income on your return?</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Are any of your dependents not US citizens or residents?</th>
<th>____</th>
<th>____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Did you provide over half the support for another person?</th>
<th>____</th>
<th>____</th>
</tr>
</thead>
</table>
Name ________________________________________________

12. Did you incur adoption expenses? _____ _____

**IRA, PENSION AND EDUCATION SAVINGS PLANS**

13. Did you receive any payments from a pension or profit-sharing plan? _____ _____

14. Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? _____ _____

15. A. Did you convert all or part of a regular IRA into a Roth IRA? _____ _____
   B. Did you roll over all or part of a qualified plan into a Roth IRA? _____ _____

16. Did you contribute to a NYS 529 college savings plans? _____ _____
   If so, total amount of contribution ________________________________

**ITEMS RELATED TO INCOME/LOSSES**

17. Did you collect Social Security benefits? If so, please provide Form SSA-1099. _____ _____

**ITEMS RELATED TO PRINCIPAL HOMES**

18. Did you buy, sell, refinance or abandon a principal residence or other real property? (Please send copies of any closing statements from both the purchase and sale or Forms 1099) _____ _____

19. Did you have mortgages above the $1,000,000 threshold? _____ _____
   If yes, please provide the Form 1098 as well as the balance of the mortgages.
   Mortgage balance at beginning of year ________________________________
   Mortgage balance at the end of the year ________________________________

20. Did you refinance your mortgage and use all the proceeds to improve the property? _____ _____

21. Did you make energy efficient improvements to your home or purchase any energy savings property? _____ _____
   If yes, please provide details.

22. Did you start paying mortgage insurance premiums in 2013? _____ _____
   If yes, please provide amounts.
Name ____________________________________________

HEALTH INSURANCE

23. Did you have health insurance? _____ _____

24. Did your spouse have health insurance? _____ _____

25. Did your dependents have health insurance? _____ _____

   If not, please indicate the uninsured months __________________________________________
   _______________________________________________________________________________

26. Did you contribute to or receive distributions from a
   Health Savings Account (HSA) or medical savings account? _____ _____
   If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA, or
   Medicare+Choice MSA).

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

27. Did you have any foreign income or pay any foreign taxes? _____ _____

28. At any time, did you have an interest in or a signature
   or other authority over a bank account, or other financial account
   in a foreign country? _____ _____

   A. Did the aggregate value of all your foreign accounts
      exceed $10,000 at any time? If so, you may be required to file
      a FinCEN Form 114. _____ _____

   B. Please provide all interest income to be reported on Schedule B. _____ _____

29. Did you at any time, have an interest in or any authority
    over any foreign accounts or assets (i.e., stocks, bonds, mutual funds,
    partnership interests, etc.) held in foreign financial institutions that
    exceeded $50,000 in value at any time during the year? _____ _____

MISCELLANEOUS

30. Did you purchase an energy efficient vehicle? _____ _____
    If yes, please enter year, make, model and date purchased.
    ________________________________________________

31. Did you donate a vehicle? If yes, please attached Form 1098C. _____ _____
Name ________________________________________________

32. Did you or your spouse make gifts of over $14,000 to an individual or contribute to a prepaid tuition plan? _____ _____

33. Did you make gifts to a trust? _____ _____

34. Did you pay any individual for domestic services? _____ _____

35. Did you pay interest on a student loan for yourself, your spouse, or your dependents? _____ _____

36. Did you, your spouse or your dependents attend post-secondary school? _____ _____

37. Did a lender cancel any of your debt? _____ _____
   (Attach any Forms 1099-A or 1099-C).

38. If you paid alimony, please enter recipient’s SSN ____________________ and the amount of alimony paid _____________________.

**MILEAGE**

39. Did you use your personal vehicle for business purposes? _____ _____
   If so, please provide the total number of miles and the number of business miles.

   Total Miles ____________________________________

   Business Miles __________________________________