



## EZ-Drop Off Program

This questionnaire is a detailed list of everything that you need to drop off, email, fax, or upload your tax information to us. After we receive your information, we will follow up with you to review, answer questions, and proactively plan for the future. The EZ-Drop Off program **will save you time** and allow us to be more efficient in filing your tax return without compromising the quality that Saunders Nydegger is known for.

CLIENT NAME: \_\_\_\_\_

New Client             Returning Client

Please contact me for questions and to review my tax return via:

Email \_\_\_\_\_  Phone call \_\_\_\_\_

Preferred CPA/Accountant:

Paul Saunders             Zach Rittel             No Preference  
 Nathan Nydegger         Flor Estrada            Same CPA as last year

### SECTION 1: CLIENT INFORMATION (New clients: please include a copy of last year tax return)

- a- Are you legally married as of the end of the year?  Yes  No
- b- If yes, do you wish to file jointly? (Filing jointly is usually the most advantageous filing method)  Yes  No
  - a. If no, did you live with your spouse in the last 6 months  Yes  No

\*Taxpayer name: \_\_\_\_\_

\*Spouse name: \_\_\_\_\_

\*All names should be as they appear on your social security card

Taxpayer Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Taxpayer Occupation: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Taxpayer Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (primary): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 2: DEPENDENT INFORMATION** (Returning clients: just list dependent names, but include all detail for new dependents to your tax return)

<u>Full Name</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Relationship</u>	<u># months Lived with you</u>
_____	___/___/___	___ - ___ - _____	_____	_____
_____	___/___/___	___ - ___ - _____	_____	_____
_____	___/___/___	___ - ___ - _____	_____	_____
_____	___/___/___	___ - ___ - _____	_____	_____
_____	___/___/___	___ - ___ - _____	_____	_____

**SECTION 3: SOURCES OF INCOME** (Please include your tax forms - we return originals to you)

- Wages (W-2's)
- Self Employment (1099-MISC) Attach profit and loss w/ revenue and expenses by category
- Interest Income (1099-INT)
- Dividend Income (1099-DIV)
- Pension/IRA Distributions (1099-R)
- Social Security (1099-SSA)
- Unemployment (1099-G)
- Alimony received: \$ \_\_\_\_\_
- LLC/S Corporation (include profit & loss, balance sheet, QB file w/password, etc)
- Stock sale/Capital Gains (1099-B)
- Gambling winnings (1099-G): \$ \_\_\_\_\_ Source: \_\_\_\_\_ Losses for year: \$ \_\_\_\_\_
- (New clients only) Last year's state tax refund: \$ \_\_\_\_\_
- Rental Income (attach detail)
- Other Partnership/Trust/S Corporation Income (include K-1)
- Other Income: \$ \_\_\_\_\_ (attach detail & description)

**SECTION 4: ADJUSTMENTS TO INCOME**

Educator Expenses: Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

HSA Contributions\*: \$ \_\_\_\_\_

\*Do not include contributions made through payroll withholdings. Only manual deposits.

Moving Expenses: \$ \_\_\_\_\_ (attach detail and mileage)

Health Insurance Premiums Paid (only if self employed or officer in S Corp): \$ \_\_\_\_\_

IRA Contributions

Taxpayer Traditional: \$ \_\_\_\_\_ Spouse Traditional: \$ \_\_\_\_\_

Taxpayer Roth: \$ \_\_\_\_\_ Spouse Roth: \$ \_\_\_\_\_

Student Loan Interest Paid (attach tax form)

Taxpayer: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

Alimony Paid: Recipient's Social \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Amount \$ \_\_\_\_\_

**SECTION 5: DEDUCTIONS**

Unreimbursed medical & dental expenses\*: \$ \_\_\_\_\_

\*Do NOT include anything paid via an HSA or employer reimbursement arrangement

Real estate taxes paid: \$ \_\_\_\_\_

Sales taxes paid on large purchases (car, RV, remodel, etc): \$ \_\_\_\_\_

New clients only: State income taxes paid with last year's tax return: \$ \_\_\_\_\_

Mortgage interest paid (include 1098): \$ \_\_\_\_\_

Did you buy a home or refinance your home loan?  Yes  No

(If yes, please include a copy of your closing documents)

Cash contributions (attach any signed letters/statements): \$ \_\_\_\_\_

Non-cash contributions (attach receipt if over \$500) \$ \_\_\_\_\_

Casualty or theft loss greater than 10% of income: \$ \_\_\_\_\_

Unreimbursed employee expenses (travel, mileage, training, tools, cell phone)\*: \$ \_\_\_\_\_

\*Expenses must exceed 2% of income to be worth deducting. Please attach detail

Last year tax preparation fee paid (returning clients do not need to answer): \$ \_\_\_\_\_

**SECTION 6: CREDITS**

DAYCARE Provider Name: \_\_\_\_\_ Tax ID (social or EIN): \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

TUITION paid last year (include 1098-T): \$ \_\_\_\_\_

Books, supplies, computer equipment required for class paid last year: \$ \_\_\_\_\_

Name of Student: \_\_\_\_\_ Year in school (i.e. sophomore): \_\_\_\_\_

Has student ever been convicted of a felony for a controlled substance?  Yes  No

**ENERGY SAVING IMPROVEMENTS**

Did you make any energy saving improvements (new furnace, water heater, insulation, exterior doors, windows, etc)?  Yes  No

Description: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Did you install solar panels?  Yes  No

If yes, attach documentation. Amount paid: \$ \_\_\_\_\_

**SECTION 7: HEALTH INSURANCE** (Please enclose all 1095 forms you received)

Was your entire household covered by health insurance last year?  Yes  No

If no, please fill out the grid below for each individual who did have coverage

Name	<u>Months with health insurance</u>												
	All	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was your health coverage via the marketplace (healthcare.gov) or did you have a subsidize policy?  Yes  No

If yes, you must include your 1095-A form from the marketplace

**SECTION 8: PAYMENTS AND REFUNDS**

Estimate tax payments made:

Date	Federal	State
____/____/____	\$ _____	\$ _____
____/____/____	\$ _____	\$ _____
____/____/____	\$ _____	\$ _____
____/____/____	\$ _____	\$ _____

If you are receiving a refund, would you like it deposited to a bank account?  Yes  No

If yes, please enclose a voided check or carefully enter the routing & account number:

Bank Name: \_\_\_\_\_

Routing Number (nine digits): \_\_\_\_\_

(Do **NOT** use a deposit slip for this #.)

