

QUESTIONNAIRE

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

PERSONAL INFORMATION

	Yes	No
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? <i>The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.</i>	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

Were there any changes in dependents from the prior year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year? If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or were a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like our help in complying with the Nanny Tax rules?	<input type="checkbox"/>	<input type="checkbox"/>

NEW COVID-19 INFORMATION

Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Plan (PPP) Loan? If yes, did you apply for Paycheck Protection Plan (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care:		
- you needed?	<input type="checkbox"/>	<input type="checkbox"/>
- you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
- you provided to another person?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Corona-Related Distribution (CRD) prior to Dec.31, 2020 from your IRA or your retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

INCOME INFORMATION

	Yes	No
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies(including from an airdrop or a hard fork), or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>

RETIREMENT INFORMATION

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster or COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distribution, did you repay any of the distribution in 2020? If yes, attach any Form(s) 5498 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you convert a traditional IRA to a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Required Minimum Distribution (RMD) and roll it over to an IRA or back into your retirement plan by Aug. 31, 2020?	<input type="checkbox"/>	<input type="checkbox"/>

FORIEGN ACCOUNTS

Did you receive gifts from a foreign person totaling in excess of \$100,000 in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>

PURCHASES, SALES AND DEBT INFORMATION

Yes No

- Did you start a new business or purchase rental property during the year? Yes No
- Did you acquire a new or additional interest in a partnership or S corporation? Yes No
- Did you sell, exchange, or purchase any assets used in your trade or business? Yes No
- Did you sell, exchange, or purchase any real estate during the year? Yes No
- Did you purchase or sell a principal residence during the year? Yes No
- Did you foreclose or abandon a principal residence or real property during the year? Yes No
- Did you acquire or dispose of any stock during the year? Yes No
- Did you take out a home equity loan this year? Yes No
- Did you refinance a principal residence or second home this year? Yes No
- Did you make energy efficient improvements to your main home this year? Yes No
- Did you sell an existing business, rental, or other property this year? Yes No
- Did you lend money with the understanding of repayment and this year it became totally uncollectable? Yes No
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? Yes No
- Did you make any major purchases during the year (cars, boats, etc.)? Yes No
- Did you install solar panels on your residence this year?
If yes, what was the total installation cost of labor and materials? _____ Yes No
- Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?
If yes, what year and model: _____ Yes No
- Did you install an electric vehicle charging station in your residence in 2017, 2018, 2019, or 2020? Yes No
- Would you like us to facilitate a meeting with a mortgage professional to refinance?** Yes No

EDUCATION RELATED INFORMATION

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? Yes No
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses. Yes No
- Did anyone in your family receive a scholarship of any kind during the year?
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? Yes No
- Did you make any withdrawals from an education savings or 529 Plan account?
If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account? Yes No
- Did you pay any student loan interest this year? Yes No
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989? Yes No
- Did you make any contributions to an education savings or 529 Plan account?
If yes, what state, how much, which child, and what is the account number: _____ Yes No
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?** Yes No
If yes, for what school year? _____
- Are you interested in learning more about College Financial Planning?** Yes No

ITEMIZED DEDUCTION INFORMATION

	Yes	No
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you had?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a casualty or theft loss or any condemnation awards during the year? If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH CARE INFORMATION

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? If yes, attach any Form(s) 1095-B and/or 1095-C you received. <i>"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.</i>	<input type="checkbox"/>	<input type="checkbox"/>
If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2020? <i>"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or receive any distributions from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA or 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If you're 50 or over, would you like a Long Term Care specialist to reach out to you to about protecting yourself from this potentially costly financial risk?	<input type="checkbox"/>	<input type="checkbox"/>

STATE RELATED INFORMATION

Yes No

Massachusetts allows a Commuter Deduction for tolls paid through a FastLane account or for certain transit passes, not including amounts reimbursed or otherwise deductible, in excess of \$150.

Do you qualify for this deduction on your Mass. state tax return?

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

If so, how much: _____

Or, would you like to remit this tax at the default tax rate as recommended by your state of residence (in Mass., the default is that you spend 1% of your income on items to be reported)

IRS/STATE CORRESPONDENCE OR IDENTITY PROTECTION

Did you or your spouse receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?

If yes, attach the IRS letter.

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft?

If yes, attach the IRS letter.

Did you receive correspondence from the State or the IRS?

If yes, explain: _____

MISCELLANEOUS INFORMATION

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?

Are you currently making federal tax payments under a previous year's installment agreement?

If so, what is the outstanding balance: _____

Did you make gifts of more than \$15,000 to any individual?

Did you utilize an area of your home for business purposes?

Did you engage in any bartering transactions?

Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?

If so, what was the date of your move: _____

Did you pay any individual as a household employee during the year?

Do you have plans to open, purchase, or buy into a medical or dental practice in the near future?

Are you considering the sale of your dental practice in 2021 or 2022?

Do you want to designate \$3 to the Presidential Election Campaign Fund?

If you check yes, it will not change your tax or reduce your refund.

Would you like to set up a separate meeting with a Wealth Management and Financial Planner to prepare a complimentary financial plan, set goals, and review strategies to reach your goals?

Would you like a referral to meet with an Estate Attorney?