



Check appropriate box for each question in each section

| Yes                      | No                       | Unsure                   | Part III – Income – Last Year, Did You (or Your Spouse) Receive   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Wages or Salary? (Form W-2) <b>If yes, how many jobs did you have last year?</b> _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Tip Income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Scholarships? (Forms W-2, 1098-T)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Refund of state/local income taxes? (Form 1099-G)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Alimony income or separate maintenance payments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Self-Employment income? (Form 1099-MISC, 1099-NEC, 1099-K, cash, digital assets, or other property or services)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cash/check/digital assets, or other property or services for any work performed not reported on Forms W-2 or 1099?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Income (or loss) from the sale or exchange of Stocks, Bonds, Digital Assets or Real Estate? (including your home) (Forms 1099-S, 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Retirement income or payments from Pensions, Annuities, and or IRA? (Form 1099-R)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Unemployment Compensation? (Form 1099G)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Income (or loss) from Rental Property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other income? (gambling, lottery, prizes, awards, jury duty, digital assets, Sch K-1, royalties, foreign income, etc.) Specify: _____   |

| Yes                      | No                       | Unsure                   | Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay  |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Contributions to a retirement account? <input type="checkbox"/> TSP / 401(k) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Deductions: <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098)<br><input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Child or dependent care expenses such as daycare?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Expenses related to self-employment income or any other income you received?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Student loan interest? (Form 1098-E)   |

| Yes                      | No                       | Unsure                   | Part V – Life Events – Last Year, Did You (or Your Spouse)   |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Have credit card, student loan or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Adopt a child?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit <b>disallowed</b> in a prior year? If yes, for which tax year? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Receive the First Time Homebuyers Credit in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Receive a letter from the IRS or are missing Economic Stimulus Payments? (Qualified, but did not receive or did not receive full amounts)      |