



CERTIFIED PUBLIC ACCOUNTANTS
CONSULTING · TAX · ASSURANCE

2018 Tax Questionnaire

NAME _____

Please update your contact information and return this form by mail, fax or via email to TaxStaff@khacpa.biz

Mailing address	
Preferred phone number	
Alternate phone number	
Email address	

Please list any NEW members of your household:

Full Name	Social Security #	Date of Birth	Relationship

Please provide all IRS tax forms such as:

W-2	1098 (mortgage interest)	1098-T (tuition)	1098-E (student loan)
1099-INT/DIV/B	1099-MISC	1099-Q (529 plan)	1099-R (IRA/pension)
1099-S (sale of home)	1099-SA (HSA)	Form 5498-SA (HSA)	Form 5498 (IRA)
SSA-1099 (soc. security)	1099-LTC (LT care)		

Did you or your spouse:

Contribute to a traditional IRA before 4/15/19	Taxpayer \$	Spouse \$
Contribute to a Roth IRA or convert an IRA into a Roth IRA	Taxpayer \$	Spouse \$
Contribute to an HSA before 4/15/19	Taxpayer \$	Spouse \$
Purchase a new vehicle, motorcycle, aircraft, RV or boat	Sales tax paid	\$
Purchase home building materials for your residence	Sales tax paid	\$
Make any energy efficiency improvements to your residence including new roof, insulation, exterior doors or windows/skylights, or NG/propane/electric heat pump/water heater/central AC	Provide receipt/cost of each item	\$ \$ \$
Make any gifts in excess of \$15,000 to one individual in 2018	Yes	No
Pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees	Yes	No
<ul style="list-style-type: none"> If yes, please provide for each employee: 	Name	
	Address	
	Social Security number	
	Amount paid	\$
		\$

Have signature authority over bank or financial account in a foreign country	Yes	No
• If yes, was the balance in any account over \$10,000 USD at any time during the year	Yes	No
• If over \$10,000 USD, provide for each account: Name of bank		
Address		
Account number		
Name of account holder(s)		
Highest balance in each account during the year (show currency if not USD)	\$	\$

Did you sell your home? If so, please provide:

Form 1099-S	
Settlement statement (HUD-1) for sale of home	
Settlement statement (HUD-1) for purchase of home in prior year OR	

Original purchase price of the home	\$	Date purchased	
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Did you have healthcare coverage for all members of your household for the entire year? If so, please provide any of the following that apply:

Form 1095-A (Marketplace)		Form 1095-B (Private insurance)		Form 1095-C (Employer plan)	
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Did you make any estimated tax payments?

Date	4/15/18	Amount	\$	Date	9/15/18	Amount	\$
Date	6/15/18	Amount	\$	Date	1/15/19	Amount	\$
Date		Amount	\$	Date		Amount	\$

Do you want your refund applied to 2019 tax liability or refunded to you?

Apply 2019	Refund
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Do you want your refund to be direct deposited to your bank or sent by check?

Direct deposit	Check
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Bank information for direct deposit of refund:

Name of bank	Routing Number	Account Number	Checking?	Savings?

Do you want any BALANCE DUE to be auto-drafted from the bank account listed above?

Yes	No
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Would you like a personalized tax organizer? Tell us how you would like it delivered:

Yes	Email it to me		Mail it to me		I will pick it up
No	2018 Tax Questionnaire only				

Have you already sent the annual engagement letter to KHA or submitted herewith?

Yes	No
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Other comments or information:

PRINT FULL NAME:	Signature:

KHA ACCOUNTANTS, PLLC

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