

2022 Taxpayer Questionnaire (Mandatory)

**Please check the appropriate box and include all necessary details and documentation. "No" = N/A
We are searching for deductions and planning your future. Please be complete!**

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<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"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you 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 for filing returns in 2022.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information [If this is N/A check here -> _____ & skip to next section]

Please note: If Ensign CPA Group, Inc. does not have copies of the SSN cards and birth certificates each dependent, please provide copies of these documents for our records.

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,300?	<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 dependent during the year?	<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 for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you claimed any child tax credits on previous returns, were any of these credits disallowed or reduced?	<input type="checkbox"/>	<input type="checkbox"/>
Did your dependent(s) live with you over 1/2 of the year? [Please note that child tax credits may not be able to be claimed if dependents did not live in the U.S. at least 6 months during the year.]	<input type="checkbox"/>	<input type="checkbox"/>
Did your dependent(s) live outside the U.S. for more than 1/2 of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dependent(s) a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
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? [If so, Form 8332 or a similar statement may need to be included with your return.]	<input type="checkbox"/>	<input type="checkbox"/>
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 for use during 2022	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt Information

NOTE: For any purchases or sales of property always provide the closing statements and all related documents regarding the sale including installment contracts, note payable and receivable agreements, etc. Also, provide the original cost of the property sold, the date it was purchased and the cost of improvements made during the time you owned the property (if we do not already have the information).

	Yes	No
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

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 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 any Medicaid waiver payments as difficulty of care 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"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?	<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 ownership in any flow-through entities such as Trusts, S Corporations, Partnerships or any investments that produce K-1's to report on your returns?	<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, 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?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2022?	<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, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

Education Information [If this is N/A check here -> _____ & skip to next section]

	Yes	No
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
For each person who is taking undergrad or graduate courses complete the following:		
* Name: _____ SSN #: _____ / _____ / _____		
Are they attending college full-time?	<input type="checkbox"/>	<input type="checkbox"/>
If not, please describe _____		
What date did they start college? _____		
Are they a _____ Freshman; _____ Sophomore; _____ Junior; _____ Senior; _____ Graduate		
Please list the total tuition and fees you paid paid out-of-pocket (including borrowed funds) for their education during the tax filing year: \$ _____		
* Name: _____ SSN #: _____ / _____ / _____		
Are they attending college full-time?	<input type="checkbox"/>	<input type="checkbox"/>
If not, please describe _____		
What date did they start college? _____		
Are they a _____ Freshman; _____ Sophomore; _____ Junior; _____ Senior; _____ Graduate		
Please list the total tuition and fees you paid paid out-of-pocket (including borrowed funds) for their education during the tax filing year: \$ _____		

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? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?	<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 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 an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?	<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"/>

Itemized Deduction Information

	Yes	No
Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<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"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
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.		
Did you donate a vehicle or boat during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Please Note: If you made charitable contributions but do not itemize your deductions, please provide a charitable receipt for the first \$600 of charitable contributions made, as there is an "above the line" deduction of up to \$600 for charitable contributions made during the year.

Miscellaneous Information

Did you make gifts of more than \$16,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

Crypto Currency Transactions

Do you own any crypto currency at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase any crypto currency during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any crypto currency during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use crypto currency during the year to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use crypto currency during the year for any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any other activity or transactions involving crypto currency at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Please note that if you had crypto currency transactions during the year, we will need full details.		

Foreign Information - Do not skip this section.

	Yes	No
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, your spouse, and/or dependents have a financial interest in a bank account securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, and/or dependents have signature authority over a bank account, securities account, or brokerage account, located in a foreign country which you did not have ownership in?	<input type="checkbox"/>	<input type="checkbox"/>
*If "Yes", did the combined value of all such accounts, at any time during the year, equal or exceed \$10,000 (in U.S. dollars)?	<input type="checkbox"/>	<input type="checkbox"/>
*If the combined value of all such accounts at any time during the year exceeded \$10,000, you may be required to file the Form FIN 114. This return, if applicable, is due April 15th each year. If the return is required, but not filed, penalties for failure to file may be assessed at \$10,000 per return (or more).		
*If you are required to file this form, Ensign CPA Group may be file the form on your behalf. We will need to issue, and have signed, a separate engagement letter, and you will be billed separately for this service.		
*If required, do you want to engage Ensign CPA Group, Inc. to prepare the FIN 114 on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
*If "Yes", please:		
1) Request, sign and return the FIN 114 Engagement Letter (signature required by owner(s) on the account(s)).		
2) Provide the name and complete address of each bank account, the account number, type of account, whether it is owned by taxpayer, spouse, or joint, and the highest value in the account (in U.S. dollars) during the year.		
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
*If "Yes", please provide all relevant information regarding what is owned, the value of ownership, etc.		
Did you live in and work in a foreign country during any part of the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
*If "Yes", please provide dates of travel in and out of each country along with the number of days you worked in the U.S. (if applicable). Also provide foreign addresses whether you own or rent your residence, and all related information.		

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State Information

On January 1st, 2022, please list your: County of Residence County of Employment
 - Taxpayer (as of January 1st, 2022): _____
 - Spouse (as of January 1st, 2022): _____
 What school district did you reside in? _____

If you moved during the year, please provide dates moved:
 - Taxpayer moved from (state/country) _____ to _____ on (mo/day) ____/____
 - Spouse moved from (state/country) _____ to _____ on (mo/day) ____/____

	Yes	No
Were, or are you and/or your spouse in the military?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive military retirement income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive civil service annuity income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate tax on your principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
*If so, how much did you pay? \$ _____		
Did you or your spouse receive U.S. Railroad Retirement Benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make a contribution to a state CollegeChoice 529 education savings plan during the year?	<input type="checkbox"/>	<input type="checkbox"/>
*If so, and if you have not already provided this information , please list the name(s) on the account, the account number(s), and amounts paid for the year.		

Indiana Residents only:

Disability Retirement Deduction: Were you or your spouse permanently and totally disabled at the time of retirement, retired on disability before the end of the year, AND, received disability retirement income during the year?

Human Services Deduction: Were you or your spouse a Medicaid recipient living in a hospital, skilled nursing facility, intermediate care facility, licensed county home, licensed boarding or residential home, or Certified Christian Science facility?

Partnership Long-term Care Policy Premiums Deduction: Did you or your spouse pay long-term care premiums on a policy that qualifies under the Indiana Long-Term Care program?

*If so, please provide the amount paid per person:
 Long-term Care Premiums paid for Taxpayer: \$ _____
 Long-term Care Premiums paid for Spouse: \$ _____

Did you donate money or property to an state college or university?
 *If so, please list the institute's name(s) and date and amount(s) paid for the year:

Were you and/or your spouse employed as a Kindergarten through 12th grade educator in an Indiana public school, who had up to \$100 of classroom expenses that you paid out-of-pocket?

*If so, please list taxpayers name(s) and total expenses paid for the year:

Did you make contributions to an Indiana scholarship granting organization that is certified by the Department of Education? If so, provide Schedule IN-OCC.

Did any of your dependent children (who are eligible to receive a free elementary or high school education), attend (for at least 180 days), a nonpublic school (including a private school, a parochial school, and a homeschool) in Indiana? If so, please provide the child's name and school attended.
