

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2015, please check the appropriate box and provide additional information if necessary.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment, do you want the excess applied to next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want your Federal and State refunds directly deposited to your bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces or deaths in your immediate family? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have children under 19 or full-time students under age 24 with investment income of over \$1050? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you rollover, convert, receive a distribution from or make a contribution to a retirement plan (401(k), IRA, ROTH, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you exercise any stock options? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to or receive a distribution from an Education account (529 plan, Education Savings Account, etc.)? If yes, provide type of plan and amount of contribution and/or distribution. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for child care? Provide name, address, ID number and amount paid each provider. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any motor vehicles or boats? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any expenses working as a teacher, counselor or principal for classes K-12? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which has become uncollectible? |

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- Did you incur any expenses associated with the adoption of a child?
- Did you travel more than 100 miles away from home to perform duties as a National Guard member or reservist?
- Did you make a contribution to Georgia's GOAL Scholarship Program?
- Did your child complete a driver's ed course in Georgia? If so, provide a copy of the Certificate of Completion and a copy of the paid invoice.
- Electronic copies of your tax returns will be uploaded to the Client Portal for you upon completion. Would you also like to receive a paper copy?
- Did you and your dependents have healthcare coverage for the full-year?
- Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach

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