

Tax Questionnaire

Taxpayer Name (please print): _____ Spouse Name (please print): _____

Please complete this questionnaire to provide details about the 2019 tax year. In addition, please provide your supporting source documents. A 'Tax Form Reference Guide' is included at the end of this questionnaire to assist you in gathering applicable forms.

Personal Information

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse retire or change jobs?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse been a victim of identity theft and have you or your spouse contacted the IRS?

Dependents

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Could you or your spouse be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents from the prior year?
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your dependents non-U.S. citizens or non-U.S. residents?
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your dependents required to file a tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any children under age 18 (or student children aged 18 to 23 who do not provide more than half their cost of support) that have unearned income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay for childcare while you or your spouse worked or looked for work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse provide support or housing for relatives other than your children?

Education

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any higher education/tuition expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent withdraw funds from a Coverdell Education Savings account or a Section 529 Plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any contributions to a Coverdell Education Savings account or a Section 529 Plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay any student loan interest?

Healthcare

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse purchase health insurance through the Marketplace?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any transactions pertaining to health savings accounts (HSA) or medical savings accounts (MSA)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any distributions from long-term care insurance contracts?

Income

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any interest and/or dividend income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any U.S. Savings Bonds mature during the tax year that have not been redeemed?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any Social Security or disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay or receive any alimony made under a divorce or separation agreement executed before Dec. 31, 2018?
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse self-employed?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse materially participate in the operation of this business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse start or acquire this business during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse prepared (or will prepare) all required Form 1099s?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any income from rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	Was the property rented or available for rent the entire year?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or your spouse prepared (or will prepare) all required Form 1099s?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any unemployment compensation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any debts canceled, forgiven or refinanced?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any gambling winnings?

Investments

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse dispose of any investments in a qualified opportunity fund?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse sell any securities, investment property, or inherited property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any grants of stock options, exercise any stock options, or dispose of any stock acquired under a qualified employee stock purchase plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse own any securities which became worthless during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse purchase, sell, or exchange any real estate?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse start, purchase, or sell any business, rental property, farm, or any interest in any partnership or S Corporations?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse purchase or dispose of any business assets (furniture, equipment, vehicles, etc.) or convert any personal assets to business use?

Retirement

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse contribute to a Traditional, Roth or any other type of IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive a distribution from a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse convert part or all your Traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	If you or your spouse are age 70 ½, did you take your Required Minimum Distribution (RMD)?
<input type="checkbox"/>	<input type="checkbox"/>	If you or your spouse are age 70 ½, did you donate any part of your IRA directly to charity?

Itemized Deductions and Credits

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse incur any out of pocket medical expenses not reimbursed by your insurance carrier (prescriptions, doctor, dentist, hospitalization, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any large purchases (i.e. motor vehicles, boats, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse incur any mortgage interest or real estate taxes?
<input type="checkbox"/>	<input type="checkbox"/>	Is the total mortgage balance on your first and/or second home less than \$1,000,000 (if incurred on or before December 15, 2017) or \$750,000 (if incurred after December 15, 2017)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse use funds from a Home Equity Line of Credit (HELOC) for anything <u>other than</u> to purchase, build, or substantially improve your residence?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any charitable donations worth \$250 or more?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse contribute property (other than cash or publicly traded securities) with a fair market value of more than \$5,000 to a charity?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse incur any non-reimbursed employee expenses, union dues, or qualified teacher's expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

Miscellaneous

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out for more than 14 days or used for business during the tax year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse generate funds from any type of web-based activity?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse claim a homebuyer credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make purchases which are subject to sales tax, but the tax was not paid at the time of purchase? (Typically, through online or catalog purchases)
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any financial interest in or signature authority over a bank account, security account, or other financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that totaled more than \$15,000 or any denomination of a gift to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you or your spouse notified or audited by either the Internal Revenue Service or State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any estimated tax payments to Federal, State and/or Local tax agencies?
<input type="checkbox"/>	<input type="checkbox"/>	If you are due a refund, would you prefer it to be directly deposited into your bank account?

Tax Planning Information for Next Year – do you expect any of the following to occur in 2020?

Yes*	No	<i>*If Yes, please provide related tax forms and/or additional details. Refer to the 'Additional Information' and 'Tax Form Reference Guide' sections at the end of this questionnaire.</i>
<input type="checkbox"/>	<input type="checkbox"/>	A change in your marital status?
<input type="checkbox"/>	<input type="checkbox"/>	A change in the number of your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	A substantial change in your income?
<input type="checkbox"/>	<input type="checkbox"/>	A substantial change in your withholding?
<input type="checkbox"/>	<input type="checkbox"/>	A substantial change in deductions?

Additional Information – please provide information related to “YES” answers from above

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Please indicate how you will deliver your tax documents to our office

<input type="checkbox"/>	Tax documents delivered via mail
<input type="checkbox"/>	Tax documents dropped off at office
<input type="checkbox"/>	Tax documents delivered digitally (uploaded to eVault Client Portal**)

Please indicate delivery preference for your tax return

<input type="checkbox"/>	Tax return delivered via mail
<input type="checkbox"/>	Tax return picked-up at the office
<input type="checkbox"/>	Tax return delivered digitally (uploaded to eVault Client Portal**)

Taxpayer Signature _____

Date _____

The above information is true, correct, and complete to the best of my knowledge.

Spouse Signature _____

Date _____

(if you file a joint return, we need both of your signatures)

****PRIVACY AND SECURITY NOTICE FOR DIGITAL DELIVERY**

In order to protect your personal information, Valley National Financial Advisors will not e-mail electronic copies of your tax returns. Instead, for digital delivery Valley National Financial Advisors will upload your tax return and other related documents to your secure personal eVault Client Portal.

If you do not already have an eVault Client Portal login and would like to have one created for you, contact our office.

Tax Form Reference Guide

Provide all supporting tax documents you receive using the below checklist as a reference.

<u>Income/Deduction</u>	<u>Tax Form</u>
Wages, Salaries, Tips, etc.	Form W-2
Interest Income	Form 1099-INT & Form 1099-OID
Dividend Income	Form 1099-DIV
Distributions from Pensions, Annuities and Retirement Accounts	Form 1099-R
IRA Contributions	Form 5498
Social Security Income	Form SSA-1099
Sale of Stocks, Securities, Capital Assets	Form 1099-B
Sale of Real Estate (including your home)	Settlement Sheet & Form 1099-S
State or Local Tax Refunds	Form 1099-G
Miscellaneous Income	Form 1099-MISC
Pass-thru Income (LLC, S-Corp, Partnership, Trust, Estate)	Schedule K-1
Unemployment Compensation	Form 1099-G
Gambling Winnings	Form W-2G
Long-Term Care Distributions	Form 1099-LTC
Cancellation of Debt	Form 1099-C
Health Savings Account (HSA or MSA)	Form 1099-SA and 5498-SA
Student Loan Interest	Form 1098-E
Mortgage Interest Statement	Form 1098
Tuition Statement	Form 1098-T
Payments from Qualified Education Programs	Form 1099-Q
Health Insurance Coverage	Forms 1095-A, 1095-B, or 1095-C
Estimated Tax Payments Made	Form 1040-ES
IRS Identity Theft Protection PIN	IRS issued PIN letter