

2018	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

**PERSONAL INFORMATION**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <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"/> | Could you be claimed as a dependent on another person's tax return for 2018? |

**DEPENDENTS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2018?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2018, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000? |

**HEALTH CARE COVERAGE**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health-care coverage for the full year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |

**INCOME**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |

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Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2018?

Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2019?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you purchase a home in 2018 and you were overseas on official extended duty?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectable?

**RETIREMENT PLANS**

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2018?

**EDUCATION**

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

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- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**

- Did you make any estimated 2018 tax payments? If so, please attach copies.
- Did you apply an overpayment of 2017 taxes to your 2018 estimated tax (instead of being refunded)?
- If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax (instead of being refunded)?
- Do you expect your 2019 taxable income and withholdings to be different from 2018?

**MISCELLANEOUS**

- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- 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?
- 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?
- Was your home rented out or used for business?

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Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?

Did your bank account information change within the last twelve months?

Do you have a plan for retirement?

Do you have a will and estate plan?

#### IDAHO INQUIRIES

Did you contribute to an Idaho Medical Savings account?

Did you purchase any online or mail order items from an out of state vendor that you didn't pay sales tax on? If so how much \$\_\_\_\_\_?

Did you incur any expenses in donating or transplanting human organs?

Do you wish to donate to the Idaho Non game Wildlife Conservation Fund (\$\_\_\_\_\_), Children's Trust Fund (\$\_\_\_\_\_), Special Olympics Idaho (\$\_\_\_\_\_), Idaho Guard and Reserve Family Support Fund (\$\_\_\_\_\_), Veterans Support Fund (\$\_\_\_\_\_), Foodbank Fund (\$\_\_\_\_\_), the American Red Cross of Greater Idaho Fund (\$\_\_\_\_\_), or the Opportunity Scholarship Program (\$\_\_\_\_\_)?

Did you donate any technological equipment to an Idaho school?

Do you wish to donate your Idaho Grocery Credit to the Cooperative Welfare Fund?

Did you maintain a home for a family member age 65 or over?

Are any of your dependents developmentally disabled?

Have you checked for any unclaimed property held by a state agency? (See <https://www.yourmoney.idaho.gov>)