

Address Service Requested

IMPORTANT

**Tax Questionnaire
Enclosed**

Please call for an appointment
Richard Schroeder
CRS Management Inc.
708-246-5665

Direct Deposit Info:

Bank Name _____
Savings/Checking (circle one)
Routing # (9 digits) _____
Account # _____

2018

INCOME TAX GUIDE AND ORGANIZER

This booklet is provided to assist you in compiling the necessary information to prepare your tax return accurately. Given the substantial changes in tax laws this year, please include as much requested information as possible. This will help maximize your deductions in the event late tax law changes are adopted.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

PERSONAL DATA

TAXPAYER AND SPOUSE

| TAXPAYER (OR SINGLE) | | SPOUSE | |
|--|---------------|----------------------|----------------|
| Last Name | | Last Name | |
| First Name & Initial | | First Name & Initial | |
| Occupation | | Occupation | |
| Phone (Home) | (Work) | Phone (Home) | (Work) |
| Soc. Sec. Number | Date of Birth | Soc. Sec. Number | Date of Birth |
| Mailing Address <input type="checkbox"/> Check if address is new | | | County |
| City, State & Zip | | | E-Mail Address |

DEPENDENTS

| Name (First, Initial and Last) | (D.O.B.) | X if post-secondary student | # of mos. lived in your home | |
|-----------------------------------|----------|-----------------------------|------------------------------|--------------|
| | | | Social Security No. | Relationship |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Social Security Numbers are required for all dependents.
If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____

QUESTIONS: (Yes answers, include explanations)

- Did your name, address or marital status change during the year? Yes No
- Can you be claimed as a dependent on another tax return? Yes No
- Are you (or your spouse) blind or permanently disabled? Yes No
- Did you claim children above that don't live with you? Yes No
- Did you carry forward or incur any adoption expenses during the year? Yes No

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please circle any deduction that is a disproportionate amount for only you or only your spouse (it may be to your advantage to file separately).

MEDICAL

Only the amount of un-reimbursed medical expenses that exceeds 10% of Adjusted Gross Income is allowed.

| Description of Medical Expenses | Amount |
|---|--------|
| Doctors, Dentists, Clinics, Hospitals, Nurses, Etc. | |
| Prescriptions & Drugs (Doctor Prescribed Only) | |
| Insulin (General Drugs Not Allowed) | |
| Eye Glasses/Contact Lenses | |
| Hearing Aids, Supplies, & Other Medical Aids | |
| X-Ray/Lab Fees | |
| Ambulance, Paramedics | |
| Nurses (Board & Room) | |
| Equipment (Prescribed & Rented) | |
| Nursing Home Medical Care | |
| Medicare Part B Service Pmts | |
| Smoking Cessation Program | |
| Other: | |
| Medical Insurance Code: Pre-Tax = P After Tax = A Unsure = U | |
| Important: Provide proof of Health Insurance (Form 1095 or Equiv.) | |
| Insurance – Paid by You | ▼ |
| Group Health Plans (Deducted from Salary) | |
| Medicare Premiums (From Soc. Sec. Benefits & Supplemental Ins.) | |
| Other Insurance (Long Term Healthcare, MSA, Other) | |
| Summary Total (Optional) | |
| Lodging: While away from home | |
| Transportation: Total miles driven for medical reasons or actual cost. | |

TAXES

| Description of Tax | State | Amount |
|--|-------|--------|
| Real Estate Taxes (Home) (Include if you plan to itemize or not) | | |
| Real Estate Taxes (Other) (Not if included on Rental Schedule) | | |
| Property Tax Rebates (If Any) | | () |
| Personal Property Tax (If Any) | | |
| Auto Licenses (Not a Deduction in All States) | | |
| State or Local Income Taxes (If Not Listed Elsewhere) | | |
| Sales Tax/Other: <small>If you paid any special assessments or substantial sales tax, please attach supporting documents.</small> | | |

INTEREST

Amounts, names, and social security numbers must match Form 1098 issued by financial institutions.

| | | |
|---|---|---|
| Mortgage Interest Principal Residence | Paid to Financial Institution (Form 1098) | |
| | Paid to an Individual (List name, address, Soc. Sec. No. below) | Name _____ Address _____ So. Sec. No. _____ |
| Mortgage Interest Second Home | Paid to Financial Institution (Form 1098) | |
| | Paid to an Individual (List name, address, Soc. Sec. No. below) | Name _____ Address _____ So. Sec. No. _____ |
| Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your combined mortgage debt? \$ _____ | | |
| Points paid to acquire new mortgage (if not included above) | | |
| Home Equity Loan Interest (Form 1098) | | |
| Home Improvement Loan Interest (Form 1098) | | |
| Student Loan Interest (Attach form 1098-E + details: who for, loan date, loan purpose) | | |
| Other: | | |
| Other: | | |
| Deductible Investment Interest (explain ie: Margin Interest). | | |

NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

CONTRIBUTIONS

Receipts/canceled checks are now required for all cash donations.

| Cash Contribution Must have receipts or bank records for all donations. | Amount |
|--|--------|
| Church/Temple (Name) | |
| Cancer/Heart/Easter/Christmas Seals, etc. (attach list if more than one) | |
| Red Cross/United Way/YMCA/YWCA (attach list if more than one) | |
| Public TV/Radio | |
| Veteran's Org. (Name) | |
| Schools (Name & Describe) | |
| Other: | |
| Summary Total Optional – A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions. | |
| Non-Cash Contributions – Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500 explain method used to arrive at value (Items over \$5,000 require an appraisal). If you donated a vehicle, please attach your charity's form 1098-C. | |
| Volunteer Work – Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees. | |

MISC. ITEMIZED DEDUCTIONS

Only the TOTAL amount that exceeds 2% of Adjusted Gross Income is Allowed.

| Description of Miscellaneous Deductions | Amount |
|---|---------------|
| Tax Preparation Fees | |
| Safe Deposit Box | |
| Union / Professional Dues | |
| Business Gifts | |
| Subscriptions & Trade Journals | |
| Tools/Shoes/Glasses | |
| Telephone (business) | |
| Uniforms and Upkeep | |
| Job Hunting Expenses (Detail) | |
| Second Job Mileage | # |
| IRA/Keogh Fund Fees | |
| Investment Expenses (Describe): | |
| Gambling Losses: (Not subject to 2% limit but limited to Gambling Winnings) | |
| Alimony Paid: (Not subject to 2% limit) | |
| Alimony Paid to: (Name) | Soc. Sec. No. |

CASUALTY/THEFT LOSSES

if loss is in Presidentially declared disaster area.

Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is Allowed

| Fire, Storm, Theft and Auto Damage – If more than one, provide similar detail for each. | | | |
|---|---------------|-------------------|--|
| Kind of Property or Item | Date Acquired | Cost or Basis | |
| | | Insurance Paid | |
| Describe How or What Happened: | Date of Loss | Mkt. Value Before | |
| | | Mkt. Value After | |
| | | | |

CHILD AND DEPENDENT CARE

if you have employer provided dependent care benefits.

| If required to be gainfully employed (or a full time student) <input checked="" type="checkbox"/> if service performed in your home (Nanny) | | | |
|---|------------------------|--------------------------------|--|
| Name/Address of Provider | Soc. Sec. or ID Number | Paid | |
| | | | |
| | | | |
| | | | |
| Federal ID No. if required to file IRS wages reports. | | Total Paid During Year \$ | |
| | | No. of Children Under Age 13 # | |

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

MOVING EXPENSE

| | | | |
|---|----|--------------------------------|--|
| Miles from old home to old job | | Miles from old home to new job | |
| Cost to pack & ship household goods and personal items | \$ | | |
| Cost of travel and lodging from old to new residence (no meals) | \$ | | |
| Other: | \$ | | |
| Other: | \$ | | |
| Amount (if any) reimbursed by employer | \$ | | |

INCOME

WAGES/SALARIES/W-2 FORMS

| T/S | Name of Employer | Taxable Wages | Withheld Fed. Tax | Other Taxes Withheld | | | |
|-----|------------------|---------------|-------------------|----------------------|----------|-------|-------|
| | | | | Soc. Sec. | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

T/S/J Code: T — Taxpayer S — Spouse J — Joint Use these codes if married filing jointly

MISCELLANEOUS INCOME (Show Losses in Brackets)

| T/S/J | Source of Income | Amount |
|-------|---|--------|
| | Alimony (Not Child Support) (If you pay Alimony - list in misc. deductions) | |
| | Jury Duty (Or Other Public Service) | |
| | Tips/Gratuities (Not Reported on W-2) | |
| | Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain) | |
| | Commissions/Bonuses (Not Reported on W-2) | |
| | Pensions/Annuities (Furnish 1099-R Forms) | |
| | IRA/Keogh (Attach Form 1099-R) | |
| | Profit Sharing Distributions (Attach Form 1099-R) | |
| | Unemployment Compensation (Attach 1099-G Form) | |
| | Partnerships/Estates/Trusts (Furnish K-1 Forms) | * |
| | Small Business Corporations/Sub Chapter S (Furnish K-1 Forms) | * |
| | Business/Self-Employed (Furnish Schedule or Details) | * |
| | Farm (Furnish Schedule or Details) | * |
| | Rental (Furnish Schedule or Details) | * |
| | Forgiven Debt (Attach Form 1099-A or C) | |
| | Other (Explain): | |

* if you did not actively or materially participate in earning the income (or loss) listed

SALE OF PERSONAL RESIDENCE

| | |
|---|-----------------------|
| Date Old Residence Acquired | Cost or Basis |
| Improvements (Additions, Landscaping, Driveway, New Roof, etc.) | |
| Fixing-Up Expenses (Painting, Repairs, etc., To Prepare for Sale) | |
| Date Old Residence Sold | Selling Price |
| Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.) | |
| 1. Was any part of residence rented or used for business? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2. Did you own and use the home as your principal residence for at least 2 of the last five years? You: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold. Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 4. Was sale required due to job transfer, medical or unforeseen circumstance? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Date New Residence Acquired (Or Construction Began) | |
| Date Of Occupancy | Cost of New Residence |
| If married, do you and your spouse have the same proportionate interest in the new residence as in the old? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Attach Copy of Real Estate Closing Papers for both the sale and purchase.

INTEREST INCOME (always use payer name listed on 1099)

| T/S/J | Name of Payer | Interest Amount | Exempt | CODE |
|-------|---------------|-----------------|--------|------|
| | | | | |
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Penalty for early withdrawal of savings ()

• List interest income reported on all 1099-INT and 1099-OID forms.
 • Attach all 1099 forms reporting Tax Withheld.
 • Do not list IRA or Retirement Plan reported interest unless withdrawn and not redeposited in another Retirement Plan within 60 days.

Use Codes below if from indicated sources:
 MB MUNICIPAL BONDS
 IN INSTALLMENT SALES
 US U.S. BONDS
 TE TAX EXEMPT (explain)
 MF MORTGAGE FINANCED BY SELLER (list name, address & SSN)

LIST CODE HERE

DIVIDEND INCOME (please attach all 1099 DIV forms)

| T/S/J | Name of Payer | Total Ordinary Dividends | Qualified Dividends | Capital Gains* | Non Taxable | <input checked="" type="checkbox"/> |
|-------|---------------|--------------------------|---------------------|----------------|-------------|-------------------------------------|
| | | | | | | |
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• List Gross Dividends above as reported on 1099 DIV forms received. * Related to mutual funds.
 • Attach all 1099 DIV forms. if this 1099 DIV has information not listed above please check here.

CAPITAL GAINS AND LOSSES

Stocks, Bonds and Mutual Funds (Attach Form 1099-B) Sale of Property and Real Estate (Attach Form 1099-S)

| T/S/J | Description (# shares, name or stock symbol) | Date Acquired mm/dd/yy | Date Sold mm/dd/yy | Sale Price | Cost or Basis* | CODE |
|-------|--|------------------------|--------------------|------------|----------------|------|
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |

NOTE: Record ALL fund transactions including mutual funds. Use These Codes below if from indicated sources:
 A 1099-B Received; Box 3 basis (cost)
 B 1099-B Received; No Box 3 basis (cost)
 C No 1099-B Received; basis is my cost

LIST CODE HERE

1. List line # if items sold on installment basis.* # _____
 • Note interest above.
 • Principal Received: this year \$ _____ prior year \$ _____

2. If anything above was inherited and sold, list line number(s). # _____

3. If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

NON-TAXABLE INCOME (Important to list even if not taxable)

| | |
|---|--|
| Child Support/Payments/Assistance (Not Alimony) | |
| Veterans Benefits/Disability Income | |
| Workmen's Compensation/Loss of Time Payments | |
| Other (Explain): | |

SOCIAL SECURITY

| | |
|-----------------------------|----------------------|
| Benefits (from box 5) | Federal tax withheld |
| IMPORTANT: provide SSA-1099 | Taxpayer |
| | Spouse |

INCOME TAXES PAID OR REFUNDED

| If someone else prepared your taxes last year, please provide a copy. | ESTIMATED TAX PAID | | |
|---|--------------------|-------|-------|
| | Federal | State | Local |
| Balance paid on last year's return (or prior years) | | | |
| Refunds received from last year's return (or prior years) | | | |

| If not paid by due dates, list actual dates paid. | ESTIMATED TAX PAID | | |
|---|--------------------|-------|-------|
| | Federal | State | Local |
| 1st Qtr. 4/15 | | | |
| 2nd Qtr. 6/15 | | | |
| 3rd Qtr. 9/15 | | | |
| 4th Qtr. 1/15 | | | |

RETIREMENT CONTRIBUTIONS

| | | | | | | |
|---|------|-----------------|------------|----------|--|---------------------------------------|
| <input checked="" type="checkbox"/> if covered by a retirement plan at work | Date | Traditional IRA | SEP/SIMPLE | Roth IRA | If you want the maximum allowable deduction – write MAX in money column(s). You will be informed of amount to deposit. | List total value of ALL IRAs on 12/31 |
| Single or Taxpayer | / / | | | | | Single or Taxpayer |
| Spouse | / / | | | | | Spouse |

HIGHER EDUCATION EXPENSES

| | | | | | | |
|---|--|--|--|--|-------------|-------------|
| Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled in a qualified institution. | | | | Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion) | | |
| | | | | 1st Student | 2nd Student | 3rd Student |
| Note: "✓" If student is attending less than 1/2 Time | | | | | | |
| Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2) | | | | | | |
| | | | | Amount | Amount | Amount |
| Tuition | | | | | | |
| Fees, Books, Supplies | | | | | | |
| | | | | JOB RELATED EDUCATION <small>(Enter amounts only if job/career-related and only for you and your spouse)</small> | | |
| Miles Driven | | | | Taxpayer | | Spouse |
| Room and Board | | | | | | |
| Amount of any Grants, Scholarships | | | | | | |
| Books and Supplies | | | | | | |
| Seminar Fees | | | | | | |

EMPLOYEE BUSINESS EXPENSES

| | | | | | | | | | | |
|---|------------------------|-----------|-------------------------|-----------------|---------------|--------------------------------------|--|---|----------------------------------|--|
| Vehicle Info. | Date Placed In Service | Make | Year | Model | Cost or Basis | <input type="checkbox"/> New This Yr | Other Business Expense | | | |
| Vehicle 1 | / / | | | | | | Taxpayer | Spouse | | |
| Vehicle 2 | / / | | | | | | Taxpayer | Spouse | | |
| Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle | | | | | | | Commissions | | | |
| Vehicle Mileage Detail | | | Odometer Reading | | Vehicle 1 | Vehicle 2 | Other | | | |
| <input type="checkbox"/> X If another vehicle is available for personal use | | | End of Year | | | | Reimbursement for All Expenses Above — if not reported on W-2 | | | |
| No. of round-trip miles from home to work | | | Beginning of Year | | | | Meals & Entertainment (Must have supportive records and receipts) | | | |
| Number of days worked last year? | | | Business Miles | | | | Meals & Tips | | | |
| | | | Personal Miles | | | | Tickets & Events | | | |
| | | | | | | | Entertainment | | | |
| | | | | | | | Gifts | | | |
| Vehicle Expenses (If both taxpayer & spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse) | | | | | | | Reimbursement for Meals & Entertainment only - if not reported on W-2 | | | |
| Vehicle 1 | | Vehicle 2 | | Vehicle 1 | | Vehicle 2 | | Did you purchase any other business equipment during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Gas & Oil | | | | Parking/Tolls | | | | If yes, attach information including: date bought, cost, description and trade-in details. | | |
| Washing/Lube | | | | Licenses | | | | I have sufficient written evidence to support use of vehicles and deductions listed. | | |
| Repairs/Maint. | | | | Lease Payments | | | | (Please Sign) _____ | | |
| Tires/Accessories | | | | Other | | | | HOME OFFICE | | |
| Insurance | | | | | | | | Type of Business: | | |
| Travel Expenses — Away from Home (Days Gone Overnight) | | | | | | | If Justified for Business or Professional Use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> | | | |
| Taxpayer | | Spouse | | Taxpayer | | Spouse | | Date Acquired Home | | |
| Transportation | | | | Auto Rentals | | | | Utilities | | |
| Lodging | | | | Cabs, Bus, etc. | | | | Land Cost | | |
| Reimbursement for All Expenses Above — if not reported on W-2 | | | | | | | Home Cost | | Interest (Mortgage, Home Equity) | |
| | | | | | | | Improvement Cost | | Taxes | |
| | | | | | | | Sq. ft. of living area | | Insurance | |
| | | | | | | | Sq. ft. of office <small>(incl. inventory & sample storage)</small> | | Rubbish & Maintenance | |
| | | | | | | | | | Other: | |

OTHER INFORMATION (you or spouse) For yes answers, attach detailed explanation.

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Were you notified by the IRS or STATE of a change to any prior year tax return? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Did you make any gifts of over \$14,000 to any individual? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Do you have any foreign income or foreign bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Did you have living expenses in a foreign country as a result of income earned abroad? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme? Yes <input type="checkbox"/> No <input type="checkbox"/> 7. Did you become disabled during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> 8. Are you a handicapped employee? Yes <input type="checkbox"/> No <input type="checkbox"/> 9. Did you receive any distribution from an IRA, Profit Sharing or Pension Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 10. Have you used bartering to exchange any goods or services? Yes <input type="checkbox"/> No <input type="checkbox"/> 11. Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> 12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes <input type="checkbox"/> No <input type="checkbox"/> 13. Did you start a new business during the year or do you expect to start one this coming year? Yes <input type="checkbox"/> No <input type="checkbox"/> 14. Did you pay anyone (over 18) \$2,000 or more to work at your home during the calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/> 15. Did you donate a partial interest in any goods to charitable organizations? Yes <input type="checkbox"/> No <input type="checkbox"/> 16. Do you have children under age 19 with investment income (age 24 if dependent student)? Yes <input type="checkbox"/> No <input type="checkbox"/> 17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? Yes <input type="checkbox"/> No <input type="checkbox"/> | <ol style="list-style-type: none"> 18. Did you receive any source of income that is not listed in this booklet? Yes <input type="checkbox"/> No <input type="checkbox"/> 19. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? You Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Yes <input type="checkbox"/> No <input type="checkbox"/> 20. Do you have a Medical or Health Savings Account (MSA or HSA)? Yes <input type="checkbox"/> No <input type="checkbox"/> 21. Are you a same-sex couple considered legally married? Yes <input type="checkbox"/> No <input type="checkbox"/> 22. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals? Yes <input type="checkbox"/> No <input type="checkbox"/> 23. Did you receive employer provided educational assistance or transportation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> 24. Did you pay long term healthcare insurance premiums or receive benefits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> 25. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes <input type="checkbox"/> No <input type="checkbox"/> 26. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) Yes <input type="checkbox"/> No <input type="checkbox"/> 27. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> 28. Did you or your spouse have qualified military combat pay? Yes <input type="checkbox"/> No <input type="checkbox"/> 29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Yes <input type="checkbox"/> No <input type="checkbox"/> 30. Did you purchase a new home this year? Yes <input type="checkbox"/> No <input type="checkbox"/> 31. If over age 70½, did you make a direct contribution to a charity from an IRA? Yes <input type="checkbox"/> No <input type="checkbox"/> 32. Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)? Yes <input type="checkbox"/> No <input type="checkbox"/> 33. Do all your family members have health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> 34. Did you receive any premium health insurance credits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|