

## CLIENT UPDATE FORM

<b>Dependent and filing status</b>	<b>Yes</b>	<b>No</b>
Did your address change?		
Did your marital status change?		
Were there any changes in dependents?		
Are you supporting anyone not living with you?		
If you are separated or divorced and have child(ren), do you have a separation agreement or divorce decree that establishes custodial responsibilities?		
<b>Income</b>	<b>Yes</b>	<b>No</b>
Have you changed employment?		
Has your income changed?		
Do you have self-employment income or loss?		
Did you start a business, purchase a rental property, or farm, or acquire interests in partnerships or S corporations?		
Did you receive any disability or unemployment payments?		
Did you receive alimony?		
Did you surrender any U. S. savings bonds?		
Did you have foreign income?		
Did you buy or sell any stocks, bonds, or other investment property?		
Do you have any worthless securities or uncollectible bad debts?		
Did you make any withdrawals from an education savings account or 529 plan?		
Do you own a second residence or any other real estate? If so, do you rent it out?		
Did you incur a loss because of damaged or stolen property?		
<b>Adjustments to income</b>	<b>Yes</b>	<b>No</b>
Did you have any education expenses?		
Did you make any contributions to a health savings account?		
Did you make IRA or SEP contributions?		
Did you pay alimony?		
Did you have student loan interest?		

Did you pay out-of-pocket medical expenses (co-pays, prescriptions, braces, hearing aids, etc.)?		
Did you take out a home equity loan this year?		
Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?		
Did you face any foreclosure transactions on your personal residence?		
Do you have any charitable contributions?		
Did you use an area of your home for business purposes?		
Do you have records for business-related travel and expenses?		
Do you have any business, medical or charity mileage?		
Did you have any property damaged due to a storm, fire, or other natural disaster located in a federally declared disaster area?		
<b>Retirement</b>	<b>Yes</b>	<b>No</b>
Did you or your spouse reach age 72?		
Did you or your spouse receive Social Security benefits?		
Are you or your spouse an active participant in an employer-provided retirement plan such as pension, profit sharing, 401(k), Roth 401(k) or stock purchase plan?		
Did you receive a distribution from a pension, profit sharing, or retirement plan [401(k), IRA, SEP, etc.]? If yes, did you partially or totally roll it over into another IRA or qualified plan within 60 days of the distribution?		
Did you convert part or all of your regular IRA/SEP/SIMPLE IRA into a Roth IRA?		
Have you or do you plan on contributing to a regular IRA, Roth IRA, SEP, Keogh, or SIMPLE plan?		
<b>Miscellaneous</b>	<b>Yes</b>	<b>No</b>
Were you notified by the IRS or state agency of changes to a prior year's return?		
Did you go through bankruptcy or foreclosure proceedings?		
Did you make any estimated federal or state tax payments?		
Were you a resident of (or did you have income in) more than one state?		
Did you pay anyone for domestic services in your home?		

Do you have any daycare costs for your dependents?					
Did you adopt a child or begin the adoption process?					
Did you receive any assistance from your employer to pay for education expenses, childcare costs, or adoption expenses?					
Did you give a gift of more than \$15,000 to one or more people?					
Is the client subject to alternative minimum tax (AMT) or have they been in the past? (Note: Consider any planning opportunities that can be used to minimize the AMT impact).					
Did you install any energy efficient property this year?					
Have you maintained health insurance?					
Are you enrolled in health insurance through the Marketplace?					
Did you receive Economic Impact Payment(s)?					
If so, amounts	#1	#2	#3		
How would you like to handle your refund?					
Check	Credit to next year	Direct Deposit (Checking/Savings)			
Routing Number					
Account Number					
Name of Financial Institute					