

If any of the following items pertain to you or your spouse for the year 2022, please check the appropriate box and include all pertinent details.

- | Yes | No | |
|-----|---|--|
| 1 | <input type="checkbox"/> <input type="checkbox"/> | Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country at any time in 2022? |
| 2 | <input type="checkbox"/> <input type="checkbox"/> | Does the combined value of foreign account(s) exceed \$10,000? |
| 3 | <input type="checkbox"/> <input type="checkbox"/> | Do you own any foreign assets or have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. |
| 4 | <input type="checkbox"/> <input type="checkbox"/> | Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? |
| 5 | <input type="checkbox"/> <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? |
| 6 | <input type="checkbox"/> <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? |
| 7 | <input type="checkbox"/> <input type="checkbox"/> | Did any of your children under age 19 or full-time students under age 24 have a total investment income of \$2,200 or more? |
| 8 | <input type="checkbox"/> <input type="checkbox"/> | Do you have a medical savings account (MSA) or an HSA? |
| 9 | <input type="checkbox"/> <input type="checkbox"/> | If yes, were all withdrawals used to pay qualified medical expenses? |
| 10 | <input type="checkbox"/> <input type="checkbox"/> | Did you contribute to a <i>traditional</i> IRA or SEP for the year? If so, how much? _____ |
| 11 | <input type="checkbox"/> <input type="checkbox"/> | Did you contribute to a 529 College Savings Plan? Please provide the beneficiary names and amounts contributed. |
| 12 | <input type="checkbox"/> <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years of age to enable you to work or attend school on a full-time basis? Provide details. |
| 13 | <input type="checkbox"/> <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home? Receipts must be provided? |
| 14 | <input type="checkbox"/> <input type="checkbox"/> | Did you make any gifts greater than \$16,000 either outright or in trust? |
| 15 | <input type="checkbox"/> <input type="checkbox"/> | Did you receive any distribution from an IRA, 401K or any other qualified plan? Please provide Form 1099R |
| 16 | <input type="checkbox"/> <input type="checkbox"/> | If yes, was this rolled over? Please provide Form 1099R |
| 17 | <input type="checkbox"/> <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA? |
| 18 | <input type="checkbox"/> <input type="checkbox"/> | Did you buy health insurance on a state or federal exchange? Please provide the 1095A. |
| 19 | <input type="checkbox"/> <input type="checkbox"/> | Did you have any education expense or student loan interest? Please provide the 1098-T |
| 20 | <input type="checkbox"/> <input type="checkbox"/> | If you claim any dependents, we will need you to provide documentation to substantiate eligibility for the Child Tax Credit for each dependent. Did you provide documentation to meet our requirement for due diligence? (ie, school records, dr. or dentist bill, etc.) |
| 21 | <input type="checkbox"/> <input type="checkbox"/> | Have you ever been denied any tax credits in previous years? If yes, what year? _____ |
| 22 | <input type="checkbox"/> <input type="checkbox"/> | Have you moved during the year ending 2022? If yes, what was the exact date of your move? _____
What is your new address? _____ |
| 23 | <input type="checkbox"/> <input type="checkbox"/> | Did you or your spouse request/receive a six-digit identity PIN from the IRS? If yes, please provide the letter or number.
_____ |
| 24 | <input type="checkbox"/> <input type="checkbox"/> | Do you own a small business? If yes, please provide any 1099-NEC, 1099-MISC, and/or 1099-K if received? |
| 25 | <input type="checkbox"/> <input type="checkbox"/> | Did you pay estimated taxes in 2022? If so, how much and when? _____ |

Date: _____ Signature: _____ Print Name: _____