

CHECKLIST OF ADDITIONAL ITEMS (estimates not acceptable)

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Did your employer require you to be away from home overnight at your expense? _____
If yes, enter: number of days away from home _____; meals \$ _____;
lodging \$ _____. Subsistence received \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you use your car for business, other than commuting to and from work? _____
If yes, business miles _____. Personal miles _____. Reimbursement rcvd \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you move your personal residence more than 50 miles during the year for employment? _____
If yes, attach list of expenses and date moved. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you refinance your home this year? If yes, attach refinance papers. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you holding U.S. Savings Bonds that are more than 30 years old? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you or your spouse receive Social Security or Railroad Retirement? _____
If yes, attach statements for each. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have partnership, estate, trust, or S Corporation income? _____
If yes, attach Schedule K-1 for each. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell/buy your home during the year? If yes, attach closing statements. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have rental or royalty income? If yes, attach separate sheet with income and expenses. ____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive disability benefits? If yes, amount received \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have tip income that was unreported to employer? If yes, how much \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have income from any other sources? (Contracted services, babysitting, etc)
If yes, attach statements stating nature and describe fully. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were there any changes in dependents? If YES, indicate: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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, business interest or real property? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you add any energy efficient improvements (insulation systems, furnace, air conditioner,
exterior windows and doors) to your home, rentals or other structure? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay more than \$1,000 to any household employee? _____
If YES, you may be required to pay employment taxes, file W-2 and payroll reports.
Our minimum fee for this will be \$150. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you or your spouse make any gifts to an individual that total more than \$14,000? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you exercise any employee incentive stock options this year? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have a credit card debt or bank debt cancelled this year? (If yes attach 1099C) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • May the IRS discuss your tax return with Ferro, Willett & Thompson? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE SIGN & DATE ENCLOSED ENGAGEMENT LETTER

All information for which I have receipts, cancelled checks, or other written evidence, is true and correct as furnished by the undersigned to FERRO, WILLETT, & THOMPSON, PLLP for the preparation of Schedule C and/or Schedule E and/or Form 1065 and/or Form 1120S for the year ended December 31, _____. I understand that Ferro, Willett & Thompson, PLLP will not audit or verify the data submitted, although they may ask me to clarify it. I will contact you immediately, if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities.

Taxpayer _____ Spouse _____ Date _____

My/Our Tax appointment is on _____ at _____ am/pm



**FERRO
WILLETT
& THOMPSON, PLLP**

TRACY L. WILLETT, C.P.A.
TIMOTHY S. THOMPSON, C.P.A.
RENEE YOUNGLUND-DAVIS, C.P.A.

P.O. BOX 20356 • 1615 ALDERSON AVENUE • BILLINGS, MT 59104 • 406-245-6261 • FAX 406-259-3914

PRE-INTERVIEW WORKSHEET

		CLIENT PHONE				
		Cell	Home	Work (H)	Work (W)	
Client	Birth Date	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	S.S.N.	Occupation	Number of W2 Forms
Spouse	Birth Date	Blind <input type="checkbox"/> Yes <input type="checkbox"/> No		S.S.N.	Occupation	
Address		City	State	Zip Code	County	

DEPENDENTS					NO. MONTHS LIVED WITH YOU DURING YEAR
NAME	BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Are any of your dependent children permanently handicapped severe enough that it constitutes not less than 50% disability? If yes, attach a physician's certificate. YES NO
- Is any dependent listed as a joint custody child? YES NO

INCOME – (Estimates Not Acceptable)

- Did you sell securities or other property? If yes, attach Purchases & Sales Statements and Form 1099B received from brokers. **YOU MUST PROVIDE US WITH THE COST OF THE STOCKS OR PROPERTY SOLD. VERY IMPORTANT.** YES NO
- Do you own mutual funds (not a retirement plan)? If yes, attach 1099 forms. YES NO
- Did you or your spouse make a withdrawal or rollover from any retirement account? (IRA; 401K Plan; Profit Sharing; etc.) If yes, attach 1099R and list below. YES NO
- Did you have dividend income? If yes, attach 1099 forms (including tax exempt dividends) and list below. YES NO
- Did you have interest income? If yes, attach 1099 forms (including tax exempt interest) and list below. YES NO

INCOME-Attach 1099 Forms				Income from Pensions, Annuities & IRA Withdrawals
Interest Income		Dividend Income		(Attach Form 1099Rs)
Source	Amount	Source	Amount	
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
Tax Exempt Interest Income	\$ _____	_____	\$ _____	_____

Miscellaneous Income – Attach any miscellaneous forms

Unemployment _____ \$ _____ W2-G Gambling Winnings _____ \$ _____
529 Education Dist. (attach 1099Q) _____ \$ _____ Oil & Mineral Leases/Royalties _____ \$ _____
Other _____ \$ _____ Alimony _____ \$ _____

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ITEMIZED DEDUCTIONS (Estimates Not Acceptable)

MEDICAL

	TOTALS		TOTALS
Prescription Drugs _____ \$	_____	Long Term Care Insurance Husband _____ \$	_____
Doctors, Dentists & Hospitals _____ \$	_____	Long Term Care Insurance Wife _____ \$	_____
Nursing Home Costs _____ \$	_____	Medical Lodging _____ \$	_____
Medical Insurance Premiums _____ \$	_____	Medical Travel _____ \$	_____ (Miles)
Medicare Insurance Premiums _____ \$	_____	Glasses and Hearing Aids _____ \$	_____
(Do NOT include pre-tax premiums or flex plan payments)		Other _____ \$	_____

TAXES

	TOTALS		TOTALS
Real Estate _____ \$	_____	Vacation Home Taxes _____ \$	_____
Motor Vehicles (Attach Vehicle Registration) _____ \$	_____	Personal Property (Mobile Home) _____ \$	_____
(Boats, Cycles, Trailers are not qualified)		Other _____ \$	_____

INTEREST EXPENSES

	TOTALS		TOTALS
Home Mortgage (Attach 1098 Form) _____ \$	_____	Mortgage Points (Attach Closing Statement) _____ \$	_____
2nd Home Mortgage (Attach 1098 Form) _____ \$	_____	Student Loan Interest (Attach 1098 Form) _____ \$	_____
Home Equity Line Interest _____ \$	_____	Other _____ \$	_____

CONTRIBUTIONS

	TOTALS		TOTALS
Church _____ \$	_____	Non-Cash Items _____ \$	_____
United Way _____ Heart _____ M.D.A. _____ \$	_____	<small>(Receipt and detailed description of property required)</small> Charitable Travel _____ \$	_____ (Miles)
Easter Seals _____ Cancer _____ \$	_____	Other _____ \$	_____

No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. ALL contributions must be substantiated by a receipt or cancelled check. Single contributions over \$250 must be substantiated with a receipt, **not just a cancelled check. Contributions to an individual are not deductible.**

MISCELLANEOUS

	TOTALS		TOTALS
IRA Contribution (Self) _____ (Spouse) _____ \$	_____	Required Prof. Dues & Supplies _____ \$	_____
Union Dues _____ \$	_____	Required Professional Licenses _____ \$	_____
Employment Fees/Job Hunting _____ \$	_____	Required Uniforms _____ \$	_____
Tax Preparation _____ \$	_____	Required Education _____ \$	_____
Education 529 Plan _____ \$	_____	Required Small Tools _____ \$	_____
College Tuition/Course Materials _____ \$	_____	Safe Deposit Box _____ \$	_____
(Must attach Form 1098T and receipts)		_____ \$	_____
Gambling Losses to Extent of Winnings _____ \$	_____	_____ \$	_____
(Must have documentation)			

CHILD CARE- Did you pay dependent care benefits into a flex plan? YES NO
If yes, you must still provide the information below.

PROVIDER NAME	ADDRESS	SOC SEC #	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATED INCOME TAX PAYMENTS

		YES	NO
• Did you pay Federal and/or State estimated income taxes? _____		<input type="checkbox"/>	<input type="checkbox"/>
If yes, Federal:			
(April) Date Pd. _____ \$ _____			
(June) Date Pd. _____ \$ _____			
(Sept) Date Pd. _____ \$ _____			
(Dec/Jan) Date Pd. _____ \$ _____			
If yes, State:			
(April) Date Pd. _____ \$ _____			
(June) Date Pd. _____ \$ _____			
(Sept) Date Pd. _____ \$ _____			
(Dec/Jan) Date Pd. _____ \$ _____			

PLEASE ATTACH CANCELLED CHECKS (OR PROOF OF PAYMENT FOR ESTIMATES PAID)

PLEASE NOTE: DUE TO NEW STRINGENT GUIDELINES AND FEDERAL TAX LAWS, THE QUESTIONNAIRE ON THE BACK OF THIS FORM AND THE ATTACHED ENGAGEMENT LETTER MUST BE COMPLETED, SIGNED AND INCLUDED WITH YOUR TAX INFORMATION.

Would you like to have your refund(s) directly deposited into your bank account? YES NO
If yes, please attach a voided check. If we already have bank account information on file and there are no changes, there is no need to provide it again.

YES	NO	HEALTH CARE COVERAGE
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year? Number of months of coverage _____ Names of family members insured _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage), Form 1095-C (Employer Provided Health Insurance Offer and Coverage) or substitute forms. 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 sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Health Savings Account? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you withdraw from a Health Savings Account? \$ _____

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