



KGL Enterprises LLC

Cash Management | Treasury Services | Income Tax

TEL. 203-529-5453 FAX. 203-717-2423 info@kgjenterprisesllc.com www.kgjenterprisesllc.com

2015 In-Take Application

Part A – Personal Information

Your First Name	M.I.	Last Name	Telephone Number	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Spouse First Name	M.I.	Last Name	Telephone Number	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Green Card Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City	State	Zip Code
Your Date of Birth	Your Job Title		Last year, were you Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last year, were you Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last year, were you totally and permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Spouse's Date of Birth	Your Spouse Job Title		Last year, was your spouse a Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last year, was your spouse Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last year, was your spouse totally and permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can anyone claim you and your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			Have been a victim of identity theft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Adopted a child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part B – Marital Status and Household Information

As of December 31, 2015, were you?

<input type="checkbox"/> Unmarried	
<input type="checkbox"/> Married	If Yes, Did you get married in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you live with your spouse during any part of the last six months of 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Divorced	Did you live with your spouse during any part of the last six months of 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Legal Separated	Date of separate maintenance agreement?



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<input type="checkbox"/> Widowed	What is the year of spouse's death?
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List the names below of: (a) everyone that lived with you last year (b) anyone you supported but did not live with you last year

Name	Date of Birth	Relationship	US Citizen?	Resident of US, CA, MX?	Single or Married?	Full Time Student?
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check the appropriate box

Yes	No	Unsure	Income – Last Year, Did you (or Your Spouse) Receive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wages or Salary? (Form W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income (or loss) from the sale of Stocks, Bonds, or Real Estate (Including your home) (Form 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disability income? (such as payments from insurance, or workers compensation) Forms 1099-R, W-2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income)



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Yes	No	Unsure	
			Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimony or separate maintenance payments? If yes, do you have the recipient's SSN?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributions to a retirement account?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charitable contributions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For supplies used as an eligible educator such as teacher, teacher's aide, counselor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student loan interest? (Form 1098-E)
			Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Form 1099C, 1099A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buy, sell or have a foreclosure of your home? (Form 1099A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase and install energy efficient home items? (Such as windows, furnace, insulation)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live in an area that was affected by a natural disaster? If yes, where?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make estimated tax payments or apply last year's refund to this year's tax? If so how much?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
			Health Care Coverage – Last year, did you, your spouse, or dependent(s)
Yes	No	Unsure	



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receive one or more of these forms? <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have coverage through the Marketplace (Exchange)? Provide Form 1095-A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have an exemption granted by the Marketplace?