

### MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year 2017, 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 during the year?                              |
| 2.  | <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.   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an inheritance from a foreign country or a distribution from a foreign trust?  |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of \$950 or more or total investment income of \$1,900 or more?                             |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a health savings account (HSA) or a medical savings account (MSA)?   |
| 8.  | <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 old in order to enable you to work or attend school on a full-time basis? Provide details. |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have expenses for a household employee?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur employment agency fees or job hunting expenses?  |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any education expense or student loan interest?   |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses during the year due to a change of employment?   |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts, including mortgages, cancelled or forgiven or did you sell or abandon property?  |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible?   |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any legal fees?  |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any assets (including real estate) during the year?  |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan?  |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home?   |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a casualty loss because of damaged or stolen property?   |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts either outright or in trust?  |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R)   |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA?   |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Were you or your spouse the beneficiary of COBRA premium assistance?   |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted or did you exercise any stock options?  |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | Do you and your spouse each want to allocate \$3 to the Presidential Election Campaign Fund?   |