

Print this form out, take some time to fill it out, and bring it with you when you come to the office. This will save you time and money, and help us in completing your return quickly. NOTE: **CURRENT YEAR** refers to the tax year being prepared; **PRIOR YEAR** refers to the year prior to Current Year.

## Tax Return Questionnaire

<b>Name and Address:</b>	<b>Social Security Number:</b>	<b>Occupation</b>
Taxpayer:		
Address:		
Spouse:		
Address:		
Phone Number	Work:	Home:

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected)  Yes  No

Filing Status:  Single  Married  Head of Household  Qualifying Widow

Birth Date: Month, Day, Year      Yourself: \_\_\_/\_\_\_/\_\_\_      Spouse: \_\_\_/\_\_\_/\_\_\_

**DEPENDENTS:**

Name (First, Initial, Last)	Income Over \$650? (Y/N)	Date of Birth	Social Security Number	Relationship	Months Lived in Home

**INCOME:**

**1. Wages and Salaries (Attach W-2's)**

Name of Payer	Gross Wages (withheld)	Soc Sec (withheld)	Medicare (withheld)	Fed Inc Tax (withheld)	St Inc Tax (withheld)

**2. Interest Income (Attach 1099's)** (List non-taxable Interest Income as well - identify as nontaxable)

Name and Address of Payer	Amount	Name and Address of Payer	Amount

**3. If you received any interest from a "Seller Financed" mortgage, provide:**

Name and Address of Payer	Social Security Number	Amount

**4. Dividend Income (Attach 1099's)**

Name of Payer	Amount	Name of Payer	Amount

**5. Capital Gains and Losses:**

Investment	Date Acquired	Cost or Other Basis	Date Sold	Net Sale Proceeds

**6. Other Gains and Losses:** (Include details of dispositions of any business/rental/farm assets)

Investments	Date Acquired	Cost/Other Basis	Date Sold	Sale Proceeds

**7. Pensions, IRA Distributions, Annuities, and Rollovers**

Total Received.....

Taxable Amount (Attach all 1099's or other related papers) .....

**8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts** .....

(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)

(Attach separate schedules(s) showing receipts & expenses for each rental property)

**10. Unemployment Compensation Received** .....

**11. Social Security Benefits Received (Attach annual statement)** .....

**12. State/Local Tax Refund(s)** .....

**13. Other Income:**

Description	Amount

**CREDITS:**

**Child and Dependent Care:**

(1) Number of Qualifying Individuals (under 13 years of age).....
(2) Name, address and identification number of each provider:

Name	Address:	Amount Paid

If payments were made to an individual, were the services performed in your home?  Yes  No

If "Yes", have payroll reports been filed?  Yes  No

**Expenses incurred in connection with adoption.**

"Special Needs" child  Yes  No

**Tuition & Fees paid for higher education (HOPE and Lifetime Learning Credits) ...** .....

**Foreign Tax Credits** .....

Attach detail of type foreign tax, country, and whether "withheld" or paid direct

**Estimated Tax Payments**

Federal	Amount	State	Amount

**Other Payments:**

Date	Amount	Date	Amount

Other payments or credits - Attach schedule and explain .....

**ITEMIZED DEDUCTIONS:**

**Medical and Dental**

**Amount**

1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in CURRENT YEAR (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other - hearing aids, eyeglasses, medical devices, etc.	

**Taxes Paid**

**Amount**

1. State and local income taxes not listed elsewhere	
2. Real Estate taxes not listed elsewhere	
3. Personal property taxes (includes owners tax on auto registration)	

**Interest Paid**

**Amount**

1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals	
Name: _____	
Address: _____	
3. Points paid on [ ] purchase [ ] refinance (include details)	
4. Investment Interest	
5. Student Loan Interest	

**Contributions:** (Written documentation is required for all gifts of \$250 or more - not just cancelled checks

**Amount**

1. Cash - Less than \$3,000 paid to any one organization	
2. Cash - \$3,000 or more to any one organization - show name of organization	
	_____
	_____
	_____
	_____
	_____
3. Other than cash - Attach details	

**Casualty and Theft Losses** - Attach Details .....

**Miscellaneous Deductions:**

<b>Employee business expenses - attach details</b>		<b>Amount</b>
	Reimbursed	
	Not Reimbursed	
	Job hunting expenses (list)	
<b>Other Expenses</b>		
	Tax Preparation	
	Union Dues	
	Business Publication	
	Professional Dues/Fees	
	Safety Deposit Box Rental	
	Small Tools used in your trade or business	
	Business telephone	
	Uniforms & Cleaning	
	IRA Custodial fees	
	Investment Expenses	
	Education Expenses (attach detail)	
	Business Entertainment	
	Other Miscellaneous Deductions	

**Adjustments To Income:**

	<b>Maximize?</b>	<b>Amount</b>
1. Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse's IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Keogh SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Penalty for early withdrawal of savings.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Alimony paid - List name and Social Security Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Self-employed health insurance premiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Did anyone in your family receive a scholarship of any kind?**

If yes, please supply details. Yes No

**If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:**

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

(If we did not prepare your return last year, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)

**If we have not previously prepared your return - please provide a copy of your most recent prepared tax return.**

**Did you settle any notices or settle any tax examinations concerning your PRIOR TAX YEAR returns?  Yes  No**

(If yes, please provide copy of notices, settlement reports, etc.)

**Did you receive any payments from a pension or profit sharing plan?  Yes  No** (If yes, provide pertinent information or statements from the plan.)

**Did you sell your primary residence?  Yes  No**

If "Yes", provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale.

**Did you change your state residency?  Yes  No**

If "Yes", please provide the following:

Previous Address:		
Date of Move:		
Distance:		miles
Costs of move:		
(distance)		

**If you would like your tax refund (if any) deposited directly into your bank, provide:**

<b>Account Type:</b>	<b>Your Account Number:</b>	<b>Bank Rounting Number:</b>
Checking <input type="checkbox"/> Savings <input type="checkbox"/>		

**For the CURRENT TAX YEAR: (Provide details for any "Yes" response)**

Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence?.....[  ] Yes [  ] No

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$100,000?.....[  ] Yes [  ] No

Did you exercise any stock options?.....[  ] Yes [  ] No

Did you purchase, sell, or own any bonds you paid more or less than the face amount?.....[  ] Yes [  ] No

Did you sustain any non-business bad debts?.....[  ] Yes [  ] No

Did you or your spouse make any gifts in excess of \$10,000 to any one donee?.....[  ] Yes [  ] No

Were you the recipient of, or did you make a "below-market" or "interest-free" loan?.....[  ] Yes [  ] No

Do you have a child under the age of 14 at the end of the tax year who has earned an income (interest, dividends, etc.) or more than \$1,300?.....[  ] Yes [  ] No

Did you lease a car which you used for business purposes?.....[  ] Yes [  ] No

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in current tax year, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

**Rental & Royalty Income and Expense**

Property Type: [  ] Residential [  ] Commercial

Location:

--

If Vacation Home:

Number of days rented	
Number of days used personally	

Property is owned by: [  ] Taxpayer [  ] Spouse [  ] Joint

Percentage ownership of not 100%: \_\_\_\_\_%

(Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property?.....[  ] Yes [  ] No

If yes, what percentage did you occupy as a tenant? \_\_\_\_\_%

Check if rented to a related party. [  ]

Explain Relation:

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<b>Income</b>	<b>Amount</b>		
1. Rental Income.			
2. Royalties received			
<b>Expenses</b>	<b>Amount</b>		<b>Amount</b>
1. Advertising		16. Property taxes	
2. Association dues		17. Utilities	
3. Auto miles driven		Other (description)	
4. Travel		18a.	
5. Cleaning and Maintenance		18b.	
6. Commissions		18c.	
7. Insurance		18d.	
8. Legal and professional fees		18e.	
9. Allocated tax preparation fees		18f.	
10. Licenses and permits		18g.	
11. Management fees		18h.	
12. Mortgage interest - (Form 1098)		18i.	
13. Other interest		18j.	
14. Repairs		18k.	
15. Supplies		18l.	

**Depreciation:**

<b>Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Depreciation Method</b>	<b>Prior Depreciation</b>

**Business Income & Expense (Sole Proprietorship)**

Principle business or profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Employer ID number: \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business is owned by:  Taxpayer  Spouse

Accounting Method:  Cash  Accrual

Inventory method:  Cost  Lower cost or market  Other  N/A

Did you materially participate in the business?  Yes  No

Check if this is the first year of the business.

Income	Amount	Cost of Good Sold	Amount
1. Gross receipts or sales		1. Beginning of year inventory	
2. Returns and allowances.		2. Purchases	
3. Other income.		3. Cost of items used personally	
		4. Cost of labor	
		5. Materials and supplies	
		6. Other costs	
		7. End of year inventory	

Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions and fees		23. Travel	
4. Employee benefits		24. Meals and entertainment (in full)	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage interest		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal and accounting fees		29. Payroll Service	
10. Allocation of tax preparation fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	
12. Pension and profit sharing plans		32. Client gifts (limited to \$25 each)	
13. Rent, vehicle		33. Education and seminars	
14. Rent, equipment		34. Other: (Description)	
15. Rent, building		35	
16. Repairs & Miantenance, building		36	
17. Repairs & maintenance, equipment		37	
18. Repairs & Maintenance, vehicles		38	
19. Supplies		39	
20. Payroll taxes		40	

**Depreciation**

Property			Date Acquired	Cost or Other Basis	Depreciation Methods	Prior Depreciation	

**Farm Income & Expense**

**Principle Product** \_\_\_\_\_

**Employer ID number** \_\_\_\_\_

**Accounting method:**     Cash         Accrual

Check if you materially participated in farm operations:     Taxpayer     Spouse

Income	Amount
1. Sales of livestock and other resale items	
2. Cost of above.	
3. Sales of livestock, produce, etc. you raised.	
4. Cooperative distributions (1099-PATR)	
5. Cooperative distributions, taxable portion	
6. Agricultural program payments	
7. Agricultural program, taxable portion	
8. Commodity Credit Corporation Loans	
9. Crop insurance loans	
10. Custom hire	
11. Other:	

Expenses	Amount	Expenses	Amount
1. Car and truck expenses		19. Machinery and equipment rental	
2. Chemicals		20. Land rental	
3. Conservation expense		21. Other	
4. Custom hire (machine work)		22. Repairs and maintenance	
5. Employee benefit programs		23. Seeds and plants purchased	
6. Employee health insurance		24. Storage and warehousing	
7. Feed purchased		25. Supplies purchased	
8. Fertilizers and lime		26. Payroll taxes	
9. Freight and trucking		27. Other taxes	
10. Gasoline, fuel, and oil		28. Utilities	

11. Other insurance		29. Veterinary, breeding, & medicine	
12. Mortgage interest		30. Other:	
13. Other interest		31	
14. Labor hired		32	
15. Legal and professional fees		33	
16. Allocated tax preparation fees		34	
17. Pension and profit share plans		35	
18. Vehicle rental		36	

**Depreciation**

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

**Business Use Of Home**

Do you use any part of your home regularly and exclusively for business?  Yes  No

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%).....

Description of work done in home office \_\_\_\_\_

Description of work done outside of work office \_\_\_\_\_

Total area of home .....

Total area of home used regularly for business .....

	<u>Direct costs</u> (benefit only business portion of home)	<u>Indirect costs</u> (Other)
Home insurance		
Repairs and maintenance		
Utilities		
Rent		
Other.		

**If Daycare Facility:**

Days used as a daycare facility.	
Prior year carryover of unallowed losses	

Cost of home and improvements and prior depreciation.				
Depreciation of home, improvements, furniture, and equipment.				
Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

**Household Employees: (Nanny Tax)**

Did you pay a household employee at least \$1,100 this year?  Yes  No

*(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)*

If yes, please provide the following information for each:

Name		Federal Income tax withheld	
Social Sec. No.		Social Sec. tax withheld	
Wages paid		Medicare tax withheld	
		State income tax withheld	

Your Employer Identification Number (You can no longer use your social security Number) \_\_\_\_\_

Has W-2 been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, do you want us to prepare them for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the necessary state employment returns been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, do you want us to prepare them for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the household employee under eighteen years of age and a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

