

INCOME TAX QUESTIONNAIRE

Date _____		Home Phone No. () _____		Your Office Phone No. () _____		Spouse's Office Phone No. () _____	
Cell Phone No. () _____		Fax () _____		E-Mail address _____			
Your Name _____			Date of Birth _____		Blind <input type="checkbox"/>		Over 65 <input type="checkbox"/>
Spouse's Name _____			Date of Birth _____		Blind <input type="checkbox"/>		Over 65 <input type="checkbox"/>
Home Address _____				Mailing Address If Different _____		Do you rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Your Occupation? _____		Spouse's Occupation? _____		Your Social Security No. _____		Spouse's Social Security No. _____	
Names or Dependents Claimed as Exemptions <small>Name (First, Initial, and last Name)</small>			Date of Birth	Dependents Social Security No.		Relationship	No. of Months Lived in Your Home During Year

CHILD AND DEPENDENT CARE EXPENSES

Names of Persons or Organizations who provided the care	Address <small>(number, street, city, State & zip code)</small>	Telephone No.	Identification Number <small>(Soc. Sec. No. or Emp. I.D. No.)</small>	Amount Paid <small>(net of employer paid benefits)</small>
				\$
				\$

ESTIMATED TAXES PAID AND CREDITS

					Current year Contributions	IRA/ROTH		SEP
					You	\$	\$	\$
Prior Yr. 4th Qtr		Last Jan.	\$	\$	Spouse	\$	\$	\$
Prior Yr. Overpayment to this Yr.			\$	\$	Do either you or your spouse participate in a pension, profit sharing, Keogh, SEP or 401 K Plan? You <input type="checkbox"/> Spouse <input type="checkbox"/> Did you withdraw IRA or Keogh funds from one financial institution and re-deposit the funds to another institution within 60 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the amount of funds Withdrawn: \$ _____ Re-Deposited \$ _____ Also please indicate if funds are from IRA <input type="checkbox"/> Keogh <input type="checkbox"/> SEP <input type="checkbox"/> Roth Rollover <input type="checkbox"/>			
First Quarter		April	\$	\$				
Second Quarter		June	\$	\$				
Third Quarter		Sept.	\$	\$				
Fourth Quarter		This Jan.	\$	\$				

I N C O M E

Wages: (Attach W-2's) Number of W-2's _____ \$ _____		Pension or Annuity (Attach 1099 R's) \$ _____	
Interest: Amount: \$ _____		Dividends: Ordinary \$ _____ Qualifying \$ _____ Capital Gain \$ _____	
Payor \$ _____		Payor \$ _____ \$ _____ \$ _____	
Bring 1099 INT & Year End Statements		Bring 1099 INT & Year End Statements	
Business Income: (Give Name of Business, Address & Occupation)		Partnership, S-Corp or Fiduciary Income: (Give Name and provide K-1)	
Attach Profit or Loss Statement			
<small>(IF SELF EMPLOYED, POSSIBLE DEDUCTION OF HEALTH INSURANCE ALLOWED)</small>			

Stocks, Bonds, Property, etc. Sold (Please Provide 1099 B's and any Related Documentation)

Description	Date Acquired	Date Sold	Sales Price	Cost	Sale Expenses
			\$	\$	\$
			\$	\$	\$

Type of Rental Unit Date Put Into Service

Address _____		Land Cost \$ _____		Bldg. Cost \$ _____		Accum. Depreciation \$ _____	
Rental Income \$ _____		Expenses on Rental \$ _____		Advertising \$ _____		Insurance \$ _____	
Auto & Travel \$ _____		Cleaning & Maint. \$ _____		Management Fees \$ _____		Taxes \$ _____	
Mortgage Interest \$ _____		Repairs \$ _____		Utilities \$ _____		Other \$ _____	
Other Income (Attach Copies of 1099's)		Tax Exempt Interest Income \$ _____			Tips Received \$ _____		
Other \$ _____		Other \$ _____					
Unemployment Compensation \$ _____		Alimony Received \$ _____		Social Security Income-You \$ _____		Spouse \$ _____	
						State Tax Refund \$ _____	

IMPORTANT - TO E-FILE YOUR RETURN, PROVIDE BANK INFO OR ATTACH A VOIDED CHECK.

Bank Name _____	Routing # _____	Bank Account # _____
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DEDUCTIONS CLAIMED

MEDICAL EXPENSES to whom paid

Health, Accident, Insurance Premium	\$	_____
Medicare Premium (W/H from Soc. Sec.)	\$	_____
Drugs and Medicines	\$	_____
Long Term Care INS Prem	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dr.	\$	_____
Dentist	\$	_____
Dentist	\$	_____
Hospital	\$	_____
_____	\$	_____
Laboratory/X-Rays	\$	_____
Travel Necessary To Get Medical Care	\$	_____ Miles
Parking/Taxi/Bus/Air Fare	\$	_____
Ambulance	\$	_____
Glasses/Eye Exams	\$	_____
Hearing Aid/Batteries	\$	_____
Prosthetic Appliance	\$	_____
Sick Room Supplies & Appliances	\$	_____
In Home Attendant or Nursing Service	\$	_____
Lodging for Medical Care	\$	_____
_____	\$	_____
Insurance Reimbursements <small>(For Amounts Listed Above)</small>	\$	_____

TAXES

State Income Tax-Prior Year Returns	\$	_____
State Current Year Estimate <small>(From Page 1)</small>	\$	_____
State From W-2's	\$	_____
Real Estate Tax	\$	_____
S.D.I. Withheld	\$	_____
Personal Property Tax	\$	_____
Auto License (Less Reg. Fee)	\$	_____
Others	\$	_____
Sales Tax on Auto Purchase	\$	_____
_____	\$	_____

INTEREST to whom paid

Home Mortgage Interest and Points <small>(Attach copies of Form 1098)</small>	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Home Mortgage Interest, Not on Form 1098	\$	_____
_____	\$	_____
_____	\$	_____
Mortgage Int. Paid to Individual <small>(List Name, Address & Identifying Number)</small>	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Refinance? Bring Settlement Sheet	\$	_____
_____	\$	_____
Points Paid on Mortgage Loan <small>(Not on Form 1098)</small>	\$	_____
Other Mortgage Interest	\$	_____
_____	\$	_____
_____	\$	_____
Investment Interest	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

CONTRIBUTIONS to whom paid

Churches	\$	_____
_____	\$	_____
Community Chest/United Crusade	\$	_____
Red Cross	\$	_____
Xmas and Easter Seals	\$	_____
Heart Fund/Cancer Fund	\$	_____
Payroll Deductions	\$	_____
Scouts	\$	_____
Hurricane Relief Contributions	\$	_____
_____	\$	_____
_____	\$	_____
Contributions, Non-receipted—Church	\$	_____
Other	\$	_____
NON CASH CONTRIBUTIONS	\$	_____
Salvation Army/Goodwill Industries	\$	_____
Other	\$	_____
Miles Driven For Charity	_____ Miles	
(Any gift of \$250 or more requires documentation from charity)		

CASUALTY

Total Casualty Loss (Attach Documentation)	\$	_____
(Examples: Theft, Earthquake, Fire, Flood)		

MISCELLANEOUS

Auto Expenses	\$	_____
Business Miles	Miles	_____
Commuting Miles	Miles	_____
Other Miles	Miles	_____
} Bring Mileage Log		
Business Meals and Entertainment	\$	_____
Employment Agency Fees	\$	_____
Income Tax Preparation	\$	_____
IRA or Keogh Plan Fees	\$	_____
Job Education Expenses	\$	_____
Job Hunting Expenses	\$	_____
Legal <small>(For Protection of Taxable Income)</small>	\$	_____
Mutual Fund Fees	\$	_____
Safe Deposit Box Fees	\$	_____
Safety Equipment	\$	_____
Small Tools (Estimated Life 1 Yr. or Less)	\$	_____
Subscriptions (Trade Journals)	\$	_____
Business Phone, Fax and Pager Expenses	\$	_____
Business Travel <small>(Excluding Meals and Entertainment)</small>	\$	_____
Uniforms (Not General Wear) - Cost	\$	_____
Uniforms, Laundry & Cleaning	\$	_____
Union Dues & Professional Dues	\$	_____
Others	\$	_____
_____	\$	_____
_____	\$	_____

ADJUSTMENTS TO INCOME

Alimony (Paid To _____)	\$	_____
Social Security Number	_____	
Moving Expenses (Work Related)	\$	_____
Health Savings Account (HSA) deduction	\$	_____
Student Loan Interest Paid	\$	_____
Qualified Teaching Expenses	\$	_____

TAX CREDITS

Hybrid Auto Credit	\$	_____
Child Care (No. of Children _____)	\$	_____
Other Credits (Attach Documentation)	\$	_____
_____	\$	_____

EXPLANATIONS:
