

INCOME TAX QUESTIONNAIRE

Date		Home Phone No. ()		Your Office Phone No. ()		Spouse's Office Phone No. ()			
Fax No. ()		Your E-mail			Spouse's E-Mail				
Your Name		Your Social Security No.		Date of Birth		Blind <input type="checkbox"/> Over 65 <input type="checkbox"/>			
Spouse's Name		Spouse Social Security No.		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?		Spouses Occupation?		Your Cell No. ()		Spouse's Cell No. ()			
Names of 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									
Name of Persons or Organizations who provided the care		Address <small>(number, street, city, state & zip code)</small>			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	KEOGH or SEP		
		Due Date	Date Paid	Federal	State	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 If yes, please indicate the amount of funds Withdrawn: \$ _____ Re-Deposited \$ _____ Also please indicate if funds are from IRA 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 DIV & 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 #			

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)	\$	_____
Employee Business Expenses that were Reimbursed and are included on W-2 or 1099	\$	_____
Student Loan Interest Paid	\$	_____
Qualified Teaching Expenses	\$	_____

TAX CREDITS

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

EXPLANATIONS:

