

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? _____		Spouses Occupation? _____		Your Social Security No. _____		Spouse's Social Security No. _____	
Names of Dependents Claimed as Exemptions Name (First, Initial, and Last Name)			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 (number, street, city, state & zip code)	Identification Number (Soc. Sec. No. or Emp. I.D. No.)	Amount Paid (net of employer paid benefits)
			\$
			\$

ESTIMATED TAXES PAID AND CREDITS					Current year Contributions	IRA/ROTH	
	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 If yes, please indicate the amount of funds Withdrawn: \$ _____ Re-Deposited \$ _____ Also please indicate if funds are from IRA 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			
(IF SELF EMPLOYED, POSSIBLE DEDUCTION OF HEALTH INSURANCE ALLOWED)			
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 (For Amounts Listed Above)	\$	

TAXES

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

INTEREST to whom paid

Home Mortgage Interest and Points. (Attach copies of Form 1098)	\$	
Home Mortgage Interest. Not on Form 1098	\$	
Mortgage Int. Paid to Individual (List Name, Address & Identifying Number)	\$	
Refinance? Bring Settlement Sheet	\$	
Points Paid on Mortgage Loan (Not on Form 1098)	\$	
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	\$	
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)	\$	
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(Examples: Theft, Earthquake, Fire, Flood)

MISCELLANEOUS

Auto Expenses	\$	
Business Miles	Miles	} Bring Mileage Log
Commuting Miles	Miles	
Other Miles	Miles	
Business Meals and Entertainment	\$	
Employment Agency Fees	\$	
Income Tax Preparation	\$	
IRA or Keogh Plan Fees	\$	
Job Education Expenses	\$	
Job Hunting Expenses	\$	
Legal (For Protection of Taxable Income)	\$	
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 (Excluding Meals and Entertainment)	\$	
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	\$	

EXPLANATIONS: