

TAX QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE BEFORE YOUR TAX APPOINTMENT.

As a matter of policy, and for future reference, the completed questionnaire will be kept on file in our office. If you want a photocopy for your records, please ask for one.

Thank you.....

YOUR APPOINTMENT IS SCHEDULED FOR

DAY: _____ DATE: _____ TIME: _____

PLEASE PROMPTLY NOTIFY THIS OFFICE IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT.

ELECTRONIC FILING INFORMATION

You may choose to have your tax return electronically filed. Your refund SHOULD arrive to you in approximately 2 weeks. 3 weeks if you want IRS to mail a check to you. If you're interested, complete the section below.

Name of your bank or financial institution: _____

Branch Name (if Applicable): _____

Routing Transit Number (RTN):

Must contain 9 digits & begin with a 1, 2, or 3.

Account Number:

Can contain up to 17 characters. Please omit spaces and special symbols.

Type of Account: (check one) Checking Savings

Taxpayer(s) name(s) must be on the account for direct deposit refund.

PLEASE NOTE: PLEASE CHECK TO MAKE SURE WE HAVE DOWN THE CORRECT NUMBERS FOR ELECTRONIC FILING. WE ARE NOT RESPONSIBLE FOR ANY DELAYED REFUNDS.

READ THIS FIRST

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE." The "ALERT BUBBLES" designate certain special conditions as follows:

CHANGE ONLY

Indicates areas that must be completed by new clients and only needs to be filled in by existing clients when the information has changed.

IRS MATCH

Very important, denotes areas where the IRS matches very closely if the information provided is incorrect, it may trigger a tax audit.

PLEASE PROVIDE THE FOLLOWING

- ✓ LAST YEARS TAX RETURN (Only if you are a new client)
- ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s)

CHANGE ONLY

TAXPAYER INFORMATION

Name		Social Security #	Birth Date
You			
Spouse			
Occupation		Home #	Work #
You			
Spouse			

CHANGE ONLY

ADDRESS & STATUS

Street Address					
City		State	Zip		
Status Changes This Year – Enter Dates					
Married		Spouse Deceased		Sold Home	
Separated		Dependent Dec'd		Sold Property	
Divorced		Moved		Legally Blind	You Spouse

IRS MATCH

DEPENDENTS

Name (include last) (if different)	Social Security #	**	Mo. In home during year	Birth Date	If over age of 18	
					Income	Student

**** S = Son, D = Daughter, R = Relative, O = Other**

IRS MATCH

INTEREST INCOME

Name of Payer (Please provide all forms 1099 INT & 1099OID)		Banks, Credit Unions, Bonds, etc.	Home State Municipal Bonds (Generally Tax Free)	Other State Municipal Bonds (Federally Tax Free)	Direct U. S. Obligations Savings, Bonds, T-Bills, etc. (State Tax Free)
1					
2					
3					
4					
5	Seller Financed Mortgage (Payer Name, Address, & SS # req'd)		Name, Add. & SSN #		
6	Forfeited Interest (Early Withdrawals)		Fed. Withholding on Int. & Div.		

REFUND DIRECT DEPOSIT

Direct deposit ONLY, this is NOT for electronic filing.

Bank Routing Number

Account Number

Checking

Savings

**IRS
MATCH**

CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school full time. Care must be for a child under age 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#.

If employer provides dependent care benefits.

PROVIDER INFORMATION Payee SS# or EID# MANDATORY Unless exempt organizations		Payments must be allocated by the child		
		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
SS or EID#				
Name		Amount	Amount	Amount
Address				
SS or EID#				

**IRS
MATCH**

SPECIAL INFORMATION

** Must be reported on tax return even if not taxable unless transferred	You	Spouse
Employer Pension Plan		
Conventional IRA, KEOGH and SEP Plans:		
Contributions		
Withdrawals		
Rollovers** (1)		
Roth IRA (1) <i>If rolled over from a conventional IRA to a Roth IRA the roll over may be taxable</i>		
Contributions		
Withdrawals		
Rollovers** (1)		
Social Security or Railroad Retirement		
Alimony Received (<i>matched with payer</i>)		
Tips Received		
Unemployment Received		
Alimony Paid (<i>provide information below</i>)		
Paid to: _____ S. S. # _____		
Salaries, Pensions, & Misc. Income _____ Provide W-2s and 1099s		
Gambling Winnings \$ _____ Student Loan Interest \$ _____		
Education IRA Contrib. \$ _____ Foreign Bank Acct? <input type="checkbox"/> Yes		
<input type="checkbox"/> <input checked="" type="checkbox"/> Did you paid rent last year?		

EDUCATION EXPENSES

STUDENT	This column is designated for::		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR TUITION CREDIT ONLY -Half to Full Time Students-Qualified Educational Institution			
Post Secondary - First 2 years			
-After First 2 years			
Fees – Enrollment / Attendance Only			
ONLY COMPLETE IF – For Taxpayers & Dependents: If qualifying for tax free IRA distributions, savings bong interest exclusion, or student loan interest deduction. For Taxpayers Only: If deducting job related continuing educational expenses.			
Books / Supplies			
Room / Board			
Continuing Educational Expenses -Education for the taxpayer & spouse only and ONLY if job related.			
Tuition and Fees			
Seminar Fees, etc.			
Books / Supplies, etc.			

ESTIMATED TAXES PAID

	Due Date	Date Paid	Federal	State
Applied From Prior Year's Refund				
First Quarter	Apr. 15 TH			
Second Quarter	June 15 TH			
Third Quarter	Sept 15 TH			
Fourth Quarter (THIS YEAR)	Jan. 15 TH			

TAXES PAID

Real Estate - Home & 2 nd Home ONLY (not Rental)			
Real Estate - Investment Property (land, etc.) (not rental)			
Personal Property Tax (boat, plane, etc.)			
Vehicle License Fees	1)	2)	3) 4)
State Income Tax Paid (provide cancelled checks)			
Balance Due or Last Year's Return		Prior Year's Tax or adjustment	
Extension Payment Last Year's Return		Last Year's 4 th Qtr. pd Jan of this year	

IRS MATCH

HOME MORTGAGE INTEREST PAID

Not for a Rental. Enter Rental Interest in Rental section.		Primary Home	Second Home
1st TD	Paid to a Bank, S & L, etc.*		
	Paid to an individual (see Below)		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an individual (see Below)		
Individuals Name:		SS#	
Address:			
*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> . If Form 1098 was issued in another's Social Security number, enter that person's name and Social Security number here.			
Name:		SS#	
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
		YES	NO
Did you refinance during the year? If so, provide escrow statement.....		<input type="checkbox"/>	<input type="checkbox"/>
Do you home equity loan exceed \$100,000?.....		<input type="checkbox"/>	<input type="checkbox"/>
Doe the sum of all home mortgages exceed \$1,000,000?.....		<input type="checkbox"/>	<input type="checkbox"/>

INVESTMENT INTEREST PAID

Vacant Land	Brokerage Margin Accts.	
Other:		

IRS MATCH

SECURITIES AND PROPERTY SOLD

IRS matches gross proceeds from sale using the 1099B. Many brokerage houses use substitute forms. All transactions must be reported even if there is no profit. IRS computer matches sales not cost.

Description	✓If Inher	Date Acquired	Date Sold	Selling Price	Original Price

CHARITABLE CONTRIBUTIONS

Written verification is required for contribution \$250 or more to any one organization

Church		Temple	
Payroll Deduction		Red Cross	
Cancer		Other: _____	
Heart		_____	
Scouts		_____	
Expenses in connection with a charitable organization:			
Explain:	_____		
Travel for charitable purposes	_____ mi.	Fair Market Value of items contributed*	_____
*Provide a detailed list of items if amount is more than \$500. It must include, for each item, cost, fair market value, date acquired, date contributed, and name and address of organization donated to. Have receipts available.			

MISCELLANEOUS DEDUCTIONS

Do not enter expenses you have listed elsewhere	You	Spouse
Attorney Fees (<i>to protect taxable income</i>)		
Dues: Union & Professional		
Employment & Resume Fees		
Gambling Losses (<i>limited to taxable winnings</i>)		
Insurance – Business (<i>E&O, malpractice, etc.</i>)		
Investment Expenses		
Publications & Journals		
Other: _____		
IRA or Keogh (HR-10) Fees Paid by You		
Licenses, Fees, Credentials, etc.		
Publications, Books, etc., used in Business		
Safe Deposit Box		
Tax Preparation and Consulting Fees		
Telephone (<i>business calls only</i>)		
Tools, Supplies, Equipment		
Uniforms – Purchase		
– Cleaning		
Other:		