

Please complete this questionnaire before your appointment. Prior year clients – only fill in changes on Sections 1 & 2.

1. Personal Information					
Name		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address		City	State	Zip	Home Phone

Marital Status:       Married                       Single                       Widow(er)  
 We file jointly: \_\_\_Y \_\_\_N      Date of Divorce \_\_\_\_\_      Date of Spouse's Death \_\_\_\_\_

2. Dependents (Children & Others)							
Name (First, Last)	Relationship	Date of Birth	Social Security No.	Months Lived W/You	Disabled	Full Time Student	Dependent's Gross Income

Please provide for your appointment: All statements (W-2s, 1099s, etc.)

Please answer the following questions to determine maximum deductions:

1. Do you have a foreign bank account, trust or business? \_\_\_Y \_\_\_N
2. Did you receive any correspondence from the IRS or State Department of Taxation? \_\_\_Y \_\_\_N
3. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? \_\_\_Y \_\_\_N

3. Wage, Salary Income		
Attach W-2s Employer:	Taxpayer	Spouse

4. Interest Income	
Attach 1099-INT & broker statements Payer:	Amount
Tax Exempt	

5. Dividend Income			
From Mutual Funds & Stocks – Attach 1099-DIV			
Payer	Ordinary	Capital Gains	Non- Taxable

6. Partnership, Trust, Estate Income
List payers of partnership, limited partnership, S-corporation, trust, or estate income – Attach K-1

7. Investments Sold			
Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – Attach 1099-B & confirmation slips			
Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

8. Property Sold		
Attach 1099-S and closing statements		
Property	Date Acquired	Cost & Imp.
Vacation Home		
Land		
Other		

10. Pension, Annuity Income				
Attach 1099-R				
Payer	Reason for Payment	Reinvested?		
		Yes	No	
Did you receive: Attach SSA 1099, RRB 1099		Taxpayer		Spouse
		Yes	No	Yes
Social Security Benefits				
Railroad Retirement				

12. Medical/Dental Expenses	
Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dental/Orthodontist	
Mileage (no. of miles)	

14. Interest Expense	
Mortgage interest paid (attach 1098)	
Interest paid to individual for your home	
Paid to:	
Name:	
Address:	
Social Security No.	
Investment Interest	

16. Charitable Contributions	
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other	
Non-Cash	
Volunteer No. of miles @ 14¢	

9. I.R.A. (Individual Retirement Account)			
Contributions for tax year income			
	Amount	Date	Roth?
Taxpayer			
Spouse			
Amounts withdrawn. Attach 1099-R & 5498			
Plan Trustee	Reason for Withdrawal	Reinvested?	
		Yes	No

11. Other Income	
List all other income (including non-taxable)	
Alimony Received	
Child Support	
Scholarship (Grants)	
Unemployment Compensation (repaid)	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses _____)	
Unreported Tips	
Director / Executor's Fee	
Commissions	
Jury Duty	
Worker's Compensation	
Disability Income	
Veteran's Pension	
Payments from Prior Installment Sale	
State Income Tax Refund	
Other	
Other	

13. Taxes Paid	
Real Property Tax	
Personal Property Tax	
Other	

15. Casualty/Theft Loss	
For property damaged by storm, water, fire, accident, or stolen.	
Location of property:	
Description of property:	
Amount of Damage	
Insurance Reimbursement	
Repair Costs	
Federal Grants Received	

17. Job-Related Moving Expenses	
Date of move	
Move Household Goods	
Travel to New Home (no. of miles)	
Lodging During Move	

18. Employment Related Expenses That You Paid (Not self-employed)			
Dues – Union, Professional		Office in home:	
Books, Subscriptions, Supplies		Rent	
Licenses		Insurance	
Tools, Equipment, Safety Equipment		Utilities	
Uniforms (include cleaning)		Maintenance	
Sales Expense, Gifts		Total Home (sq. feet)	
Tuition, Books (work related)		Office (sq. feet)	
Entertainment		Storage (sq. feet)	

19. Child & Other Dependent Care Expenses			
Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

20. Business Mileage		
Do you have written records?	Y	N
Did you sell or trade in a car used for business?	Y	N
If yes, attach copy of purchase agreement		
Make/Year vehicle:		
Date Purchased:		
Total Miles (personal & business)		
Business miles (not to and from work)		
From first to second job		
Education (one way, work or school)		
Job Seeking		
Other business		
Round Trip commuting distance		
Gas, Oil, Lubrication		
Batteries, Tires, etc.		
Repairs		
Wash		
Insurance		
Interest		
Lease Payments		
Garage Rent		

24. Other Deductions	
Alimony Paid to:	
Social Security No.	
Student Interest Paid	

21. Business Travel	
If you are not reimbursed for exact amount, give total expenses.	
Airfare, Train, etc	
Lodging	
Meals (no. of days )	
Taxi, Car Rental	
Other	
Reimbursement Received	

22. Investment Related Expenses	
Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fee	
Investment Counselor	
Other	

23. Estimated Tax Paid			
Due Date	Date Paid	Federal	State

25. Education Expenses		
Student's Name	Type of Expense	Amount

26. Questions, Comments, & Other Information