

INCOME TAX QUESTIONNAIRE

Date	Home Phone No. ()	Your Office Phone No. ()	Spouse's Office Phone No. ()
Fax No. ()	Your E-Mail		Spouses 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?		Spouse's Occupation?	
		Your Cell No.	Spouse's Cell No.

CHILDREN AND OTHER DEPENDENTS

Name	Relation	Date of Birth	Social Sec. Number	Months in Your Home	Gross income	Full Time Student Yes <input type="checkbox"/> No <input type="checkbox"/>
1.						
2.						
3.						
4.						

CHILD AND DEPENDENTS CARE EXPENSES

Name of persons or Organizations who provided the care	Address (number, street, city, state & zip code)	Telephone No.	Identification Number (Soc. Sec. No. or Employer I.D. No.)	Amount Paid (net of employer paid benefits, if any)

ESTIMATED TAXES PAID AND CREDITS

Due Date	Date Paid	Federal	State
Prior Yr. 4th Qtr.	Last Jan.		
Prior Yr. Overpayment to this Yr.			
First Quarter	April		
Second Quarter	June		
Third Quarter	Sept.		
Fourth Quarter	This Jan.		

CURRENT YEAR CONTRIBUTIONS

IRA/ROTH	Keogh or SEP
You	
Spouse	

Do you or your spouse participate in a pension, profit sharing, Keogh, SEP or 401K (deferred compensation) plan? You ☐ Spouse ☐

Did you withdraw IRA, Keogh or SEP funds from one financial institution and redeposit the funds to another institution within 60 days? If so, please indicate the amount of funds withdrawn: _____

Funds were withdrawn from: IRA ☐ Keogh ☐ SEP ☐

IMPORTANT INFORMATION

THE FOLLOWING INFORMATION COULD PROVIDE A BASIS FOR A MORE ACCURATE TAX RETURN.
PLEASE CHECK AND PROVIDE THE SUPPORTING INFORMATION REQUESTED

1. Are you self-employed? If so, see "Self-Employed Business Income Expense" Section.	YES	NO	16. Did you use your home as an office, for your work? If so, complete "Home Office section"	YES	NO
2. Did you sell any stocks, bonds, real estate or other property? If so, see "Securities and Properties Sold" section. For real estate sales provide settlement statement.			17. Do you help support anyone? If so, include as other dependent above?		
3. Have any stocks, bonds, or other securities become worthless? If so, see "Securities and Properties Sold" section.			18. Did you have any debts cancelled or forgiven? (ie. credit cards, loans)		
4. Does anyone owe you money where you have exhausted all reasonable efforts to collect and the debt became worthless. Exclude relatives. If so see, "Securities and Properties Sold" section			19. Have you contributed funds to a health savings account (HSA)?		
5. Do you own rental property? If so, please see "Rental Income and Expenses" Section. If newly acquired, provide escrow Papers			20. Does your Business accept credit cards? If so, provide Form 1099-K from credit card co.		
6. Do you have any income or loss from partnerships, S-corporations, estates or trusts? If so, provide form K-1.			21. Did you have a disaster, casualty or theft loss? If so, please see "Casualty & Theft Losses" section.		
7. Did you incur a penalty by early withdrawal of a savings account? If so, how much? \$ _____			22. Did you have a household employee during the year?		
8. Do you have a bank account in a foreign country? If so, name the country: _____			23. Were you audited or notified by either IRS or State tax agency?		
9. Were there any births, adoptions, marriages, divorces or deaths in your immediate family this past year?			24. Did you roll over an IRA to a Roth IRA? (Enter data in above box)		
10. Did you pay or receive any alimony? Amount: \$ _____ Paid to: _____ Social Security No. _____			25. Did you or your spouse receive disability income?		
11. Have you moved to a different home because of a change in location of your job? If so complete "Moving Expenses" section.			26. Did you or a family member attend college classes? Provide information.		
12. Did you use your car on the job other than commuting to and from work? If so, complete "Auto Business Mileage" section.			27. Did you pay interest on any student loans during the year? If so, provide amount paid \$ _____		
13. Do you have a second job? Annual mileage between 1st and 2nd job: Miles _____			28. Did you purchase an Electric auto? If so, which one? _____ Did you purchase a new vehicle and pay sales tax?		
14. Did you refinance. If so, provide closing escrow statement & see "Residential mortgage section"			29. Did you purchase merchandise out of state and not pay sales tax?		
15. Did you receive employer paid dependent care benefits?			30. Did you purchase any energy efficient equipment or improvements?		
			31. Do you want to E-File, provide the following info, Bank _____; Routing # _____; Acct # _____;		
			32. Did you make any payments during year that would require you to issue a Form 1099?		

PLEASE HAVE THE FOLLOWING AVAILABLE FOR YOUR APPOINTMENT

- LAST YEARS TAX RETURN (IF YOU ARE A NEW CLIENT) • ALL INCOME REPORTING STATEMENTS (W-2'S. 1099'S. 1099R)
- NAME AND ADDRESS LABEL PROVIDED BY FEDERAL & STATE (INCLUDED WITH YOUR GOVERNMENT FORMS BOOKLET OR POSTCARD)

INCOME

Salaries (Provide W-2's) Number of W-2's _____

INTEREST INCOME**IMPORTANT** Please Have All 1099-INT Forms Available

Source	Amount	Source	Amount
Nontaxable	\$		\$
U.S. Government			
Seller Financed Mort.			
Post 1989 Series EE U.S. Savings Bonds			

DIVIDEND INCOME—PROVIDE 1099-DIV FORM(S)

Source	Total Ordinary	Qualified	Capital Gain	Non-Taxable
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

SELF-EMPLOYED BUSINESS INCOME & EXPENSES

		TAXPAYER	SPOUSE
Gross Income (Receipts or Sales)		\$	\$
Returns and Allowances (Refunds)			
Purchases			
Inventory - Beginning of Year			
Inventory - End of Year			
	TAXPAYER SPOUSE	TAXPAYER SPOUSE	
Advertising		Purchase of Equip.	
Bad Debts		Rent/Lease (Property)	
Bank Charges		Rent/Lease (Vehicle/Equip.)	
Car & Truck	See Auto Section	Repairs/Maintenance	
Commissions & Fees		Supplies	
Dues & Subscriptions		Taxes-Payroll	
Insurance		Taxes-Property	
Interest		Taxes-Sales	
Legal & Professional Fees		Telephone/Fax/Pager	
Licenses		Travel	See Travel Section
Meals/Entertainment		Utilities	
Office Expense		Wages	
Pension/Profit Sharing		Other	

RENTAL INCOME & EXPENSES

Please Attach Address & Description of Each Property			A	B
Property	A	B	Office Supplies	
Income	\$	\$	Pest Service	
Advertising			Repairs-Paint	
Auto Expense			Plumbing/Elect.	
Commissions			Roofing	
Gardening			Salaries	
Insurance			Taxes/Licenses	
Interest-Mortgage			Telephone/Fax	
Janitor/Maid			Trash Removal	
Legal/Actg. Fees			Utilities	
Mgmt. Fees			Other	

OTHER INCOME

Source (Please have Statements Available)	
Alimony Received	\$
Gambling/Lottery/Prize Winning (Provide 1099's)	
IRA Withdrawals (Provide 1099's)	
Keogh Withdrawals (Provide 1099's)	
Municipal Bond Interest Income	
Pension or Annuity (Provide Form 1099-R)	
Scholarships	
Social Security (You) Provide Form 1099SSA	
Social Security (Spouse) Provide Form 1099SSA	
State Income Tax Refunds Received (Provide 1099)	
Tips Received	
Unemployed Compensation (Provide 1099)	
Other:	
Other:	

SECURITIES AND PROPERTIES SOLD

Provide purchase Statements & Form 1099-B Statements from your broker for the sale data. The selling prices must be reported on the return & MUST MATCH the broker's 1099-B Statement even if there is no profit. If you sold your residence have Form 1099-S available.

Description	Check if 1099B Rec'd	Date Acquired	Date Sold	Selling Price	Original Cost
				\$	\$

MEDICAL EXPENSESGenerally Must Exceed 10% Of Income For Federal and Most States
If Age 65 and Over, the 10% Becomes 7.5%

Health/Medical/Dental Insurance Premiums	
Medicare Insurance Premiums (w/h from Soc. Sec.)	
Prescription and Medicare (no "over-the-counter" drugs)	
Doctors/Dentist/Braces	
Hospitals/Nursing Home/Nursing Care	
Psychotherapy, Psychological Counseling	
Glasses, Contacts, Hearing Aids, Batteries, etc.	
Lab and X-Ray (not included with above)	
Equipment, Supplies, Rentals, etc.	
Auto Medical Travel	mi.
Parking Fees, Taxi, Bus, Ambulance, etc. (for medical Reasons)	
Phone Calls to Dr's., Hospital, etc. (toll charges)	
Insurance Reimbursement (only for amounts listed above)	

TAXES PAID

Real Estate - Home & Other Property (Do not Include Rentals)	
Vehicle License Fees (1) (2)	
(3) (4) (5) (6)	
Personal Property Tax (Boat, Plane, etc.)	
State Disability Insurance (Calif.)	
State Income Tax Paid - from W-2's, and from 1099's	
Balance Due on Last Year's State Return	
Extension Payment on Last Year's State Return	
Payment on a Prior Year's State Return or adjustment	
Prior Year's 4th Qtr. State Estimate Paid in Jan. This Year	
Sales tax paid on vehicle purchase	

RESIDENTIAL MORTGAGE INTEREST PAID*

Please check box if mortgage was initiated before Oct. 14, 1987	Principal Residence	Second Residence
1st Trust Deed Mortgage Bal. at End of Yr.	<input type="checkbox"/>	<input type="checkbox"/>
2nd Trust Deed Mortgage Bal. at End of Yr.	<input type="checkbox"/>	<input type="checkbox"/>
3rd Trust Deed Mortgage Bal. at End of Yr.	<input type="checkbox"/>	<input type="checkbox"/>
If there was a refinancing during the year check here <input type="checkbox"/>		
If so, what was the mortgage balance prior to refinancing	\$	\$

RESIDENTIAL MORTGAGE INTEREST PAID

To An Institution: 1st (**) \$	\$
2nd (**) \$	
3rd (**) \$	
Points \$	
To An Individual \$	
Individual's Identification Number	
Individual's Name	
Address	

(*) It is advisable to have copies of the closing statements available for the purchase/refinance/new loan if it occurred this year.

(**) Amounts should agree with Form 1098. If the amounts shown DO NOT coincide with Form 1098 issued by the mortgage holder, check here: . If Form 1098 was issued in another's SS #, enter that person's name and SS #: .

OTHER INTEREST PAID

Paid To	Amount	Paid To	Amount
	\$		\$
	\$		\$

CHARITABLE CONTRIBUTIONS

Any gift \$250.00 or more requires documentation from charity

Cancer Fund/United Way/Heart, Lung, etc.	\$
Churches/Temples, etc.	
Payroll Deductions	
Red Cross	
University, Public TV, Telethons	
Miscellaneous	
Non-Cash Contributions:	
Goodwill Industries	
Salvation Army	
Other (If Auto Donation, Provide 1098-C)	
Expenses in connection with Charitable Organization	
Explain:	
Miles Drive for charity _____ Miles	
Other _____	\$

CASUALTY AND THEFT LOSSES

Examples: Theft, Earthquake, Fire, Flood, Storm, Vandalism, Auto Accidents

Please attach separate schedule for each loss. Use IRS
Publication 584 or call our office for instructions**MOVING EXPENSES**

Enter number of miles from your OLD HOME to your NEW WORKPLACE _____ Miles	
Enter number of miles from your OLD HOME to your OLD WORKPLACE _____ Miles	
Transportation and storage of household goods and personal effects	\$ _____
Travel and Lodging expenses of moving from old home to new home (Do not include meals)	\$ _____
Amount your employer paid for your move, not included in W-2.	\$ _____

MISCELLANEOUS BUSINESS & INVESTMENT EXPENSES

Do Not Enter Expenses You Have Listed Elsewhere	Taxpayer	Spouse
Attorney Fees (to protect taxable income) . . .	\$	\$
Business Gifts		
Dues: Union and Professional		
Employment Related Education/Seminars		
Tuition/ Fees		
Books/Supplies/Parking		
Travel _____ Miles		
Entertainment & Meals		
Gambling Losses-Only To Extent of Winnings		
Investments Expense-Publications & Journals		
Other		
IRA or Keogh Fees Paid By You		
Job Seeking Expenses In Same Field		
Employment & Resume Fees		
Other:		
Travel _____ Miles		
Licenses, Fees, Credentials, Etc.		
Investment Account Management Fees		
Publications, Books, Etc., Used in Business . .		
Safe Deposit Box		
Tax Preparation and Consulting Fees		
Telephone, Fax, Pager (business calls only) . .		
Tools, Supplies, Equipment		
Uniforms - Purchase and/ or Cleaning		
Other:		
Other:		

HOME OFFICE EXPENSE - REGULAR METHOD

In general, to qualify as an "Office in the Home" a portion of the home (or separate structure) must be used exclusively on a regular basis as (a) the principle place of taxpayer's business, which includes an area used by the taxpayer for administrative or management activities if there is no other fixed location where taxpayer conducts this activity, (b) a place of business used by patients, clients or customers, or (c) a place in connection with the business if using a separate structure that is appurtenant to, but not attached to the home. If an employee, the business use must be for convenience of the employer.

Total Square Footage of home		Rent	\$	Mgmt. Fees	\$
Square Footage of office		Utilities		Taxes	
Square Footage of Garage		Maintenance		Other	
Storage	\$	Insurance		Other	

HOME OFFICE EXPENSE - SIMPLIFIED METHOD

Square Footage of office (Not to Exceed 300) Multiplied by \$5 \$

AUTO BUSINESS MILEAGE & EXPENSE

Please complete this section if auto is used for business. DO NOT complete this section if auto is used only for commuting to and from work and personal travel.

	Taxpayer or Vehicle 1	Spouse or Vehicle 2
Description of Vehicle (Make/Model)		
Date Originally Purchased or Leased		
Total Miles Auto Driven, Personal & Business	mi.	mi.
Cost or Value of Vehicle	\$	\$
Business Miles Driven	mi.	mi.
For Employer	mi.	mi.
To Professional Meetings	mi.	mi.
Between 1st and 2nd Job	mi.	mi.
From Job to School	mi.	mi.
Job Seeking	mi.	mi.
Investment/Tax Preparation	mi.	mi.
Rental	mi.	mi.
Self-employed Business	mi.	mi.
Other:	mi.	mi.
Average Daily Round-Trip Commute	mi.	mi.
Total Commuting for the Year	mi.	mi.
Parking	\$	\$
Gasoline, Oil Lubrication		
Repairs & Maintenance (Tires, Batteries, Etc.)		
Insurance		
License & Taxes (DON'T DUPLICATE IF SHOWN IN OTHER SECTION)		
Interest (DON'T DUPLICATE IF SHOWN IN OTHER SECTION)		
Wash & Wax		
Lease Payments		
Other:		

AWAY FROM HOME BUSINESS TRAVEL EXPENSES

Air Fare	
Auto Rental, Taxi, Etc.	
Meals and Tips	
Lodging and Tips	
Laundry	
Other:	
Other:	

COMMENTS OR QUESTIONS

To the best of my (our) knowledge, the enclosed information correctly includes all income, deductions, and other information necessary for the preparation of this year's Income Tax Returns.

Taxpayer's Signature _____	Date _____
Spouse's Signature _____	Date _____