

Did everyone in your household have Medical Insurance all year. Yes \_\_\_\_\_ No \_\_\_\_\_

# 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 Name (First, Initial, and Last Name)		Date of Birth	Dependents Social Security No.		Relationship	No. of Months Lived in Your Home During Year	
<b>CHILD AND DEPENDENT CARE EXPENSES</b>							
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)
							\$
							\$
<b>ESTIMATED TAXES PAID AND CREDITS</b>					<b>Current year Contributions</b>	<b>IRA/ROTH</b>	<b>KEOGH or SEP</b>
	<b>Due Date</b>	<b>Date Paid</b>	<b>Federal</b>	<b>State</b>	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 If yes, please indicate the amount of funds Withdrawn: \$ _____ Re-Deposited \$ _____ Also please indicate if funds are from IRA 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.		\$	\$			
<b>I N C O M E</b>							
Wages: (Attach W-2's)		Number of W-2's _____		\$		Pension or Annuity (Attach 1099 R's)	\$
Interest:		Amount:		Dividends:		Ordinary	Qualifying
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 \$		
<b>IMPORTANT - TO E-FILE YOUR RETURN, PROVIDE BANK INFO OR ATTACH A VOIDED CHECK.</b>							
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 &amp; 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 . . . . .	\$	_____
<b>NON CASH CONTRIBUTIONS</b>	\$	_____
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:

_____		
_____		
_____		