



PERSONAL INCOME TAX QUESTIONNAIRE

Taxpayer Name:	
Date of Birth:	
Social Security #:	
Driver's License #:	
Profession/Job Title:	
Spouse's Name:	
Spouse's Date of Birth	
Spouse's Social Security #:	
Spouse's Driver's License #	
Spouse's Profession/Job Title:	
Street Address:	
City, State, Zip:	
Home #:	
Cell #:	
Email:	
Would you like direct deposit?	
Name of Bank	
ABA Routing #:	
Account #:	
DEPENDENTS	
Name:	
Date of Birth:	
Social Security #:	
Relationship:	
Name:	
Date of Birth:	
Social Security #:	
Relationship:	
Name:	
Date of Birth:	
Social Security #:	
Relationship:	
Name:	
Date of Birth:	
Social Security #:	
Relationship:	
INCOME (Attach W-2's or 1099's)	

Gross Wages	
Soc Sec Withheld	
Medicare Withheld	
Fed Tax Withheld	
State Inc Tax Withheld	
Interest Income	
Dividend Income	
Capital Gain & Losses-Investment	
Capital Gain & Losses-Date Acquired	
Capital Gain & Losses-Cost or Other Basis	
Capital Gain & Losses-Date Sold	
Capital Gain & Losses-Net Sale Proceeds	
Other Gains & Losses-Investment	
Other Gains & Losses-Date Acquired	
Other Gains & Losses-Date Sold	
Other Gains & Losses-Net Sale Proceeds	
Pensions, IRA Distributions, Annuities, and Rollovers (attach 1099)	
Unemployment Compensation Received	
Social Security Benefits Received (attach annual statement)	
State/Local Tax Refund(s)	
Royalties, Partnerships, S Corporations, Estates, Trusts (Attach K-1's for all Partnerships/ S-Corporations/Fiduciaries)	
Rental Property (Attach separate schedule(s) showing receipts & expenses for each rental property)	
ADJUSTMENT TO INCOME	
Your IRA deduction	
Spouse's IRA deduction	
Keogh SEP deduction	
Penalty for early withdrawal of savings	
Alimony paid - List name and Social Security Number	
Self-employed health insurance premiums	
ITEMIZED DEDUCTIONS	
MEDICAL & DENTAL	
Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and	

dental insurance premiums (including Medicare B) paid (reduce by any insurance reimbursements)	
Transportation and lodging incurred to obtain medical care	
Other Medical expenses - hearing aids, eyeglasses, medical devices, etc.	
TAXES PAID	
State & Local Taxes not listed elsewhere	
Real Estate Taxes not listed elsewhere	
Personal property taxes (includes owners tax on auto registration)	
INTEREST PAID	
Home mortgage interest paid to financial institutions	
Home mortgage interest paid to individuals (Provide name and address of individual)	
Points paid	
Investment Interest	
CONTRIBUTIONS	
Cash (Written documentation is required for all gifts of \$250 or more - not just cancelled checks)	
Other than cash - Attach details	
Casualty and Theft Losses - Attach Details	
EMPLOYMENT EXPENSES:	
Union/Professional Dues:	
Seminars/Continuing Education:	
Books/Subscriptions	
Parking Tolls:	
Uniforms/Protective Equipment:	
Job Search Costs:	
Equipment/Tools:	
Unreimbursed Miles Traveled:	
MISCELLANEOUS EXPENSES:	
Employee business expenses - attach details for amount Reimbursed, Not Reimbursed and list Job hunting expenses	
Business Publications	
Tax Preparation Fees:	
Union Dues	
Business Publications	

Professional Dues/Fees	
Safety Deposit Box Rental	
Small Tools used in your trade or business	
Business telephone	
Uniforms & Cleaning	
IRA Custodial fees	
Investment Expenses	
Education Expenses (attach details)	
Business Entertainment	
Other Miscellaneous deductions	
Automobile Use (In order to deduct mileage for auto expenses in a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit)	
OTHER	
Expenses incurred in connection with adoption	
Foreign Tax Credits	
CHILDCARE:	
Provider Name:	
Address:	
Provider Tax ID #:	
Amount Paid:	
ADULT EDUCATION/COLLEGE EXPENSES (Per Student)	
Tuition (Attach Form 1098T)	
Books:	
Fees:	
Student Loan Interest Paid (Form 1098E):	

BUSINESS USE OF HOME

1. Do you use any part of your home regularly and exclusively for business? Yes No
2. Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%) _____
3. Description of work done in home office _____
4. Description of work done outside of work office _____
5. Total Square feet of home _____

6. Total Square feet of the area of the home used regularly for business_____

- Did anyone in your family receive a scholarship of any kind during the year? Yes No
(If yes, please provide details; this includes athletic scholarships)
- If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:
Addition: Description, Date acquired, cost (& trade-in, if any)
Dispositions: Description, Date of disposition, amount realized
(If we did not prepare your previous year return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)
- If we have not previously prepared your return - please provide a copy of your prior tax returns.
- Did you settle any notices or settle any tax examinations concerning your prior tax years' returns?
Yes No (If yes, please provide copy of notices, settlement reports, etc.)
- Did you receive any payments from a pension or profit sharing plan? Yes No (If yes, provide pertinent information or statements from the plan.)
- Did you sell your primary residence during the year? Yes No If "Yes", provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale
- Did you change your state residency during the year? Yes No If "Yes", please provide the following:
Previous address:
Date of move:
Distance: miles
Costs of move: (describe)
- **Provide details for any "Yes" response to the following:**
 1. Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence?.....Yes No
 2. Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$1,000,000?... Yes No
 3. Did you exercise any stock options?... Yes No
 4. Did you purchase, sell, or own any bonds you paid more or less than the face amount? Yes No
 5. Did you sustain any non-business bad debts?... Yes No
 6. Did you or your spouse make any gifts in excess of \$13,000 to any one donee?Yes No
 7. Were you the recipient of, or did you make a "below-market" or "interest-free" loan?...Yes No

8. Do you have a child under the age of 18 as of December 31, who has earned an income (interest, dividends, etc.) of more than \$950?..... Yes No
9. Did you lease a car which you used for business purposes? Yes No
 (If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in the year, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W-2.
10. Do you have signing authority on any foreign account?.....Yes No

• **Household Employees: (Nanny Tax)**

Did you pay a household employee at least \$1,700 this year? Yes No (e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters) If yes, please provide the following information for each:

Name _____
 Social security No _____
 Wages Paid _____
 Federal Income tax withheld _____
 Social Sec tax withheld _____
 Medicare tax withheld _____
 State income tax withheld _____

Your Employer Identification Number (You can no longer use your social security Number) Has W-2 been filed? Yes [] No []

If no, do you want us to prepare them for you? Yes [] No []

Have the necessary state employment returns been filed? Yes [] No []

If no, do you want us to prepare them for you? Yes [] No []

Was the household employee under eighteen years of age and a student? Yes [] No []

- **Additional Information** (Kindly provide any other tax information, or include any facts or circumstances we should be aware of in order to properly prepare your tax return. Also include any questions you may have. _____
