

RETURN SERVICE REQUESTED

TAX QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE BEFORE YOUR 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.....

- PLEASE MAIL THIS COMPLETED QUESTIONNAIRE TO THIS OFFICE BEFORE YOUR APPOINTMENT.
- PLEASE MAIL THIS COMPLETED QUESTIONNAIRE TO THIS OFFICE SO YOUR RETURN CAN BE PREPARED BY CORRESPONDENCE.

- PLEASE CALL FOR YOUR APPOINTMENT.
- YOUR APPOINTMENT IS SCHEDULED FOR
DAY: _____ DATE: _____

TIME: _____ AM
_____ PM

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

ELECTRONIC FILING INFORMATION

We may elect to use electronic filing, if your return qualifies.

The following information is required for electronically depositing your refunds into your bank account.

Name of your bank or financial institution (Note if filing a joint tax return, the account must be a joint account):

Routing Transit Number (RTN):

Must contain 9 digits and begin with 01 thru 12 or 21 thru 32.

Depositor Account Number:

CAUTION: Occasionally the check number will appear before or after the account number- do not include it with the account number.

Type of Account (check one): Checking Other

A paper-filed tax return must be signed by the taxpayer (and spouse if filing jointly). When your return is electronically transmitted, a physical signature is not possible. Instead, you can use a Personal Identification Number (PIN) as your electronic signature. Your (and your spouse's, if filing a joint return) PIN can be any randomly selected five-digit number not beginning with zero and is only used to tie your physical signature on the transmission authorization to the transmitted return. There is no need on your part to record or remember the number, and you can use the same or a different number each time you file. Please indicate your desired PIN(s).

Your selected PIN:

Your Spouse's selected PIN:

MEDICAL EXPENSES PAID

To be deducted, medical expenses must exceed 7 1/2% of your adjusted gross income, and then only the amount that exceeds the 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year; your medical expense must exceed \$3,000.

Hospital, Medical, Dental, Medicare* and Insurance Premiums		
Doctors, Dentists, Psychotherapy and Psychological Counseling		
Hospitals, Nursing Home, Nursing Care, Lodging, etc.		
Prescription Drugs (no "over-the-counter" drugs)		
Glasses, Hearing Aids, Batteries, etc.	Auto Travel	mi.
Lab and X-Ray	Parking Fees	
Supplies, Rentals, etc:	Phone (toll charges)	
Other: _____		
Insurance Reimbursement (only for amounts listed above)		{ }
*Amounts withheld from Social Security Benefits only.		

TAXES PAID

Real Estate - Home & 2nd Home ONLY (not rental)		
Real Estate - Investment Property (land, etc.)(not rental)		
Vehicle License Fees: (1)	(2)	(3) (4)
Personal Property Tax (boat, plane, etc.)		
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 4th Qtr. pd Jan of this year	

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 (must list name, address & SSN below)		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual (must list name, address & SSN below)		
Home Equity Loan			
Individual's 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:			
Did you refinance during the year? If so, provide escrow statement.....		YES	NO
Does your home equity loan exceed \$100,000?.....		<input type="checkbox"/>	<input type="checkbox"/>
Does the sum of all home mortgages exceed \$1,100,000?.....		<input type="checkbox"/>	<input type="checkbox"/>

INVESTMENT INTEREST PAID

Interest paid for investments, such as land, stocks, etc.

Vacant Land	Brokerage Margin Accounts	
Other:		

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 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 Child		
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				

CHARITABLE CONTRIBUTIONS

Written verification is required for contributions of \$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 Clothing, Furniture, etc., contributed**		
**Provide a detailed list of items if total amount is more than \$500. List must include, for each item, cost, fair market value, date acquired, date contributed, and name and address of organization donated to. Have receipts available. Please call this office in advance if contribution exceeds \$5,000.		

MISCELLANEOUS DEDUCTIONS

List all travel expenses including auto, out of town meals, hotel, air fare, etc., in sections for business mileage, and away-from-home expenses(next page).

Do not enter expenses you have listed elsewhere	You	Spouse
Attorney Fees (to protect taxable income)		
Business Gifts (see business expense instructions on next page)		
Dues: Union and Professional		
Employment & Resume Fees		
Entertainment & Meals (see business expense instructions on next page) enter 100%		
Gambling Losses (limited to taxable winnings)		
Insurance - Business (E&O, malpractice, etc.)		
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 (business calls only)		
Tools, Supplies, Equipment		
Uniforms - Purchase		
- Cleaning		
Other: _____		

EDUCATION EXPENSES

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family.

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 - Qualified Educational Instruction			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Secondary - First 2 years			
After First 2 years			
Fees - Enrollment / Attendance Only			
Other Expenses - DO NOT COMPLETE Unless qualifying for tax or penalty-free IRA distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar Expenses for continuing education should be entered in different section below.			
Books / Supplies			
Room / Board			
CONTINUING EDUCATION EXPENSES - Education for the taxpayer & spouse only and ONLY if job related			
Tuition and Fees			
Seminar Fees, etc			
Books / Supplies, etc			
Travel			(list in appropriate area opposite page)

BUSINESS VEHICLE INSTRUCTIONS

Business Mileage section **MUST** be completed for every vehicle that is used for business. Actual expenses are **NOT** required if you are using the government's "standard mileage rate." However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to and from work and for personal travel.	Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Check if vehicle provided (<i>owned</i>) by employer	<input type="checkbox"/>	<input type="checkbox"/>	
Enter reimbursement provided by employer			
Check if the reimbursement included in W-2.	<input type="checkbox"/>	<input type="checkbox"/>	
Description of Vehicle (<i>Make / Model</i>)			
Date Originally Acquired			
Total Miles Auto Driven, Personal & Business (<i>Required</i>)			
Parking – Business only, (<i>do not include parking at place of employment</i>)			
BUSINESS MILES DRIVEN	For Employer	mi.	mi.
	To Professional Meetings / From Job to School	mi.	mi.
	Between 1st and 2nd Job	mi.	mi.
	Jobseeking / Temporary Job Sites	mi.	mi.
	Investment / Tax Preparation	mi.	mi.
	Rental	mi.	mi.
	Self-employed Business	mi.	mi.
Other: _____	mi.	mi.	
Average Round Trip Distance to Work (<i>Required</i>)	mi.	mi.	
Total Commuting for the Year (<i>Required</i>)	mi.	mi.	

BUSINESS VEHICLE EXPENSES Complete only if vehicle used for business.

Gasoline, Oil, Lubrication		
Repairs & Maintenance		
Tires, Batteries, etc.		
Insurance (<i>DO NOT DUPLICATE ELSEWHERE</i>)		
License & Taxes (<i>DO NOT DUPLICATE ELSEWHERE</i>)		
Interest (<i>DO NOT DUPLICATE ELSEWHERE</i>)		
Wash & Wax		
Lease Payments		
Other: _____		

AWAY-FROM-HOME EXPENSES

	You	Spouse
Airfare		
Auto Rental, Taxi, Etc.		
Meals and Tips (<i>enter 100% of expense</i>)		
Lodging and Tips		
Laundry		
Other: _____		

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

" OFFICE-IN-HOME " EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. Beginning in 1999, a home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business, if you are an employee, the home office use must also be for the convenience of the employer.

Tot'l Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Mgmt Fees	Other: _____		
Maintenance & Repairs: Office	Home in General**		

*If you own your home, provide purchase settlement statement and list of improvements to office.
**Roof, outside painting OK; not lawn care.

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 price but not cost.



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

RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill. List business vehicle expenses and travel expenses in Business Mileage, Rental, this page.

Property	Address		
1			
2			
3			
Property	1	2	3
Income			
Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal and Professional Fees			
Mortgage Interest Paid to Banks			
Other Interest			
Repairs: Carpentry, Hardware			
Electrical, Plumbing			
Paint & Decorating			
Supplies			
Taxes			
Utilities			
Wages and Salaries			
Condo or Management Fees			
Telephone (<i>Toll Calls Only</i>)			
Improvements & Replacements	See Instructions Below		
Other: _____			
Number of Days Used Personally			

Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.

SELF EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page.

	You	Spouse			
Gross Income					
Returns and Refunds	<	>			
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	You	Spouse	Expense	You	Spouse
Advertising			Rent (<i>Other.</i>)		
Bank Charges			Repairs		
Commissions			Seminars		
Dues & Pubs.			Supplies		
Entertainment (<i>100%</i>)			Taxes-Payroll		
Freight			Taxes-Sales		
Gifts <small>See business expense instructions</small>			Taxes-Property		
Insurance			Telephone		
Interest (<i>Mortgage</i>)			Utilities		
Interest (<i>Other</i>)			Wages (<i>W-2</i>)		
Legal/Profess.			Other:		
Office Expense			Other:		
Rent (<i>Equip.</i>)			Equipment:		

Provide list including description, purchase date and cost.

