

Taxpayer Information

Filer Name <input type="text"/>	Spouse Name <input type="text"/>
Social Security No. <input type="text"/> DOB(mm/dd/yyyy) <input type="text"/>	Social Security No. <input type="text"/> DOB(mm/dd/yyyy) <input type="text"/>
Occupation <input type="text"/> Legally Blind <input type="checkbox"/>	Occupation <input type="text"/> Legally Blind <input type="checkbox"/>
Phone <input type="text"/> Email <input type="text"/>	Phone <input type="text"/> Email <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Widow(er) <input type="checkbox"/>	

Dependents

Enter S-Son, D-Daughter, R-Relative, O-Other

Check if you are NOT the child's custodial parent

First Name	Last Name	SSN#	Months in Home	DOB	US Citizen	Student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Estimated Taxes Paid

	Date Paid	Federal	State		Date Paid	Federal	State
1st Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	3rd Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	4th Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>

Status Changes for Tax Year (Please include dates)

Married: Separated: Divorced: Retired:
 Moved: Home Sold: Spouse Deceased: Dependent Deceased:

Would You Like Your Refund Direct Deposit?

*Please attach a voided check

Q & A

- | | | |
|---|------------------------------|-----------------------------|
| Were you the beneficiary of an inheritance? If so please verify with executor or trustee if your will be receiving a K-1. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the IRS or an state or local taxing agency notified you of any change to a prior year tax return? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you or your spouse wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? Taxpayer: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Did you or your spouse receive income from any source not listed elsewhere in this questionnaire? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you or your spouse barter goods or services with others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any children or dependents 24 or under who have investment income? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you move during the past year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you expect any significant changes in income, tax withholding or tax liability in the next year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you or your spouse pay premiums or receive benefits from long term care insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you or your spouse receive educational benefits from your employer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you or your spouse or a dependent attend post-secondary school? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you pay anyone, who is over age 18, \$1900 or more to work at your home doing housework, yard work or other domestic help? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you or your spouse become disabled during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you or your spouse handicapped employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did your or your spouse have earned income and living expenses while working outside of the US? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you or your spouse open a health savings account (HSA) during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did your receive reimbursement from insurance or another source for prior year medical deductions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you or your spouse a signer or received distributions from a foreign account? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you make a gift of money or property to any individual in excess of \$15,000 (\$30,000 for joint gifts by a married couple)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Did you sell jewelry, gold, coins, or other precious metals during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Write details of YES answers in the space below - also any other information or questions.

Yes No

Income & Adjustments

W-2 Wages	You <input type="text"/> Sp <input type="text"/>	Divorce Date (mm/dd/yyyy): <input type="text"/>	Alimony Paid to: <input type="text"/>	SSN <input type="text"/>
State Tax Refund (1099G)	You <input type="text"/> Sp <input type="text"/>	Alimony Received (IRS matches w/alimony paid)	You <input type="text"/> Sp <input type="text"/>	
Social Security or RR (SSA-1099 or RRB-1099)	You <input type="text"/> Sp <input type="text"/>	Unemployment Compensation (1099-G)	You <input type="text"/> Sp <input type="text"/>	
Pension Income (1099R's)	You <input type="text"/> Sp <input type="text"/>	Gambling Winnings (W-2G's)	You <input type="text"/> Sp <input type="text"/>	
Tips (not included in W-2)	You <input type="text"/> Sp <input type="text"/>	Gambling Losses (W-2G's)	You <input type="text"/> Sp <input type="text"/>	

Interest Income (You may skip this section if you provide all 1099INT's)

Name of Payer <input type="text"/>	Amount <input type="text"/>
Name of Payer <input type="text"/>	Amount <input type="text"/>
Name of Payer <input type="text"/>	Amount <input type="text"/>
Name of Payer <input type="text"/>	Amount <input type="text"/>
Seller Financed Mortgages (Seller financed mortgages require the name, SSN, & address of the payer)	
Payer Name <input type="text"/>	Total <input type="text"/>
SSN <input type="text"/>	Interest <input type="text"/>
Address <input type="text"/>	Principal <input type="text"/>

Dividend Income (You may skip this section if you provide all K-1's & 1099DIV's)

Name of Payer <input type="text"/>	Name of Payer <input type="text"/>
Foreign Taxes Paid <input type="text"/>	Foreign Taxes Paid <input type="text"/>
Ordinary <input type="text"/>	Ordinary <input type="text"/>
Qualified Dividends <input type="text"/>	Qualified Dividends <input type="text"/>
Capital Gains <input type="text"/>	Capital Gains <input type="text"/>
Source US Obligations <input type="text"/>	Source US Obligations <input type="text"/>
Taxable to State Only <input type="text"/>	Taxable to State Only <input type="text"/>
Non-taxable State & Federal <input type="text"/>	Non-taxable State & Federal <input type="text"/>

(1) Qualified dividends receive special tax treatment and are included in the "Ordinary Dividends" total
 (2) Includes income from savings bonds, T-Bills, etc., which are state tax-free

IRA & SE Plans (You may skip this section if you provide all 5498's & 1099R's)

Traditional IRA, Keogh & SEP Plans		Roth IRA	
Contributions (include copy of 5498)	You <input type="text"/> Sp <input type="text"/>	Contributions (include copy of 5498)	You <input type="text"/> Sp <input type="text"/>
Withdrawals (include copy of 1099R) ⁽¹⁾	You <input type="text"/> Sp <input type="text"/>	Withdrawals (include copy of 1099R) ⁽¹⁾	You <input type="text"/> Sp <input type="text"/>
Rollovers (include copy of 1099R) ^{(2) (3)}	You <input type="text"/> Sp <input type="text"/>	Rollovers (include copy of 1099R) ^{(2) (3)}	You <input type="text"/> Sp <input type="text"/>

(1) Show reason if under 59 1/2 (2) Must be reported even if not taxable unless "transferred" (3) Rollovers from Traditional to a Roth IRA may be taxable

Investment Sales (You may skip this section if you provide all 1099B's)

Description	Inherited	Acquired	Sold	Selling Price	Cost or Other Basis	Profit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Questions & Information

Qualified Tuition Plan (Sec. 529) Distribution (provide 1099Q)	Yes	No	Adoption Expenses	Yes	No
Student Loan Interest Paid (provide 1099E)	Yes	No	Special Needs Child	Yes	No

CAUTION: These expenses may qualify for tax credits and 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. Please provide forms 1098-T and/or 1099-Q if applicable.

FOR TUITION CREDIT	STUDENT 1	STUDENT 2	FOR CONTINUING EDUCATION	STUDENT 1	STUDENT 2
Full or Part-time Student	<input type="text"/>	<input type="text"/>	Tuition & Fees	<input type="text"/>	<input type="text"/>
Post-Secondary Tuition (in 1st 4 Yrs)	<input type="text"/>	<input type="text"/>	Seminar Fees, etc.	<input type="text"/>	<input type="text"/>
Post-Secondary Tuition (after 1st 4 Yrs)	<input type="text"/>	<input type="text"/>	Books & Supplies	<input type="text"/>	<input type="text"/>
Enrollment Fees & Course Materials	<input type="text"/>	<input type="text"/>			

Business Vehicle Expenses

	Veh. 1		Veh. 2		Veh. 1		Veh. 2	
Make, Model, Year	<input type="text"/>		<input type="text"/>		Beginning Miles	<input type="text"/>	<input type="text"/>	
Is the vehicle provided (owned) by your employer?	Yes	No	Yes	No	Ending Miles	<input type="text"/>	<input type="text"/>	
Is the vehicle available for personal use? (See B12)	Yes	No	Yes	No	Total Business Miles	<input type="text"/>	<input type="text"/>	
Did you have another vehicle for personal use?	Yes	No	Yes	No	Gas, Lube, Oil	<input type="text"/>	<input type="text"/>	
Do you have written evidence to support your deduction?	Yes	No	Yes	No	Repairs	<input type="text"/>	<input type="text"/>	
Parking (do not include at place of employment) & Tolls	<input type="text"/>		<input type="text"/>		Tires	<input type="text"/>	<input type="text"/>	
					Insurance	<input type="text"/>	<input type="text"/>	
					License	<input type="text"/>	<input type="text"/>	
					Interest or Lease	<input type="text"/>	<input type="text"/>	

Charitable Contributions

All cash contributions MUST be documented with either a bank record or written verification from the charity. Personal benefits must be excluded from the donation. Household and clothing items must be in good or better condition. Items of minimal value such as underclothing are not counted. A written receipt is required for donations of \$250 or more. An itemized list should be included with your return if the total exceeds \$500. Deductions are limited to the lesser of your cost or the fair market value for each item contributed.

CONTRIBUTIONS			VOLUNTEER EXPENSES	
Name	Cash	Non-Cash	Expense Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Volunteer Miles	<input type="text"/>

I (we) have reviewed the information in this questionnaire (including the business and rental data sheets, if applicable) and the the best of my (our) knowledge it is accurate, correct and complete.

(taxpayer)

(spouse)