

INCOME TAX QUESTIONNAIRE

Date		Home Phone No. ()		Your Office Phone No. ()		Spouse's Office Phone No. ()	
Cell Phone No. ()		Fax ()		E-Mail address			
Your Name			Date of Birth		Blind <input type="checkbox"/>		Over 65 <input type="checkbox"/>
Spouse's Name			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 Social Security No.		Spouse's Social Security No.	
Names or 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
CHILD AND DEPENDENT CARE EXPENSES							
Names of Persons or Organizations who provided the care		Address (number, street, city, State & zip code)		Telephone No.	Identification Number (Soc. Sec. No. or Emp. I.D. No.)	Amount Paid (net of employer paid benefits)	
						\$	
						\$	
ESTIMATED TAXES PAID AND CREDITS				Current year Contributions	IRA/ROTH		SEP
	Due Date	Date Paid	Federal	State	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 If yes, please indicate the amount of funds Withdrawn: \$ _____ Re-Deposited \$ _____ Also please indicate if funds are from IRA 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.		\$	\$			
I N C O M E							
Wages: (Attach W-2's) Number of W-2's _____ \$		Pension or Annuity (Attach 1099 R's) \$					
Interest: Amount:		Dividends: Ordinary		Qualifying		Capital Gain	
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 \$	
IMPORTANT - TO E-FILE YOUR RETURN, PROVIDE BANK INFO OR ATTACH A VOIDED CHECK.							
Bank Name		Routing #		Bank Account #			