

Tax Questionnaire and Information Organizer

Name: _____ **Phone Numbers:** _____
Address: _____ **E-mail Address:** _____

Please review the checklist below and gather all the information related to the questions so we can review them at our appointment. The check list is required to insure that we do not miss any financial or personal activities that may impact your Federal or State Tax return.

	Name	Social Security Number	Date of Birth	Relationship	Student (Y/N)	Months in Home	Other
Taxpayer							
Spouse							
Dependents							

Yes	NO	General Questions	Total \$
<input type="checkbox"/>	<input type="checkbox"/>	Can you be claimed as a dependent of another taxpayer?	
<input type="checkbox"/>	<input type="checkbox"/>	Were there any births, marriages, adoptions, or deaths in the family?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a gift of greater than \$11,000 to any one person?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you work in a location where you lived away from home for part of the year?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any capital loss, NOL or credit carry forward from prior years.	

Did you receive Income from any of the following Sources.

<input type="checkbox"/>	<input type="checkbox"/>	Employee income reported on a W-2	Box 1 total for all W-2s
<input type="checkbox"/>	<input type="checkbox"/>	Interest from savings reported on 1099-INT	
<input type="checkbox"/>	<input type="checkbox"/>	Dividends or Capital Gains reported on 1099-DIV	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement plan distributions reported on 1099-R or other	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits SSA-1099	
<input type="checkbox"/>	<input type="checkbox"/>	State Income Tax Refund	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment income	
<input type="checkbox"/>	<input type="checkbox"/>	Gambling income	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony received	
<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Care contract payments	
<input type="checkbox"/>	<input type="checkbox"/>	Medical Savings account distribution 1099-MSA	
<input type="checkbox"/>	<input type="checkbox"/>	Advanced Child Care Credit	
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous non-employee Income-- (IF Yes, Go to page 4 Column A)	
<input type="checkbox"/>	<input type="checkbox"/>	Business income from goods or services-- (IF Yes, Go to page 4 Column B or C)	
<input type="checkbox"/>	<input type="checkbox"/>	Real estate rental property income from -- (IF Yes, Go to page 4 Column D or E)	
<input type="checkbox"/>	<input type="checkbox"/>	Income from S-Corp, Partnership, Estate or Trust- (If Yes, Attach forms)	
<input type="checkbox"/>	<input type="checkbox"/>	Foreign income	

Did you have Investment Income from any of the following sources.

(You will need to provide purchase date, sales date, purchase price, sales price for any of the following that apply.)

<input type="checkbox"/>	<input type="checkbox"/>	Sale of stocks, bonds, mutual funds, etc reported on 1099-B?
<input type="checkbox"/>	<input type="checkbox"/>	Sale of Partnership or S-Corporation Interest
<input type="checkbox"/>	<input type="checkbox"/>	Exercise of stock options (Provide option agreement and exercise summary)
<input type="checkbox"/>	<input type="checkbox"/>	Sale of employee stock purchase plan shares: (Provide sales summary sheet)
<input type="checkbox"/>	<input type="checkbox"/>	Sale of real estate property including primary residence or second home
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell a business or business assets (property, equipment, furniture, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Did any securities become worthless this year
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive form 2439
<input type="checkbox"/>	<input type="checkbox"/>	Did you exchange property for other property
<input type="checkbox"/>	<input type="checkbox"/>	Did you carry a loan for any assets sold this or prior years.
<input type="checkbox"/>	<input type="checkbox"/>	Did you surrender any U.S. Savings Bonds?

Business Questions

<input type="checkbox"/>	<input type="checkbox"/>	Did you start or acquire a business this year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell business assets, equipment, furniture, etc- (List on page 4)
<input type="checkbox"/>	<input type="checkbox"/>	Sale of any other assets or property not listed above. (List on page 4)
<input type="checkbox"/>	<input type="checkbox"/>	Business use of home (If Yes, Go to page 4 Column A,B, or C)

Itemized Deduction (Schedule A)

Yes	NO	Did you have any of the following medical expenses ?	Total \$
<input type="checkbox"/>	<input type="checkbox"/>	Doctors, Dental	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization expense	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insurance premiums	_____
<input type="checkbox"/>	<input type="checkbox"/>	Prescriptions	_____
<input type="checkbox"/>	<input type="checkbox"/>	Travel expenses related to health care	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mileage driven for health care	_____

Did you pay any of the following taxes?

<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes on primary residence	_____
<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes on second home	_____
<input type="checkbox"/>	<input type="checkbox"/>	Real estate taxes on other investment property	_____
<input type="checkbox"/>	<input type="checkbox"/>	Auto license fees	_____
<input type="checkbox"/>	<input type="checkbox"/>	Estimated state income tax payments	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other personal property taxes	_____

Did you pay any of the following Interest?

<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest on your primary residence	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest on a second home	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest paid to a private Individual	_____
		Name _____ Social Security # _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your mortgage (Include a copy of the closing papers)	_____
		If Yes, Did you also refinance your loan in a prior year?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home (include a copy of the closing papers)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay loan insurance on a home purchased or refinanced in 2007?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell your home (include a copy of the closing papers)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any investment interest?	_____

Did you have Charitable Contribution of Cash or used items?

(If over \$250 the organization must provide name and date of contribution)

<input type="checkbox"/>	<input type="checkbox"/>	Cash or check contributions	_____
		(You must have a check or statement from the recipient)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Non-cash contributions (must be in good used or better condition)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mileage driven for charitable causes	_____

Did you have any Casualty or Theft loss not reimbursed by insurance?

Description _____ Date of Loss _____

Did you have any of the following miscellaneous Expenses

<input type="checkbox"/>	<input type="checkbox"/>	Gambling losses	_____
<input type="checkbox"/>	<input type="checkbox"/>	Job search expense	_____
<input type="checkbox"/>	<input type="checkbox"/>	Job related expenses-- (IF Yes, Go to page 4 Column A)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Investment expense, Fees, Seminars, etc	_____
<input type="checkbox"/>	<input type="checkbox"/>	Legal costs to produce Income	_____
<input type="checkbox"/>	<input type="checkbox"/>	Safe deposit box for records	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tax preparation fees	_____

Did you have other expenses that may be deductible

<input type="checkbox"/>	<input type="checkbox"/>	Describe expense _____	_____
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Reduction to Income, Credits, and Estimated Tax Payments

Yes	NO		Total \$
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Alimony to anyone? Name _____ Social Security # _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have Adoption expenses? Adopted Child's Name _____ Social Security # _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have Childcare Costs? Providers Name _____ Tax ID or SSN _____ Providers Name _____ Tax ID or SSN _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any of the following Education expenses? Student loan interest payments _____ Tuition payments _____ Students Name _____ Was the student in their first or second year of school _____	_____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have Moving expenses related to a new employment location? Moving expenses _____ House hunting expenses _____ Were any of the moving expense reimbursed? _____	_____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any of the following health and retirement contribution? Medical Savings Account contributions Tax payer _____ Spouse _____ IRA contributions Tax payer _____ Spouse _____ Self-employed SEP or qualified plan Tax payer _____ Spouse _____ Did you pay health insurance premiums as self employed person. _____	_____ _____ _____ _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any Energy saving purchases? Purchase of a hybrid automobile _____ New insulation in your home _____ Energy efficient doors and windows _____	_____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any of the following Tax payments or credits? Federal quarterly estimated tax payments, total for the year _____ Federal tax overpayment from last year return carried over to this year _____ State quarterly estimated tax payments, total for the year _____ State tax overpayment from last year return carried over to this year _____	_____ _____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Other Income, Expenses, Credits, or Tax payments not reported in this organizer? Describe source _____	_____

Income and Expense Summary for Income Producing Activity

	-- A --	-- B --	-- C --	-- D --	-- E --	-- F --
	Employee Expenses	Business	Business	Rental	Rental	Other
Activity or Address						
Revenue, Rent, Sales						
Cost of Goods Sold						
Jan 1 st Inventory						
Purchases						
Dec 31 st Inventory						
Labor						
Expenses						
Advertising						
Commissions & Fees						
Contract Labor						
Employee Benefits						
Insurance (Not Healthcare)						
Interest paid- Mortgage						
Interest paid- Other						
Legal & Professional						
Management Fees						
Meals & Entertainment						
Office Supplies						
Other Expenses						
Rent or Lease Expense						
Repairs and Maintenance						
Subscriptions						
Supplies						
Taxes and licenses						
Training or Education						
Travel (excluding meals)						
Utilities						
Union Dues						
Uniforms						
Automobile Miles Driven OR Actual Expenses						
Total Miles Driven						
Business Miles Driven						
OR Oil, Gas, Repairs etc.						
Assets Purchased (Type, Date, Cost)						
Assets Sold (Type, Date, Price)						
Home office Expense						
Office Sq Feet % of home						
Insurance						
Repairs and Maintenance						
Total Utility Expense						
(Telephone, trash, gas, electric, water, sewer, etc)						