

# 2018 Tax Return Questionnaire

## Taxpayer

NAME  SOCIAL SECURITY #   
 ADDRESS  OCCUPATION

## Spouse

NAME  SOCIAL SECURITY #   
 ADDRESS  OCCUPATION

EMAIL ADDRESS:

FILING STATUS: (SINGLE, MARRIED, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW)

DATE OF BIRTH: SELF  SPOUSE

## Dependants

NAME (FIRST, INITIAL, LAST)	INCOME OVER \$2,100? (Y/N)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP	MONTHS LIVED AT HOME
<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"/>

## Health Insurance Coverage

DID YOU HAVE HEALTH INSURANCE? IF NOT, PLEASE LIST MONTHS FOR WHICH YOU WERE NOT COVERED.

DID DEPENDENTS HAVE HEALTH INSURANCE? IF NOT, PLEASE LIST MONTHS FOR WHICH HE/SHE WAS NOT COVERED.

DEPENDANT NAME	<input type="text"/>	MONTHS NOT COVERED	<input type="text"/>
DEPENDANT NAME	<input type="text"/>	MONTHS NOT COVERED	<input type="text"/>
DEPENDANT NAME	<input type="text"/>	MONTHS NOT COVERED	<input type="text"/>
DEPENDANT NAME	<input type="text"/>	MONTHS NOT COVERED	<input type="text"/>

## Wages and Salaries

NAME OF PAYER	GROSS WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD	FED. INCOME TAX WITHHELD	STATE INCOME TAX WITHHELD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF PAYER	GROSS WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD	FED. INCOME TAX WITHHELD	STATE INCOME TAX WITHHELD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If you would like your tax refund (if any) deposited directly into your bank:**

ACCOUNT TYPE:  ACCOUNT NUMBER  ROUTING NUMBER

# 2018 Tax Return Questionnaire

## Interest Income

NAME AND ADDRESS OF PAYER	AMOUNT
NAME AND ADDRESS OF PAYER	AMOUNT
NAME AND ADDRESS OF PAYER	AMOUNT
NAME AND ADDRESS OF PAYER	AMOUNT

## Capital Gains and Losses

INVESTMENT	DATE ACQUIRED	COST OR OTHER BASIS	DATE SOLD	NET SALE PROCEEDS
INVESTMENT	DATE ACQUIRED	COST OR OTHER BASIS	DATE SOLD	NET SALE PROCEEDS

## Other Gains and Losses

INVESTMENT	DATE ACQUIRED	COST OR OTHER BASIS	DATE SOLD	SALE PROCEEDS
INVESTMENT	DATE ACQUIRED	COST OR OTHER BASIS	DATE SOLD	SALE PROCEEDS

## Dividend Income

NAME OF PAYOR	AMOUNT	QUALIFIED	ORDINARY
NAME OF PAYOR	AMOUNT	QUALIFIED	ORDINARY
NAME OF PAYOR	AMOUNT	QUALIFIED	ORDINARY

## Pensions, IRA Distributions, Annuities, and Rollovers

NAME	TOTAL RECEIVED	TAXABLE AMOUNT
NAME	TOTAL RECEIVED	TAXABLE AMOUNT

## Unemployment Compensation Received?

IF YES, HOW MUCH?

## Social Security Benefits Received?

IF YES, HOW MUCH?

## State/Local Tax Refund(s) IF YES, HOW MUCH?



## Other Income

DESCRIPTION AND AMOUNTS	
-------------------------	--

# 2018 Tax Return Questionnaire

**Credits** CHILD AND DEPENDANT CARE

**Number of Qualifying Individuals**

**Name, address, and identification number of each provider**

NAME, ADDRESS, AND AMOUNT PAID

**If payments were made to an individual, were services performed in your home?**

YES OR NO?

IF YES, HAVE PAYROLL REPORTS BEEN FILLED?

**Adjustments to Income:**

**Maximize?**

**Amount**

1. Your IRA deduction

YES  NO

2. Spouse's IRA deduction

YES  NO

3. Keogh SEP deduction

YES  NO

4. Penalty for early withdrawal of savings.

YES  NO

5. Alimony paid - List name and Social Security Number

YES  NO

6. Self-employed health insurance premiums

YES  NO

7. Student Loans

YES  NO

**Amount paid for tuition**

SCHOOL	ADDRESS	EIN	CLASSIFICATION
--------	---------	-----	----------------

**Did anyone in your family receive a scholarship of any kind?**

IF YES, PLEASE SUPPLY DETAILS.

**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 2018?**  Yes  No

**Did you change your state residency during 2018?**  Yes  No

PREVIOUS ADDRESS:

DATE OF MOVE:

DISTANCE:

COSTS OF MOVE:

(DESCRIBE)

# 2018 Tax Return Questionnaire

## Rental Income (Schedule E)

**Address**

**Type of Property**

**Days of Use**

### Rental Income

**Rental income**

**Royalties received**

**Total**

### Expenses

### Amounts

**Advertising**

**Property taxes**

**Association dues**

**Utilities**

**Auto miles driven**

**Travel**

**Cleaning and Maintenance**

**Commissions**

**Insurance Legal and professional fees**

**Allocated tax preparation fees**

**Licenses and permits**

**Management fees**

**Mortgage interest- (Form 1098)**

**Other interest**

**Repairs**

**Supplies**

**Other**

**Other**

**Total**

**Net Profit/Net Loss**

### Depreciation:

**Property**

**Date Acquired**  **Cost or Other Basis**

**Depreciation Method**  **Prior Depreciation**

# 2018 Tax Return Questionnaire

## Business Use of Home

<b>Income</b>	<b>Amount</b>	<b>Cost of Goods Sold</b>	<b>Amount</b>
1. Gross receipts or sales	_____	1. Beginning of year inventory	_____
2. Returns and allowances.	_____	2. Purchases	_____
3. Other income.	_____	3. Cost of items used personally	_____
		4. Cost of labor	_____
		5. Materials and supplies	_____
		6. Other costs	_____
		7. End of year inventory	_____

### Expenses

Advertising	<input type="text"/>
Bad debts	<input type="text"/>
Licenses	<input type="text"/>
Commissions & fees	<input type="text"/>
Travel	<input type="text"/>
Employee benefits	<input type="text"/>
Meals & entertainment	<input type="text"/>
Health insurance	<input type="text"/>
Utilities	<input type="text"/>
Other insurance	<input type="text"/>
Mortgage interest	<input type="text"/>
Management fees	<input type="text"/>
Other interest	<input type="text"/>
Consulting expenses	<input type="text"/>
Legal & accounting fees	<input type="text"/>
Payroll service	<input type="text"/>
Allocation of tax prep fees	<input type="text"/>
Employee vehicle expense	<input type="text"/>
Office expense	<input type="text"/>
Employee mileage reimbursement	<input type="text"/>
Pension & profit sharing plans	<input type="text"/>
Client gifts (limited to \$25/ea)	<input type="text"/>
Rent, vehicles	<input type="text"/>
Education and seminars	<input type="text"/>
Rent, equipment	<input type="text"/>
Repairs & maintenance	<input type="text"/>
Supplies	<input type="text"/>
Payroll taxes	<input type="text"/>
Other	<input type="text"/>

**Total**

**Net Profit/Net Loss**

# 2018 Tax Return Questionnaire

## Business Use of Home (Continued)

### Depreciation:

Property

Date Acquired  Cost or Other Basis

Depreciation Method  Prior Depreciation

Do you use any part of your home regularly and exclusively for business?  Yes  No

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%) \_\_\_\_\_

Description of work done in home office \_\_\_\_\_

Description of work done outside of work office \_\_\_\_\_

Total area of home \_\_\_\_\_ Total area of home used regularly for business \_\_\_\_\_

	Direct costs (benefit only business portion of home)	Indirect Costs (other)
Home insurance	_____	_____
Repairs and maintenance	_____	_____
Utilities	_____	_____
Rent	_____	_____
Other.	_____	_____

### If Daycare Facility:

Days used as a daycare facility. \_\_\_\_\_

Prior year carryover of unallowed losses \_\_\_\_\_

Cost of home and improvements and prior depreciation. \_\_\_\_\_

### Depreciation of home, improvements, furniture, and equipment.

Property

Date Acquired  Cost or Other Basis

Depreciation Method  Prior Depreciation

# 2018 Tax Return Questionnaire

## Medical and Dental

1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2018.
2. Transportation and lodging incurred to obtain medical care
3. Other - hearing aids, eyeglasses, medical devices, etc.

## Interest Paid in 2018

1. Home mortgage interest paid to financial institutions
2. Home mortgage interest paid to individuals

Name:

Address:

3. Points paid on  purchase  refinance (include details)

4. Investment Interest

## Vehicle Expense

### Automobile Use

Car #1

Make  Model  Year

If the vehicle is being used by the owner, please provide the following information

Date of Purchase  Purchase Price

For Period of Jan 1, 2018 to Dec 31, 2018 Amount

Business Mileage

Moving Mileage

Charitable Mileage

Total Mileage

Casualty and Theft Losses - Attach Details

# 2018 Tax Return Questionnaire

## Contributions

(Written documentation is required for all gifts of \$250 or more)

1. Cash - Less than \$3,000 paid to any one organization
2. Cash - \$3,000 or more to any one organization -- show name of organization
3. Other than cash - Attach details

## Other details: