

Please complete this questionnaire before your appointment. Prior year clients – only fill in changes on Sections 1 & 2.

1. Personal Information				
Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer				
Spouse				
Street Address	City	State	Zip	Home Phone

Marital Status: Married Single Widow(er)
 We file jointly: Y N Date of Divorce Date of Spouse's Death

2. Dependents (Children & Others)							
Name (First, Last)	Relationship	Date of Birth	Social Security No.	Months Lived W/You	Disabled	Full Time Student	Dependent's Gross Income

Child & Other Dependent Care Expenses			
Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

3. Wage, Salary Income		
Attach W-2s Employer:	Taxpayer	Spouse

4. Interest Income	
Attach 1099-INT & broker statements Payer:	Amount
Tax Exempt	

5. Dividend Income			
From Mutual Funds & Stocks – Attach 1099-DIV			
Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income
List payers of partnership, limited partnership, S-corporation, trust, or estate income – Attach K-1

7. Investments Sold			
Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – Attach 1099-B & confirmation slips			
Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

8. Property Sold		
Attach 1099-S and closing statements		
Property	Date Acquired	Cost & Imp.
Vacation Home		
Land		
Other		

10. Pension, Annuity Income				
Attach 1099-R				
Payer	Reason for Payment	Reinvested?		
		Yes	No	
Did you receive: Attach SSA 1099, RRB 1099		Taxpayer		Spouse
		Yes	No	Yes
Social Security Benefits				
Railroad Retirement				

12. Medical/Dental Expenses	
Medical Insurance Premiums (paid by you)	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Braces	
Medical Equipment, Supplies	
Nursing Care	
Medical Therapy	
Hospital	
Doctor/Dental/Orthodontist	
Mileage (no. of miles)	

14. Interest Expense	
Mortgage interest paid (attach 1098)	
Interest paid to individual for your home	
Paid to:	
Name:	
Address:	
Social Security No.	
Investment Interest	

16. Charitable Contributions	
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other	
Non-Cash	
Volunteer No. of miles @ 14¢	

9. I.R.A. (Individual Retirement Account)			
Contributions for tax year income			
	Amount	Date	Roth?
Taxpayer			
Spouse			
Amounts withdrawn. Attach 1099-R & 5498			
Plan Trustee	Reason for Withdrawal	Reinvested?	
		Yes	No

11. Other Income	
List all other income (including non-taxable)	
Alimony Received	
Child Support	
Scholarship (Grants)	
Unemployment Compensation (repaid)	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses _____)	
Unreported Tips	
Director / Executor's Fee	
Commissions	
Jury Duty	
Worker's Compensation	
Disability Income	
Veteran's Pension	
Payments from Prior Installment Sale	
State Income Tax Refund	
Other	
Other	

13. Taxes Paid	
Real Property Tax	
Personal Property Tax	
Other	

13. Estimated Tax Paid			
Due Date	Date Paid	Federal	State

13. Education Expenses <i>FOAM 1098T</i>		
Student's Name	Type of Expense	Amount

**income
tax
associates**

Rental Income & Deduction Organizer

Name: _____
 Property location: _____
 Number of apts.? _____ I live in apt. number _____
 Rents received during year: _____
 Do relatives or "good" friends live in property? _____
 If rents are considered low, specify reason. _____

Repairs:	Description	Apt. No.	Amount
Carpentry	_____	_____	\$ _____
	_____	_____	\$ _____
Plumbing	_____	_____	\$ _____
	_____	_____	\$ _____
Electrical	_____	_____	\$ _____
	_____	_____	\$ _____
Painting	_____	_____	\$ _____
	_____	_____	\$ _____
Appliance(s) & repairs	_____	_____	\$ _____
	_____	_____	\$ _____
Oil burner cleanup and repair	_____	_____	\$ _____
Outside house.....	_____	_____	\$ _____
Roofing.....	_____	_____	\$ _____
Purchased small tools.....	_____	_____	\$ _____
Other	_____	_____	\$ _____
	_____	_____	\$ _____

Other Expenses:

Water and sewer..... \$ _____

Do you provide utilities for your tenants? _____
 If yes, Electricity \$ _____ Oil \$ _____ Gas \$ _____

Insurance (Fire, liability, and FHA, etc.) \$ _____

Mortgage interest \$ _____

Real estate taxes..... \$ _____

Do you have any home improvement loans? _____
 Years of Loan _____ Amount Borrowed \$ _____ Monthly Payment \$ _____
 Months paid during year _____

Rental Commissions or Advertising..... \$ _____

Hardware and supplies..... \$ _____

Do you use your auto to pickup supplies, etc.? _____

Improvements (during year)

Description	Apt.	Cost
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

For Office Use Only

If new client, list when house purchased, cost and all improvements since date purchased to current tax year.

income
tax
associates

Self Employment Tax Organizer

Self Employed Business Income & Expenses			
Must keep different businesses separated and the businesses of each spouse separate	<input type="checkbox"/> You <input type="checkbox"/> Sp.	<input type="checkbox"/> You <input type="checkbox"/> Sp.	
Income: Gross Receipts or sales			
Returns and Refunds			
Other			
Other			
Cost of Inventory at Beginning of Year			
Cost of Merchandise Purchased			
Cost of Items for Personal Use			
Cost of Inventory at End of Year			
Advertising			
Bank Charges			
Car Expenses			
Commissions			
Dues and Publications			
Freight			
Health Insurance			
Insurance (not life)			
Interest: Mortgage Paid to Banks			
Other			
Legal and Professional Services			
Office Expenses			
Rent or Lease: Machinery/Equipment			
Rent or Lease: Other Business Property			
Repairs			
Supplies			
Taxes: Payroll (provide all payroll reports)			
Sales			
Property			
Other			
Travel			
Business Meals & Entertainment			
Gifts (Generally limit \$25 per person per year)			
Telephone			
Utilities			
Wages			
Other: Education & Seminars			
Equipment, Furniture, improvements (*list below)			
Check if Forms 1099 Filed		<input type="checkbox"/>	<input type="checkbox"/>
Check if Home Office		<input type="checkbox"/>	<input type="checkbox"/>
Check if Keogh or HR-10 Retirement plan		<input type="checkbox"/>	<input type="checkbox"/>
*Equipment, Furniture, Improvements			
	Description	Date Acquired	Cost

Automobile Expenses		
	Vehicle 1	Vehicle 2
Gasoline, Oil, Lubrication		
Repairs & Maintenance		
Tires, Batteries, etc.		
Insurance (don't duplicate)		
License & Taxes (don't duplicate)		
Interest (don't duplicate)		
Wash & Wax		
Lease Payments		
Other		

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.

Business Mileage		
	Vehicle 1	Vehicle 2
Vehicle Description (make, model)		
Date Originally Purchased	/ /	/ /
Cost of Vehicle (year purchased)		
Parking		
Total Miles Driven This Year	mi	mi
Business Miles Driven		
For your employer	mi	mi
To professional meetings	mi	mi
Between 1 st and 2 nd job	mi	mi
From job to school	mi	mi
Job seeking	mi	mi
For investment and tax prep.	mi	mi
Rental activities	mi	mi
Self employed business	mi	mi
Temporary job site, or other:	mi	mi

Away From Home Expenses	Your Expenses Related to:		Spouse Expenses Related to:	
	Employment	Self Emp. Business	Employment	Self Emp. Business
Airfare, Train, Bus				
Auto Rental, Taxi, etc.				
Meals & Meal Tips				
Lodging				
Laundry				
Tips				
Other				

³ For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial and bonafide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out of town. You must record the name and business relationship of each person entertained.

Professional Business Expenses

(Musician, Artist, Writer, Composer, Free Lance Artist)

Schedule A

Self Employed
Schedule C

1. Union dues & initiation fees	\$ _____	\$ _____
2. Instrument repairs & supplies	\$ _____	\$ _____
3. Music, manuscript, paper supplies	\$ _____	\$ _____
4. Publicity, photos, flowers (opening night)	\$ _____	\$ _____
5. Tuxedo, concert attire, costumes, etc.	\$ _____	\$ _____
6. Laundry	\$ _____	\$ _____
7. Accompanists	\$ _____	\$ _____
8. Substitutes	\$ _____	\$ _____
9. Tapes, recordings	\$ _____	\$ _____
10. Agent/Management fees	\$ _____	\$ _____
11. Lessons	\$ _____	\$ _____
12. Books, publications, journals	\$ _____	\$ _____
13. Concert fees for study	\$ _____	\$ _____
14. Stage cosmetics	\$ _____	\$ _____
15. Demo tapes and recording fees	\$ _____	\$ _____
16. Gifts (\$25 or under each)	\$ _____	\$ _____
17. Entertainment	\$ _____	\$ _____
18. Meals (business discussed)	\$ _____	\$ _____
19. Travel expense (air, bus, taxi, etc.)	\$ _____	\$ _____
20. Meals and lodging (overnight only)	\$ _____	\$ _____
21. Recital expenses: Hall rental, or other:	\$ _____	\$ _____
22. Telephone: Basic: _____ long distance calls	\$ _____	\$ _____
23. Postage, mailing	\$ _____	\$ _____

Equipment:

Type:	Cost:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc	
Lodging	
Meals (no. of days _____)	
Taxi, Car Rental	
Other Tax PREPARATION	
Reimbursement Received	

PRE 2017 DIVORCE

Other Deductions

Alimony Paid to:	
Social Security No.	
Student Interest Paid	