

INCOME TAX QUESTIONNAIRE

Date	Home Phone No. ()	Your Office Phone No. ()	Spouse's Office Phone No. ()
Cell Phone No. ()	Pager ()	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?	Spouses Occupation?	Your Social Security No.	Spouse's Social Security No.
Names of Dependents Claimed as Exemptions <small>Name (First, Initial, and Last Name)</small>		Date of Birth	Dependents Social Security No.
			Relationship
			No. of Months Lived in Your Home During Year
		Did you receive the child care rebate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, \$ _____	

CHILD AND DEPENDENT CARE EXPENSES

Name of Persons or Organizations who provided the care	Address <small>(number, street, city, state & zip code)</small>	Identification Number <small>(Soc. Sec. No. or Emp. I.D. No.)</small>	Amount Paid <small>(net of employer paid benefits)</small>
			\$
			\$

ESTIMATED TAXES PAID AND CREDITS					Current year Contributions	IRA/ROTH	
	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"/>		
First Quarter	April		\$	\$	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"/>		
Second Quarter	June		\$	\$	If yes, please indicate the amount of funds Withdrawn: \$ _____		
Third Quarter	Sept.		\$	\$	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"/>		
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:	Dividends:
Amount:	Ordinary Qualifying Capital Gain
Payor \$	Payor \$ \$ \$
\$	\$ \$ \$
\$	\$ \$ \$

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 <small>(Please Provide 1099 B's and any Related Documentation)</small>					
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 #
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DEDUCTIONS CLAIMED

MEDICAL EXPENSES to whom paid

Health, Accident, Insurance Premium	\$	_____
Medicare Premium (W/H from Soc. Sec.)		\$	_____
Drugs and Medicines	.....	\$	_____
.....		\$	_____
Dr.	.....	\$	_____
Dr.	.....	\$	_____
Dr.	.....	\$	_____
Dr.	.....	\$	_____
Dr.	.....	\$	_____
Dr.	.....	\$	_____
Dentist	.....	\$	_____
Dentist	.....	\$	_____
Hospital	.....	\$	_____
.....		\$	_____
Laboratory/X-Rays	.....	\$	_____
Travel Necessary To Get Medical Care	.....	_____ Miles	
Parking/Taxi/Bus	.....	\$	_____
Ambulance	.....	\$	_____
Glasses/Eye Exams	.....	\$	_____
Hearing Aid/Batteries	.....	\$	_____
Prosthetic Appliances	.....	\$	_____
Sick Room Supplies & Appliances	.....	\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
Insurance Reimbursements	(For Amounts Listed Above)	\$	_____

CONTRIBUTIONS to whom paid

Churches	.....	\$	_____
.....		\$	_____
Community Chest/United Crusade	.....	\$	_____
Red Cross	.....	\$	_____
Xmas and Easter Seals	.....	\$	_____
Heart Fund/Cancer Fund	.....	\$	_____
Payroll Deductions	.....	\$	_____
Scouts	.....	\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
Contributions, Non-receipted—Church	.....	\$	_____
Other	.....	\$	_____
NON-CASH CONTRIBUTIONS		\$	_____
Salvation Army/Goodwill Industries	.....		_____
Other	.....	\$	_____
Miles Driven For Charity	.....	_____ Miles	

(Any gift of \$250 or more requires documentation from charity)

CASUALTY

Total Casualty LOSS (Attach Documentation)	\$	_____
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(Examples: Theft, Earthquake, Fire, Flood)

MISCELLANEOUS

Auto Expenses	\$	_____
Business Miles	_____ Miles	
Commuting Miles	.....	_____ Miles	
Other Miles	.....	_____ Miles	
Business Meals and Entertainment	.....	\$	_____
Employment Agency Fees	.....	\$	_____
Income Tax Preparation	.....	\$	_____
IRA or Keogh Plan Fees	.....	\$	_____
Job Education Expenses	.....	\$	_____
Job Hunting Expenses	.....	\$	_____
Legal (For Protection of Taxable Income)	.....	\$	_____
Mutual Fund Fees	.....	\$	_____
Safe Deposit Box Fees	.....	\$	_____
Safety Equipment	.....	\$	_____
Small Tools (Estimated Life 1 Yr. or Less)	.....	\$	_____
Subscriptions (Trade Journals)	.....	\$	_____
Business Phone, Fax and Pager Expenses	.....	\$	_____
Business Travel (Excluding Meals and Entertainment)	.....	\$	_____
Uniforms (Not General Wear) - Cost	.....	\$	_____
Uniforms, Laundry & Cleaning	.....	\$	_____
Union Dues & Professional Dues	.....	\$	_____
Others	.....	\$	_____
.....		\$	_____
.....		\$	_____

TAXES

State Income Tax-Prior Year Returns	.....	\$	_____
State Current Year Estimate (From Page 1)	.....	\$	_____
State From W-2's	.....	\$	_____
Real Estate Tax	.....	\$	_____
S.D.I. Withheld	.....	\$	_____
Personal Property Tax	.....	\$	_____
Auto License (Less Reg. Fee)	.....	\$	_____
Others	.....	\$	_____
.....		\$	_____

INTEREST to whom paid

Home Mortgage Interest and Points (Attach Copies of Form 1098)	.....	\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
Home Mortgage Interest, Not on Form 1098	.....	\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
Mortgage Int. Paid to Individual (List Name, Address & Identifying Number)	.....	\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
Points Paid on Mortgage Loan (Not on Form 1098)	.....	\$	_____
Other Mortgage Interest	.....	\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____
Investment Interest	.....	\$	_____
.....		\$	_____
.....		\$	_____
.....		\$	_____

ADJUSTMENTS TO INCOME

Alimony (Paid To _____)	.....	\$	_____
Social Security Number _____			
Moving Expenses (Work Related)	.....	\$	_____
Employee Business Expenses that were Reimbursed and are included on W-2 or 1099	.....	\$	_____
Student Loan Interest Paid	.....	\$	_____
Tuition & Fees	.....	\$	_____
Qualified Teaching Expenses	.....	\$	_____

TAX CREDITS

Child Care (No. of Children _____)	.....	\$	_____
Other Credits (Attach Documentation)	.....	\$	_____

EXPLANATIONS:
