



CPA Tax Advisors

Helping You Keep What You Earn...

Yearly Tax Questionnaire

Your Name _____ Spouse Name _____
 Birthdate _____ S.S. # _____ Birthdate _____ S.S.# _____
 Occupation _____ Occupation _____
 Home Address _____
 City _____ State _____ Zip _____ Telephone _____
 County _____ School District _____

1. First name of dependent children who lived with you, their Social Security Number and Birthdates. Social Security Numbers are required on all dependents. (if NOT previously supplied)

Name	Social Security No.	Birthdate	Under age 17?	College Student?
_____	_____	_____	Y/N _____	Y/N _____
_____	_____	_____	Y/N _____	Y/N _____
_____	_____	_____	Y/N _____	Y/N _____
_____	_____	_____	Y/N _____	Y/N _____

2. Names of dependent children who did not live with you and their Social Security Numbers.

3. Do you wish to contribute \$3.00 of your taxes to the Presidential Election Campaign Fund? Y/N Spouse Y/N

4. Income: Wages & Salaries W-2 Y/N If so, please **ATTACH** W-2's
- Did you receive unemployment? Y/N If so, please **ATTACH** 1099-G
- Did you receive Social Security? Y/N If so, please **ATTACH** 1099-SSA
- Did you receive a pension? Y/N If so, please **ATTACH** 1099-R
- Did you receive an IRA Distribution? Y/N If so, please **ATTACH** 1099-R
- Did you receive interest? Y/N If so, please **ATTACH** 1099-INT
- Did you receive dividends? Y/N If so, please **ATTACH** 1099-DIV
- Did you sell Stocks/Bonds? Y/N If so, please **ATTACH** 1099-R (with purchase date and cost info)
- Did you receive any other income? (Jury duty, lottery, alimony, state refund, other, explain). **ATTACH** all 1099's

Description	Amount	Description	Amount
_____	\$ _____	_____	\$ _____

Income: Other Income

- Were you self-employed in the current year? If so, please attach information regarding income and expenses. See income/expense questionnaire.
- Did you receive a K-1 for any LLC, S Corps or Trusts? If so, please attach.
- Do you own rental properties? If so, please attach information regarding income and expenses. If purchased or sold in current year, please attach copies of Closing Papers for both purchase and sale.
- Schedule summarizing royalty income and expenses if applicable.
- Date and amount of each estimated tax payment.
 Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ \$ _____
- Bank routing number _____ Account No. _____ Bank _____

5. **There are credits/deductions for any of the following: purchase of a home, truck, auto, motorcycle, motorhome, boat, skylights, building material for your home, windows, outside doors, high efficiency furnace, water heater, and central air. Please provide proof of purchase for any of these items you've purchased last year.**

6. **Do you use your car for business purposes or for job hunting?** If yes, please complete the following questions. The following **MUST** be answered before our return can be completed.

- *Total number of miles driven during year _____ miles
- Total number of business miles: _____ miles
- Year and Make of the vehicle used for business: _____
- Average daily round trip commuting distance: _____ miles
- Total commuting miles for year: _____ miles

- f. Personal miles other than commuting: _____ miles
- g. *Is another vehicle available for personal use: Y/N
- h. Was a vehicle available for personal in off duty hours? Y/N
- i. Do you have adequate records of sufficient evidence to justify these deductions? Y/N
If yes, is the evidence written? Yes _____ No _____

***These miles are not deductible, MUST be listed on your tax return.**

7. Medical and Dental Expenses. (NOT reimbursed by insurance).

- \$ _____ Cost of prescribed drugs \$ _____ Clinic (Lab)
- \$ _____ Cost of all the Doctors, Dentist, and Nurses.
- \$ _____ Hospitalization and Dental Insurance
- \$ _____ Lodging for Medical Care
- _____ Miles traveled to Doctors and Hospitals
- \$ _____ Hearing Aid \$ _____ Ambulance Service \$ _____ X-Rays
- \$ _____ Long-term Care Insurance \$ _____ Dentures \$ _____ Hospital
- \$ _____ Nursing Home Insurance \$ _____ Eyeglasses

8. Did you sell your personal residence during the current year? Y/N If yes, provide closing documents for purchase and sale

9. Real Estate Taxes paid in tax year \$ _____.

10. License Plate excise tax cost on any vehicle \$ _____.

11. Interest paid: Attach Forms 1098 (if Paid to an individual complete the following)

- a. Home mortgage paid to (name of individual) _____ \$ _____
Address _____
Social Security number _____ Interest _____ PMI _____

b. Did you refinance your mortgage? If so, please attach **closing documents**.

12. Charitable Contributions-CASH OR CHECK – receipts, not Checks, are required for contributions of \$250.00 or more for all contributions.

- To Whom _____ Amount \$ _____ to Whom _____ Amount \$ _____
- To Whom _____ Amount \$ _____ to Whom _____ Amount \$ _____

Did you contribute clothes or other non-cash items to the Church, Salvation Army or Goodwill? \$ _____ (Receipt Required).

If over \$250.00, list each item, value or cost, date purchased, and method used to arrive at value. (List separately)

Miles driven for Non-Profit Organization work: _____ miles. Community Foundation, homeless shelter or food bank \$ _____

13. Adjustments to Income: Did you have any of the following?

- Were you a K-12 Educator? Y/N If so, please provide out of pocket classroom cost.
- Did you have a Health Savings Account? Y/N If so, please provide Form 8889, 1099-SA
- Did you contribute to a retirement plan? Y/N If so, type of plan (i.e.: IRA, SEP etc.) Amount \$ _____
- Did you pay a penalty for early withdrawal of savings? Y/N If so, Amount Paid \$ _____
- Did you pay any self-employment Health Insurance Premium Y/N If so, Amount Paid \$ _____
- Did you move more than 50 miles from your current work place? Y/N If yes, # _____ miles _____ expenses _____

14. Miscellaneous Deductions

- Union Dues \$ _____ Uniforms/Shoes \$ _____ Safe Deposit Box \$ _____
- Professional Dues & Subscriptions \$ _____ Tax Preparation Fee \$ _____ Lottery Expenses \$ _____
- Investment Expenses \$ _____ or other job related expenses, identify: _____ Amount \$ _____

15. List educational expenses that are required by your employer in your present occupation. Attach 1098-T

- Tuition \$ _____ Name of Education Institution _____
- Address _____
- EIN _____ Student Loan Interest \$ _____ Books \$ _____

16. Child Care

Were there child care expenses while husband and wife both worked and were services performed inside your home?

Yes _____ No _____ Form W-9 should be on file

Name (Who Provided Care)	Address	Identification No.	Amount Paid
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

17. Provide proof of Health Insurance Coverage, if covered for only a portion of the year, provide proof of Health Insurance coverage for months covered. Form 1095-A (if any)