

INCOME TAX QUESTIONNAIRE

DO NOT WRITE IN THIS BLOCK

- Federal Return
- State Tax Return

| | | | |
|--------------------|-------------------------------|--|----------------------------------|
| 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 |

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 | Keogh or SEP |
|-----------------------------------|-----------|-----------|---------|----------------------------|--|--------------|
| | Due Date | Date Paid | Federal | State | You | Spouse |
| Prior Yr. 4th Qtr. | Last Jan. | | \$ | \$ | \$ | \$ |
| 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"/> 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"/> If yes, please indicate the amount of funds Withdrawn: \$ _____ Re-Deposited \$ _____ Also please indicate if funds are from IRA 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"/> | |
| First Quarter | April | | \$ | \$ | | |
| Second Quarter | June | | \$ | \$ | | |
| Third Quarter | Sept. | | \$ | \$ | | |
| 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 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 | |

(IF SELF EMPLOYED, POSSIBLE DEDUCTION OF HEALTH INSURANCE ALLOWED)

| Stocks, Bonds, Property, etc. Sold (Please Provide 1099 B's and any Related Documentation) | | | | | |
|--|---------------|-----------|-------------|------|---------------|
| 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 \$ | |

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) \$ _____

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 \$ _____
 \$ _____
 \$ _____

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) \$ _____
 (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 \$ _____
 \$ _____
 \$ _____

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 \$ _____

TAX CREDITS

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

EXPLANATIONS:

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