

## YOUR PRE-APPOINTMENT QUESTIONNAIRE

Please complete this questionnaire before your appointment.

1. Please bring this completed questionnaire with you at your appointment UNLESS the box in Number 2 below is checked.
2. Please mail this completed questionnaire to our office in advance, if this box is checked. ⇒
3. Please bring a voided check from your checking account (for Electronic Direct Deposit purposes, if this box is checked. ⇒

- Please call us to schedule a convenient appointment time for you.
- Your appointment is prescheduled for:

\_\_\_\_\_ am  
\_\_\_\_\_ pm  
Day Date Time

Please notify us if you are unable to keep this appointment.

To ensure accuracy and to avoid any delay in the completion of your return, please bring the following applicable documents at your appointment time.

- |   |  |
|---|--|
| <input type="checkbox"/> W-2's                              | <input type="checkbox"/> Unemployment Income Information     |
| <input type="checkbox"/> 1099's                             | <input type="checkbox"/> Automobile Registration Information |
| <input type="checkbox"/> Social Security Income Information | <input type="checkbox"/> Pension Rollover Information        |

Also, please list any questions you may have regarding your tax return.

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# CLIENT INFORMATION FORM

Completion of this form is **optional**. However by completing it, you will expedite the completion of your tax return, help avoid missing important deductions and help keep tax preparation fees down.

Please include the following information. However, certain lines contain a circle to the left of the information space. For previous clients, if the entry is the same as was included on your last year's return, simply check the circle and do not include an entry.

## PERSONAL DATA

YOUR NAME: \_\_\_\_\_ OCCUPATION:

SPOUSE'S NAME: \_\_\_\_\_ OCCUPATION:

STREET:  \_\_\_\_\_ CITY:  \_\_\_\_\_ STATE  ZIP

YOUR S.S.#  - - SPOUSE'S S.S.#  - - DAYTIME PHONE: ( ) \_\_\_\_\_

Dependents	Date of Birth	Social Security Number	Relationship	No. of mos. lived in home
<input type="radio"/>	/ /	- -		
<input type="radio"/>	/ /	- -		
<input type="radio"/>	/ /	- -		
<input type="radio"/>	/ /	- -		
<input type="radio"/>	/ /	- -		
New	/ /	- -		

Do you wish \$3 to go to the Presidential Election Fund? Yes  No  SPOUSE Yes  No

Did you pay any estimated tax payments? Yes  No  If Yes, please enter amounts on Page 3.

If you are claimed, or can be claimed as an exemption on another tax return, check here

If you are married but filing separately, enter your spouse's SSN and full name  
Name:  \_\_\_\_\_ SSN:  - -

Check if you are legally blind  Spouse?  Check if your spouse died within the last 2 years

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here

If your child is under age 14 and had investment income (interest/dividends) of more than \$1,300, check here

Enter any alimony paid \$ \_\_\_\_\_ Enter recipient's social security number \_\_\_\_\_

**CONTRIBUTION TO AN INDIVIDUAL RETIREMENT ACCOUNT:**

Yourself — Regular \$ \_\_\_\_\_ Roth: \$ \_\_\_\_\_ Education: \$ \_\_\_\_\_

Spouse — Regular \$ \_\_\_\_\_ Roth: \$ \_\_\_\_\_ Education: \$ \_\_\_\_\_

Check if any regular IRA rollovers into a Roth IRA

Check if you paid self-employed health insurance premiums  Enter any penalties paid for any early withdrawals of savings \$ \_\_\_\_\_

Enter any self employed Keogh retirement or SEP payments \$ \_\_\_\_\_ Check if payment made to student loans

Check if you have a foreign bank account  If child care paid, complete Child Care Section

## INCOME

**PLEASE CHECK YES IF YOU OR YOUR SPOUSE RECEIVED ANY INCOME FROM THE FOLLOWING SOURCES:**

Wage or Salary	YES <input type="checkbox"/>	Pension Income	YES <input type="checkbox"/>
Interest Received	YES <input type="checkbox"/>	Pension Rollover	YES <input type="checkbox"/>
Tax-Exempt Interest	YES <input type="checkbox"/>	Partnership or Royalty Income	YES <input type="checkbox"/>
Dividend Income	YES <input type="checkbox"/>	Income from Rental Property	YES <input type="checkbox"/>
State Tax Refund	YES <input type="checkbox"/>	Estate or Trust Income	YES <input type="checkbox"/>
Did You Itemize Your Deductions on Last Year's Tax Return	YES <input type="checkbox"/>	Farm Income	YES <input type="checkbox"/>
Alimony Received	YES <input type="checkbox"/>	Unemployment Income	YES <input type="checkbox"/>
Business Income & Deductions	YES <input type="checkbox"/>	Social Security Benefits	YES <input type="checkbox"/>
Sale of Stocks, Bonds or Other Assets	YES <input type="checkbox"/>	Gambling Winnings	YES <input type="checkbox"/>
*Sale of Real Estate	YES <input type="checkbox"/>	Gifts, Prizes, Awards or Bonuses	YES <input type="checkbox"/>
*Sale of Principal Residence	YES <input type="checkbox"/>	Independent Contractor 1099 Income	YES <input type="checkbox"/>
		Income From Any Other Source	YES <input type="checkbox"/>

*If you checked YES to any of the above income items, please bring W-2(s), 1099(s) or other available records that indicate amounts received.*

*\*If you bought or sold rental real estate or your principal residence, please bring the escrow closing or settlement statement.*



## INTEREST INCOME

NAME OF PAYER	AMOUNT
ENTER EXCLUDIBLE SAVINGS BOND INTEREST →	
SELLER FINANCED MORTGAGE INTEREST RECEIVED →	
ENTER PAYER'S NAME, ADDRESS AND S.S.#	

## DIVIDEND INCOME

NAME OF PAYER	AMOUNT
CAPITAL GAIN DISTRIBUTIONS →	
NON-TAXABLE DISTRIBUTIONS →	

## ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL	AMOUNT
Medicines and Prescription Drugs	\$
Doctors, Dentists, Nurses, Hospitals	\$
Doctor	\$
Doctor	\$
Doctor	\$
Medical Insurance Premiums Paid	\$
Miles Driven to Doctor/Dentist/Hospital (      mi.)	
Eyeglasses/Contact Lenses	\$
Hearing Aids/Batteries	\$
Other Medical Expenses	\$

TAXES YOU PAID	AMOUNT
Real Estate Taxes on Home*	\$
Taxes on Unimproved R.E. (Land)	\$
State and Local Income Taxes	\$
Personal Property Taxes (Boat, Mobile Home)	\$
Auto License(s) (No. of Autos      ) TOTAL	\$
Other Taxes Paid	\$

\*For simplicity you may wish to bring your statement from your lender(s)

INTEREST YOU PAID	AMOUNT
Home Mortgage 1 <sup>st</sup> Loan	\$
Home Mortgage 2 <sup>nd</sup> Loan	\$
Home Mortgage 3 <sup>rd</sup> Loan	\$
If any of the above payments were made to the individual(s) from whom you bought the home, complete last section in this column below. Were any of the above mortgages incurred after 8/16/86? Yes <input type="checkbox"/> NO <input type="checkbox"/>	
Home Mortgage Points Paid	
(A) For purchase or improvements	\$
(B) For refinance	\$
Mortgage Pre-Payment Penalty	\$
Investment Interest	\$
*If you are uncertain as to how to interpret your statements, please bring statements. NOTE: Consumer interest is not deductible. Consumer interest consists of interest paid for credit cards, car loans, credit union loans and interest paid for other personal (non-business) loans.	

### DEDUCTIBLE HOME MORTGAGE INTEREST NOT REPORTED TO YOU ON FORM 1098

If this interest was paid to the person from whom you bought your home, enter:

That person's name: \_\_\_\_\_

That person's S.S.#: \_\_\_\_\_

CHARITABLE CONTRIBUTIONS	AMOUNT
(1) CASH OR CHECK CONTRIBUTIONS OF \$250 OR MORE AT ONE TIME, TO ANY ONE ORGANIZATION:	
	\$
	\$
	\$
DO YOU HAVE THE REQUIRED STATEMENT(S)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(2) CASH OR CHECK CONTRIBUTIONS OF LESS THAN \$250 TO ANY ONE ORGANIZATION	
Church/Temple	\$
United Way	\$
Red Cross	\$
Cancer/Heart Fund	\$
Boy/Girl Scouts	\$
Other	\$
Other	\$
Other	\$
(3) OTHER THAN CASH CONTRIBUTIONS. Clothing/Furniture, etc.      \$	
(Estimate Fair Market Value — If over \$500, please complete list of fair market value of each item.)	
(4) Charitable Travel (      miles)	
(5) Prior year(s) contribution carryover Fed \$      State \$	

MISCELLANEOUS	AMOUNT
Unreimbursed Employee Business Expenses	\$
Union and Professional Dues	\$
Tax Return Preparation	\$
Investment Expense	\$
Safety Shoes/Work Clothing	\$
Work Tools/Equipment	\$
Educational Expenses	\$
Job Seeking Costs	\$
Gambling Losses (Allowed only to extent of reported winnings)	\$
Other	\$
Other	\$
Other	\$

CASUALTY/THEFT LOSSES (NON-BUSINESS)	AMOUNT
Kind of property	
Location of property	
Date property acquired	
Cost or other basis	\$
Insurance or other reimbursement	\$
Fair market value before casualty or theft	\$
Fair market value after casualty or theft	\$

## CHILD AND DEPENDENT CARE EXPENSES

CARE PROVIDER'S NAME	STREET, CITY, STATE, ZIP CODE	I.D. NUMBER (SSN or TIN)	AMOUNT PAID



## BUSINESS INCOME (LOSS)

INCOME	AMOUNT
Gross Receipts or Sales	\$ _____
Refunds and Allowances	\$ _____
Cost of Items for Personal Use	\$ _____
Inventory at Start of Year	\$ _____
Cost of Inventory Purchased	\$ _____
Inventory at End of Year	\$ _____

### EXPENSES

Advertising	\$ _____	Rent, Other	\$ _____
Bad Debts	\$ _____	Repairs	\$ _____
Bank Svc. Charges	\$ _____	Supplies	\$ _____
Charge Card Costs	\$ _____	Tax Preparation	\$ _____
Commissions Paid	\$ _____	Taxes, Payroll	\$ _____
Entertainment (100%)	\$ _____	Taxes, Property	\$ _____
Freight	\$ _____	Taxes, Sales	\$ _____
Insurance, Liab.	\$ _____	Telephone <small>(Toll Calls Only)</small>	\$ _____
Insurance, Other	\$ _____	Travel	\$ _____
Interest, Mtg.	\$ _____	Utilities	\$ _____
Interest, Other	\$ _____	Wages	\$ _____
Meals (100%)	\$ _____	Other	\$ _____
Office Expense	\$ _____	Other	\$ _____
Rent, Equipment	\$ _____	Other	\$ _____
Vehicle Expenses — Business Miles Driven _____ or Actual Expenses — Gas & Oil \$ _____; Repairs \$ _____ Insurance \$ _____; Registration \$ _____ Other _____ \$ _____ Other _____ \$ _____			
Equipment or Furniture purchased Bring description, cost and date purchased			

## RENTAL INCOME & EXPENSES

Property	Address		
1 <input type="radio"/>			
2 <input type="radio"/>			
3 <input type="radio"/>			
PROPERTY	1	2	3
Income			
Expenses:			
Advertising			
Travel: Miles Driven			
Cleaning & Maintenance			
Insurance			
Interest, Mortgage			
Legal & Professional			
Management Fees			
Painting			
Repairs			
Supplies			
Taxes, Property			
Utilities			
Other			
Other			
Other			
Other			
* Percentage of ownership If less than 100%			

## SALES OF STOCKS, BONDS & REAL ESTATE

(IF REAL ESTATE, BRING SETTLEMENT PAPERS)

Description	DATE ACQUIRED (MO DAY YR)	DATE SOLD (MO DAY YR)	SALES PRICE LESS EXPENSE OF SALE	COST OR OTHER BASIS

## JOB RELATED MOVING EXPENSE

(A) Distance from former residence to new work location \_\_\_\_\_ mi.  
 (B) Distance from former residence to former work location \_\_\_\_\_ mi.  
 (If A minus B is less than 50 miles, STOP. Moving expense deduction does not apply.)  
 Transportation for household goods ..... \$ \_\_\_\_\_  
 Auto travel to new home \_\_\_\_\_ miles  
 Lodging (but not meals) in route ..... \$ \_\_\_\_\_

## BUSINESS USE OF HOME EXPENSE DEDUCTION

Date home purchased \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Purchase price plus improvements ..... \$ \_\_\_\_\_  
 Total square footage of entire home .....  
 Total square footage used for business .....  
**EXPENSES FOR ENTIRE YEAR**

Mtg. Interest ..	\$ _____	Garbage	\$ _____
Real estate taxes	\$ _____	Rent (if applicable)	\$ _____
Insurance .....	\$ _____	Other	\$ _____
Utilities .....	\$ _____	Other	\$ _____

## BUSINESS TRAVEL, MEAL AND ENTERTAINMENT EXPENSES

AUTOMOBILE EXPENSES	AUTO #1	AUTO #2
Date Originally Acquired	mi.	mi.
Total Miles Driven	mi.	mi.
Total Business Miles	mi.	mi.
Avg. Daily Round Trip Commute	mi.	mi.
Total Commuting Miles	mi.	mi.
Parking Fees & Tolls	\$ _____	\$ _____
Gas, Oil & Lubrication	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Rental and/or Lease Payments	\$ _____	\$ _____
Tires, Batteries, etc.	\$ _____	\$ _____
License Plates & Tax	\$ _____	\$ _____
Other	\$ _____	\$ _____

### TRAVEL EXPENSES

Air (and other travel) fares ..... \$ \_\_\_\_\_  
 Local transportation (bus, cab, etc.) ..... \$ \_\_\_\_\_  
 Lodging (away from home overnight) ..... \$ \_\_\_\_\_  
 Meals (away from home overnight) ..... \$ \_\_\_\_\_

### MEALS AND ENTERTAINMENT

Meals and tips ..... \$ \_\_\_\_\_  
 Entertainment ..... \$ \_\_\_\_\_  
 Tickets/events ..... \$ \_\_\_\_\_  
 Reimbursement (If not on W-2) ..... \$ \_\_\_\_\_

### QUARTERLY ESTIMATED TAX PAYMENTS

DUE DATE	4/15	6/15	9/15	1/15
DATE PAID				
FEDERAL	\$ _____	\$ _____	\$ _____	\$ _____
STATE	\$ _____	\$ _____	\$ _____	\$ _____
LOCAL	\$ _____	\$ _____	\$ _____	\$ _____
1/15 STATE/LOCAL PAYMENT PRIOR TO 1/1				\$ _____