

General Tax Return Questionnaire

Print this form out, take some time to fill it out, and bring it with you when you come to the office. This will save you time and money and help us help you more effectively. You also have the option of using the PDF digitally to save time! Just fill out the questionnaire using the fields below.

If this is your first time filing with us please bring copies of your last 3 years of tax returns with you to the office or if you're doing this virtually, email it to us. If you are having us do prior year returns we need a questionnaire completed for each year unless ALL of your information has remained exactly the same.

Taxpayer Information

Name:		Date of Birth:	
SSN:		Occupation	
Address:			
Email:			
Spouse's Name:		Date of Birth:	
SSN:		Occupation	
Address:			
Email:			

Phone Number:	Home:		Work:	
Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow

☐ Check this box if you would like to **donate \$3** for the **Presidential Election Campaign**

If you would like your tax refund to be deposited directly into your bank account please provide the following information:

Account Type		Account Number	Bank Routing Number
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		

Did you engage in any **Business Activities** including but not limited to S-Corp, C-Corp, LLC, last year?

☐ Yes ☐ No

If **yes**, please request a Business Questionnaire form. Filing of business taxes generally results in an additional fee. Please reach out with any inquiries regarding this.

VIRTUAL CURRENCY: At any time during the previous tax year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☐ No

HEALTH INSURANCE COVERAGE: Starting with the 2019 plan year, the Federal Shared Responsibility Payment no longer applies. Some states, however, have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your "tax family."

1. If you had health care coverage with a government Marketplace (Exchange) during the previous tax year. Please send us Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.

2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, then you will also need a copy of that taxpayer's 1095-A.

3. If a dependent filed a return for the previous tax year. Provide a copy of the return.

4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.

5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

6. Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month of the previous tax year. Please indicate any months that a member of your "tax family" was NOT insured.

Name: _____
Name: _____
Name: _____
Name: _____

Months Not Insured _____
Months Not Insured _____
Months Not Insured _____
Months Not Insured _____

DEPENDENTS

Name	DOB	Relationship	# Months Lived In House	Income Over \$2,200? Y/N

INCOME (Include copies of W2s)

Name	Gross Wages Withheld	Social Security Withheld	Medicare Withheld	Federal Income Tax Withheld	State Income Tax Withheld

	YES	NO
Did you receive any Wages or Salaries in the previous tax year? <i>If yes, please provide a copy of the W-2(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Interest Income in the previous tax year? <i>If yes, please provide a copy of the 1099.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive interest from a Seller Financed mortgage? <i>If yes, please include details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive and Dividend Income in the previous tax year? <i>If yes, please provide a copy of the 1099.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any Capital Gains or Losses in the previous tax year? <i>If yes, please include details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Gains or Losses in the previous tax year? <i>If yes, please include details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Any Pensions, IRA Distributions, Annuities, or Rollovers? <i>If yes, please provide 1099s or other related papers.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Any Rents, Royalties, Partnerships, S Corporations, Estates, or Trusts? <i>If yes, please provide paperwork (K-1 for all partnerships/ S Corporations/Fiduciaries) (Separate schedule(s) showing receipts and expenses for each rental property).</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Unemployment Compensation for the previous tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security Benefits in the previous tax year? <i>If yes, please attach the annual statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a State or Local Tax Refund? <i>If yes, please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Income not included in the above? <i>If yes, please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>

CREDITS

Child and Dependent Care

Number of Qualifying Individuals _____

Name, address, and identification number of each provider:

Name	Address	Identification Number	Amount Paid

	Yes	No
Did you incur any expenses related to adoption in the previous tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any tuition or related fees for higher education in the previous tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any Foreign income taxes for the previous tax year? If Yes please attach	<input type="checkbox"/>	<input type="checkbox"/>

ITEMIZED DEDUCTIONS

Medical and Dental	Amount
1. Out of pocket costs for prescription medications, doctors, dentists, nurses, and medical and dental insurance premiums (includes Medicare Part B) paid in the previous tax year (minus insurance reimbursements)	
2. Lodging and transportation costs incurred while obtaining medical care	
3. Miscellaneous - hearing aids, eyeglasses, medical devices, etc.	

Taxes Paid in the previous tax year	Amount
1. State and Local income (not listed elsewhere)	
2. Real Estate taxes (not listed elsewhere)	
3. Personal Property taxes (include owners tax on automobile registration)	

Interest Paid in the previous tax year	Amount
1. Home Mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individual Name:	
Address:	
3. Points paid on purchase (provide detail)	
Points paid on refinance (provide details)	
4. Investment interest	
5. Student Loan interest	

Automobile Use in the previous tax year

In order to deduct mileage for auto expenses on your tax return, you must provide a log which details mileage driven for business purposes. This log would be needed to justify the write off for the expense in the event there is an audit.

Car Information	
Make	
Model	
Year	

If the vehicle is used by the owner, please provide the following information

Date of Purchase	
Purchase Price	

Mileage	Amount
Business Mileage	
Charitable Mileage	
Moving Mileage (applies to active duty members of the Armed Forces who moved due to permanent change of station)	

If you have more than one vehicle please attach a document showing additional information.

Contributions: (Documentation needed for all gifts of \$250 or more)	Amount
1. Cash - Less than \$250 paid to any organization	
2. Cash - \$250 or more paid to any organization (attach details)	
3. Excluding Cash - Attach details	
Theft and Casualty Losses - Please provide details	

Miscellaneous Deductions: Eliminated until the end of 2025. Please visit <https://www.nolo.com/legal-encyclopedia/miscellaneous-itemized-deductions-often-overlooked-valuable.html#:~:text=One%20of%20the%20greatest%20changes,investment%20fees%2C%20or%20hobby%20expenses> for more information regarding these deductions.

Employee Business Expenses - Please provide details	Amount	Employee Business Expense - Please provide details	Amount
Reimbursed		Not Reimbursed	
Expenses for job hunting			
Other Expenses - Please provide details		Other Expenses - Please provide details	
Tax Preparation		Union Dues	
Business Publications		Professional Dues or Fees	
Safety Deposit Box Rental		Small Tools used to perform job	
Telephone for Business		Uniforms and Laundering costs	
IRA Custodial Fees		Investment Expenses	
Education Expenses		Business Meals	
Other			

Adjustments to Income	Maximize?		Amount
	Yes	No	
1. Your IRA deduction			
2. Spouse's IRA deduction			
3. Keogh SEP deduction			
4. Penalty for early withdrawal of savings			
5. Alimony paid - <i>Please provide details</i>			
6. Self- employed health insurance premiums			

	Yes	No
Did anyone in your household receive a scholarship in the previous tax year? <i>If yes, please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you settle any notices or settle any examinations concerning your prior tax years' returns	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any payments from a pension or profit sharing plan? <i>If yes, please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell your primary residence during the previous tax year? <i>If yes, please provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you change your state of residency during the previous tax year?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered **yes** to changing state of residency **and you are a member of the Armed Forces** please provide the following information:*

Previous Address	
Date of Move	
Distance	
Costs of move <i>Please provide details</i>	

	Yes	No
Did your principal residence (or secondary) exceed the fair market value of the residence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an equity loan of credit exceeding \$100,000 or total mortgage indebted exceeding \$750,000?	<input type="checkbox"/>	<input type="checkbox"/>
Did you exercise any stock options?	<input type="checkbox"/>	<input type="checkbox"/>
Did you add or dispose of any fixed assets used in trade, business, rental, or farm activities? <i>If yes, please provide details including description, date of acquisition/disposition, cost. etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sustain any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase, sell, or own any bonds? <i>If yes, please provide details</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make or receive a "below-market" or "interest-free" loan?	<input type="checkbox"/>	<input type="checkbox"/>

Rental & Royalty Income and Expense

Property is Owned by: ☐ Taxpayer ☐ Spouse ☐ Joint

If not owned 100% please indicate what percentage: _____%

Property Type:	
Location:	

Did you occupy part of the rental as a tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what percentage did you occupy?		
If rented to a related party, please explain your relationship.		

If Vacation Home:

Number of days rented:	
Number of days used personally	

(Indicate what percentage if not owned 100%)

Income	Amount	Income	Amount
1. Rental Income		2. Royalties Received	
Expenses	Amount	Expenses	Amount
1. Advertising		2. Association Dues	
3. Cleaning and Maintenance		4. Commissions	
5. Insurance		6. Legal/ Professional Fees	
7. Utilities		8. Licenses and Permits	
9. Management Fees		10. Mortgage Interest	
11. Other Interest		12. Repairs	
13. Supplies		14. Property Taxes	
15. Other (Description)		16. Other (Description)	

Depreciation

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

Business Use of Home

Do you use any part of your home exclusively and regularly for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of work done in home office		
Description of work done outside of home office		
Total area of home / Total area of office	1.	2.
Estimated percentage of time spent in home office compared to total time spent in the business activity		

	<u>Direct Costs</u> (Benefit only business portion of home)	<u>Indirect Costs</u> (Other)
Home Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Other		

Depreciation

Cost of home, improvements, and prior depreciation				
Depreciation of home improvements, furniture and equipment				
Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

If Daycare Facility

Days used as a daycare facility	
Prior year carryover of unallowed losses	

Household Employees

Did you pay a household employee at least \$2,200 in the previous tax year? (Examples: housekeepers, nannies, nurses, gardeners)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please provide the following information for each:

Name		Federal Income Tax withheld	
Wages Paid		Social Security Tax withheld	
Medicare Tax withheld		State Income Tax withheld	

Your Employer Identification Number (SSN can no longer be used)	
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Has W-2 been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would you like to file it now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the necessary state employment returns been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would you like to file it now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the household employee under eighteen years of age and a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- ☐ By checking this box, I certify that the above information is true and correct to the best of my knowledge and belief. I understand that any false, misleading or deliberately omitted information on this form may subject me to legal action for fraudulent misrepresentation.

Signature

Date

