



## Personal Income Tax Questionnaire

<b>Taxpayers Name:</b>		<b>Social Security:</b>	
<b>Spouse Name:</b>		<b>Social Security:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
<b>Telephone:</b>		<b>Work:</b>	
<b>Date of Birth:</b>		<b>Occupation:</b>	
<b>Spouse's Date of Birth:</b>		<b>Occupation:</b>	
<b>E-Mail:</b>			
<b>Filing Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Widow		
<b>How did you hear about us?</b>			

Dependents				
Name: (First, Middle Initial, Last)	Relationship	Social Security Number	Date of Birth	Months Lived at Home

**Check all that apply in the following.**

### Income

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Wage Statements W-2s          | <input type="checkbox"/> 1099s                        | <input type="checkbox"/> IRAs                   |
| <input type="checkbox"/> Sale of Investments           | <input type="checkbox"/> Received Unemployment        | <input type="checkbox"/> Alimony                |
| <input type="checkbox"/> Buy or Sell of a Home         | <input type="checkbox"/> Own Rental Property          | <input type="checkbox"/> Interest Received      |
| <input type="checkbox"/> Dividends Received            | <input type="checkbox"/> Pension or Retirement Income | <input type="checkbox"/> Social Security Income |
| <input type="checkbox"/> Self Employed/ Own a Business | <input type="checkbox"/> Tips/ Other Income           | <input type="checkbox"/> Farm Income            |
| <input type="checkbox"/> Household Income              | <input type="checkbox"/> Lottery or Gambling Winnings | <input type="checkbox"/> Corporate Income       |

### Deductions

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Property Tax                      | <input type="checkbox"/> Union Dues                | <input type="checkbox"/> Moving Expense                   |
| <input type="checkbox"/> Medical Expense                   | <input type="checkbox"/> Job Related Expense       | <input type="checkbox"/> Education Expense                |
| <input type="checkbox"/> Mortgage Interest                 | <input type="checkbox"/> Significant Loss or Theft | <input type="checkbox"/> Tax Preparation Expense          |
| <input type="checkbox"/> Charity or Religious Contribution | <input type="checkbox"/> Retirement Savings        | <input type="checkbox"/> Mortgage Points (Closing Points) |

## Personal Income Tax Questionnaire

Child Tax Credit			
Are you claiming a child for Child Tax Credit or Earned Income Credit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the biological parent of the child?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have custody of the child?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are the parent where is the other parent?			
If not the parent why are the parents not claiming the child?			
If not the parent where are the biological parents?			
Does the other parent work?			
How much does the other parent make?			
Do you receive any of the following:		<input type="checkbox"/> Food Stamps	<input type="checkbox"/> WIC
		<input type="checkbox"/> Section 8	<input type="checkbox"/> Alimony
		<input type="checkbox"/> Child Support	<input type="checkbox"/> Other
Who takes care of the dependent while you are working?			
Child Care Information			
Provider's Name:		Provider's SSN/EIN:	
Provider's Address:		Telephone:	
City, State, Zip:		Amount Paid to Provider:	
Educational Expenses			
School Name:		Telephone:	
Address:		City, State, Zip:	
For the next part please state the estimated cost in dollar amounts.			
Tuition Paid:		Supplies Bought:	
		Equipment bought:	
Person (s) Attending:	<input type="checkbox"/> Primary <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent: _____		
Supplementary Statements			
Are you/spouse delinquent on child support, student loans, SBA loan, or any other federal loan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/spouse have any debt with the IRS?			<input type="checkbox"/> Yes <input type="checkbox"/> No



## Personal Income Tax Questionnaire

Other sources of Income					
Did you receive any of the following sources of income:					
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> LLC	<input type="checkbox"/> 1120	<input type="checkbox"/> 1120S	<input type="checkbox"/> 1065	<input type="checkbox"/> 1099 Recipient
If you marked any of the previous boxes, please fill out the following Business Income & Expense Form.					

Business Income & Expense			
Principle Business or Profession:			
Business Address:			
City, State, Zip:		Employer ID Number:	
Business Owned by:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
	Accounting Method:		<input type="checkbox"/> Cash <input type="checkbox"/> Accrual

**Please include calculations on how you reached the figures for incomes and expenses.**

<u>Income</u>	
Total Gross Receipt:	
Returns and Allowance:	
Cost of Goods Sold:	
Gross Profit:	

<u>Expenses</u>	
Advertising:	
Car and Truck Expenses:	
Commissions and Fees:	
Contract Labor:	
Depreciation:	
Insurance:	
Legal and Professional Services:	
Office Expenses:	



## Personal Income Tax Questionnaire

Rent or Lease of Equipment/Land:	
Repair/Maintenance:	
Supplies:	
Taxes and License Fee:	
Travel:	
Meals and Entertainment:	
Utilities:	
Wages:	
Other:	

Banking Information	
Bank Name:	
Routing Number:	
Account Number:	

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I certify that I would like my taxes prepared according to the information I supplied above.

Taxpayer's Signature:		Date:	
Spouse Signature:		Date:	