

*** TAX QUESTIONNAIRE ***

Thank you for choosing Taxes 'N Books, we look forward to seeing you. Please remember to bring the following to your appointment:

- (1) All wage statements and records of income earned, (W2's, 1099's, K-1's, 1099-INT / DIV, etc.).
- (2) Receipts / Records of all contributions
- (3) Mortgage Interest, **Closing statements on any property purchased, sold or refinanced last year**, (1098's, HUD 1's)
- (4) **YOUR FINAL PAYCHECK STUB.**
- (5) *For new clients;* A copy of your prior year tax return.
- (6) A list of any questions you may have.
- (7) **COVERED CA (ObamaCare) HEALTH COVERAGE: * You MUST bring us your 1095-A Form!** ☹

Please check any of the following that may apply to you:

- Any births, adoptions, marriages, divorces or deaths in your household last year?
- Did you provide support for anyone other than your immediate family? Did they live with you?
- Did you start a New Business, LLC, Partnership or Corporation? Did you Close One?**
- Did you receive any letters from the IRS or FTB regarding changes to your return?
- If you are due a refund, Would you like to have it **Directly Deposited** into your bank account?
- Do you have a business or investment loss, or **CA NOL's from the previous years** to carry forward?
- Do you pay Alimony due to a legal Separation or Divorce** \$ _____ To: _____ SSN: _____
- Does "Everyone" in your household have Health Insurance?**
- Are you **Self-Employed or an Employer who pays Health Insurance** for you or your employees?
- Do you anticipate buying, selling or losing property (*possibly due to foreclosure*) this year?
- Did you pay interest on a **Student Loan?** TP \$ _____ SP \$ _____
- Do you have any Foreign Bank Accounts, Property or Income?**
- May the IRS discuss this tax return with your preparer?

PERSONAL INFORMATION

Home or Primary Phone Number: _____

Street Address: _____ City / Town: _____ St: _____ Zip: _____

Taxpayer:	Spouse:
Name: _____	_____
Occupation: _____	_____
Social Security #: _____	_____
Birth-date/Tuition Pd: _____ \$	_____ \$
Work / Cell Number: _____	_____
*E-mail Address: _____	_____

CHILDREN AND DEPENDENTS

Full Name:	Date of Birth:	Social Security Number:	Relationship:	Mo.@ Home:	Tuition / Income:

ESTIMATED TAXES PAID Overpayment from last years taxes applied to: **Federal \$:** _____ **State \$:** _____

Dates / Amounts Paid to:	Federal:	State:	Dates / Amounts Paid to:	Federal:	State:
1st Quarter: _____			3rd Quarter: _____		
2nd Quarter: _____			4th Quarter: _____		
<i>Paid with extension on April 15th:</i> _____			Totals Paid for the Tax Year: _____		

INDIVIDUAL RETIREMENT ACCOUNT CONTRIBUTIONS: (TRADITIONAL / ROTH OR SEP / SIMPLE IRA)

Taxpayer's IRA: Traditional ROTH SEP/ SIMPLE HSA Contributed: _____

Spouse's IRA Traditional ROTH SEP/ SIMPLE HSA Contributed: _____

(Contributions can be made until April 15th for the previous years taxes for IRA & ROTH and until the extension due date for SEP IRA, etc.)