

1210 H Street
Sacramento, CA 95814
Ph: (916) 444-2666 ☎ Fax: (916) 444-3033
e-mail: tnb_sac@yahoo.com

TAXES 'N BOOKS, INC

TAX QUESTIONNAIRE

531 Merchant Street
Vacaville, CA 95688
Ph: (707) 449-3963 ☎ Fax: (707) 449-3937
email: tnb_vaca@yahoo.com

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 HEALTHCARE 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?
☐ Does "Everyone" in your household have Health Insurance?
☐ Are you an Employer who pays Health Insurance for your employees?
☐ Do you anticipate buying or selling property this year?
☐ Did you Start a New Business, LLC, Partnership or Corporation? Or 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?
☐ Alimony due to legal Separation or Divorce \$ _____ To: _____ SSN: _____ Date: _____
☐ 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?
☐ Did you receive a Stimulus Check?

PERSONAL INFORMATION

Home or Primary Phone Number: _____

Street Address: _____	City / Town: _____	St: _____	Zip: _____
Taxpayer:		Spouse:	
Name: _____		Name: _____	
Occupation: _____		Occupation: _____	
Social Security #: _____		Social Security #: _____	
Birth-date/Tuition Pd: _____ \$ _____		Birth-date/Tuition Pd: _____ \$ _____	
Cell Phone: _____		Cell Phone: _____	
*E-mail Address: _____		*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: _____	_____	_____
Paid with extension on April 15th: _____		_____	Totals Paid for the Tax Year: _____		

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

Taxpayer's IRA:	<input type="checkbox"/> Traditional	<input type="checkbox"/> ROTH	<input type="checkbox"/> SEP/ SIMPLE	<input type="checkbox"/> HSA	Contributed: _____
Spouse's IRA	<input type="checkbox"/> Traditional	<input type="checkbox"/> ROTH	<input type="checkbox"/> SEP/ SIMPLE	<input type="checkbox"/> 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.)

INTEREST INCOME (bring all 1099's)		DIVIDEND INCOME (bring all 1099's)		Ordinary	Qualified	Cap. Gain
	\$		\$			
	\$		\$			

* OTHER INCOME and/or ADJUSTMENTS

Any State Tax Refunds Received last year: Yes or No \$ Amount Taxable? (if any) \$

Alimony Received: TP \$ SP \$

* Unemployment Compensation: Received or Repaid: TP \$ SP \$

Social Security Received: TP \$ SP \$

Partnerships / Retirement / IRA or Education Distributions (bring all 1099-Rs, K-1s, etc.) \$

Stock Sales (bring 1099's and All Stock Basis Info.) \$

Were you Lucky last year? ☺ Gambling Winnings (W2-G): \$ ☹ Gambling Losses: \$

* Cost of Solar for your Home or Business (must be 'Purchase', Not Lease!) \$

* Health Savings Account: *HSA Distributions, (1099-SA): \$ *HSA Contributions, (5498-SA): \$

CHILD AND DEPENDENT CARE EXPENSES

Provider	St. Address	Ph:	City, State, Zip	SSN / EIN:	Amt Paid:

SCHEDULE 'A'

NEW STANDARD DEDUCTION RATES!

SINGLE OR MARRIED FILING SEPARATE

FEDERAL
\$12,400

CA STATE
\$4,601

MARRIED FILING JOINT / QUALIFYING WIDOW(ER)

FEDERAL
\$24,800

CA STATE
\$9,202

HEAD OF HOUSEHOLD

FEDERAL
\$18,650

CA STATE
\$9,202

MEDICAL EXPENSES (must exceed 10% of your Adjusted Gross Income)

Prescriptions (4)	\$	Health Ins Premiums (7)		Lab fees/ hearing aids	\$
Total doctors, dentists (5)		Long Term Care Ins (17)		Glasses/contacts/Lasik (10)	
Hospitals, clinics (6)		INS. REIMBURSED (8)	< >	Medical Miles: (52)	

TAXES PAID

Real Estate Taxes: Home (Land or Other Property) (15) \$

State Estimated Tax paid in Jan. (11) Previous Year's State Taxes paid (Year) (14)

Vehicle Lic. Fee: auto, trailer, boat, RV #1 #2 #3 #4 #5 #6 (18)

Luxury Tax (Boat Reg) (18) Sales Tax on Autos, Boats, etc. #1 #2 (93) \$

HOME MORTGAGE LOAN INTEREST

1: \$ # 3: \$

2: \$ # 4: \$

Points Paid on New Home or Refi. (not on 1098) MIP: \$ (21) \$

Mortgage Interest Paid to a Person: Name: SSN: (22)

Address: \$ Total Int Paid: (22) \$

CONTRIBUTIONS (bring a Detailed List along with Donation Receipts, Appraisals, and/or Letters from Charities)

Cash: Church: \$ Misc: \$ (32) \$

Payroll/Out of Pocket: (teaching supplies, scouts, etc) \$ \$ (31)

NonCash Donations: #1 \$ #2 \$ (33)

Charitable Travel: (school, scouts, coaching, church, etc.) Charity: Miles: (53) Total: \$

* MISC DEDUCTIONS FOR "CALIFORNIA SCH A" ☺

Federal - Reservists & Performing Artists Qualify

Prof / Union Dues (42)		Job related school (43)		Supplies / tools (45)	
Business journals (43)		Investment/IRA fees (43)		Tax prep. Fee (45)	
Cell phone (43)		Uniforms/safety gear (43)		Legal fees (47)	

