

*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.*

Tax Return Questionnaire: Tax Year _____

Name and Address:	Social Security Number:	Occupation:
Taxpayer:		
Address:		
Spouse:		
Address:		
Phone Numbers	Work:	Home:

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected) Yes No

Filing Status: Single Married Head of Household Qualifying Widow

Birth Date: Month, Day, Year **Yourself:** ___/___/___ **Spouse:** ___/___/___

DEPENDENTS:

Name (First, MI, Last)	Income Over \$650? (Y/N)	Date of Birth	Social Security Number	Relationship	Months Lived in Your Home

INCOME:

1. Wages and Salaries (Attach W-2's)

Name of Payer	Gross Wages (Withheld)	Soc Sec (withheld)	Medicare (withheld)	Fed Inc Tax (withheld)	St Inc Tax (withheld)

7. Pensions, IRA Distributions, Annuities, and Rollovers

Total Received: _____
 Taxable Amount (Attach all 1099's or other related papers) _____

8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts: _____

*(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)
 (Attach separate schedule(s) showing receipts & expenses for each rental property)*

9. Unemployment Compensation Received: _____

10. Social Security Benefits Received (Attach annual statement): _____

11. State/Local Tax Refund(s): _____

12. Other Income:

Description	Amount

CREDITS:

Child and Dependent Care:

- (1) Number of Qualifying Individuals (under 13 years of age): _____
 (2) Provider information:

Name	Address	Identification Number	Amount Paid

If payments were made to an individual, were the services performed in your home? Yes No If "Yes", have payroll reports been filed? Yes No

Expenses incurred in connection with adoption.

"Special Needs" child Yes No

Tuition & Fees paid for higher education *(HOPE and Lifetime Learning Credits):* _____

Foreign Tax Credits: _____

Attach detail of type foreign tax, country, and whether "withheld" or paid direct

Current Tax Year Estimated Tax Payments

	Federal	State
Amount		

Other Payments:

Date	Amount

Other payments or credits - Attach schedule and explain: _____

ITEMIZED DEDUCTIONS:

Medical and Dental	Amount
1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid during tax year (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other - hearing aids, eyeglasses, medical devices, etc.	

Taxes Paid	Amount
1. State and local income taxes not listed elsewhere	
2. Real estate taxes not listed elsewhere	
3. Personal property taxes (includes owners tax on auto registration)	

Interest Paid	Amount
1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals	
Name:	
Address:	
3. Points paid on [] purchase [] refinance (include details)	
4. Investment Interest	
5. Student Loan Interest	

Contributions: <i>(Requires written documentation for gifts of \$250 or more)</i>	Amount
1. Cash - Less than \$3,000 paid to any one organization	
2. Cash - \$3,000 or more to any one organization -- show name of organization	
3. Other than cash - Attach details	

Casualty and Theft Losses - Attach Details: _____

Miscellaneous Deductions:	Amount
Employee business expenses - attach details	
Reimbursed	
Not Reimbursed	
Job hunting expenses (list)	
Other Expenses	
Tax Preparation	
Union Dues	
Business Publications	
Professional Dues/Fees	
Safety Deposit Box Rental	
Small Tools used in your trade or business	
Business telephone	
Uniforms & Cleaning	
IRA Custodial fees	
Investment Expenses	
Education Expenses (attach details)	
Business Entertainment	
Other Miscellaneous deductions	

Adjustments To Income:

	Maximize?	Amount
1. Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse's IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Keogh SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Penalty for early withdrawal of savings		
5. Alimony paid - List name and Social Security Number		
6. Self-employed health insurance premiums		

Did anyone in your family receive a scholarship of any kind during tax year? *(This includes athletic scholarships)* Yes No If yes, please supply details.

If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

(If we did not prepare your previous year return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)

If we have not previously prepared your return - please provide a copy of your previous three years tax returns.

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns? Yes No

(If yes, please provide copy of notices, settlement reports, etc.)

Did you receive any payments from a pension or profit sharing plan?

Yes No (If yes, provide pertinent information or statements from the plan.)

Did you sell your primary residence during the tax year? Yes No

If "Yes", provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale.

Did you change your state residency during tax year? Yes No

If "Yes", please provide the following:

Previous address:

Date of move:

Distance: _____ miles

Costs of move: _____
(describe)

If you would like your tax refund (if any) deposited directly into your bank, provide:

Account Type: Checking [] Savings []

Your Account Number:

Bank Routing Number:

For the tax year: (Provide details for any "Yes" response)

Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence? Yes No

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$1,000,000? Yes No

Did you exercise any stock options?.....Yes No

Did you purchase, sell, or own any bonds you paid more or less than the face amount? Yes No

Did you sustain any non-business bad debts?..... Yes No

Did you or your spouse make any gifts in excess of \$10,000 to any one donee?Yes No

Were you the recipient of, or did you make a "below-market" or "interest-free" loan?....Yes No

Do you have a child under the age of 14 as of December 31, 2002 who has earned an income (interest, dividends, etc.) of more than \$1,300?.....Yes No

Did you lease a car that you used for business purposes?.....Yes No

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2002, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

Rental & Royalty Income and Expense

Property Type: Residential Commercial

Location:

If Vacation Home:

<i>Number of days rented</i>	
<i>Number of days used personally</i>	

Property is owned by: Taxpayer Spouse Joint
 Percentage ownership if not 100%: _____%
 (Please indicate if income and expenses below are listed at 100% or your percentage.)
 Did you live in part of the rental property? Yes No
 If yes, what percentage did you occupy as a tenant? _____%
 Check if rented to a related party.
 Explain Relation:

Income	Amount		
1. Rental income			
2. Royalties received			
Expenses	Amount		Amount
1. Advertising		16. Property taxes	
2. Association dues		17. Utilities	
3. Auto miles driven		Other (description)	
4. Travel		18a.	
5. Cleaning and Maintenance		18b.	
6. Commissions		18c.	
7. Insurance		18d.	
8. Legal and professional fees		18e.	
9. Allocated tax preparation fees		18f.	
10. Licenses and permits		18g.	
11. Management fees		18h.	
12. Mortgage interest -- (Form 1098)		18i.	
13. Other interest		18j.	
14. Repairs		18k.	
15. Supplies		18l.	

Depreciation:

Property Date	Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

Business Income & Expense (Sole Proprietorship)

Principle business or profession: _____
 Business name: _____
 Employer ID number: _____
 Business address: _____
 City _____ State _____ Zip Code _____
 Business is owned by: Taxpayer Spouse
 Accounting Method: Cash Accrual
 Inventory method: Cost Lower cost or market Other N/A
 Did you materially participate in the business? Yes No
 Check if this is the first year of the business.

Income	Amount	Cost of Good Sold	Amount
1. Gross receipts or sales		1. Beginning of year inventory	
2. Returns and allowances.		2. Purchases	
3. Other income.		3. Cost of items used personally	
		4. Cost of labor	
		5. Materials and supplies	
		6. Other costs	
		7. End of year inventory	
Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions and fees		23. Travel	
4. Employee benefits		24. Meals and entertainment (in full)	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage interest		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal and accounting fees		29. Payroll service	
10. Allocation of tax preparation fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	
12. Pension and profit sharing plans		32. Client gifts (limited to \$25 each)	
13. Rent, vehicles		33. Education and seminars	
14. Rent, equipment		34. Other: (Description)	
15. Rent, building		35.	
16. Repairs & maintenance, building		36.	
17. Repairs & maintenance, equipment		37.	
18. Repairs & maintenance, vehicles		38.	
19. Supplies		39.	
20. Payroll taxes		40.	

Depreciation:

Property Date	Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

Farm Income & Expense

Principle Product: _____

Employer ID number: _____

Accounting method: Cash Accrual

Check if you materially participated in farm operations: **Taxpayer** **Spouse**

Income	Amount
1. Sales of livestock and other resale items	
2. Cost of above	
3. Sales of livestock, produce, etc. you raised	
4. Cooperative distributions (1099-PATR)	
5. Cooperative distributions, taxable portion	
6. Agricultural program payments	
7. Agricultural program, taxable portion	
8. Commodity Credit Corporation Loans	
9. Crop insurance loans	
10. Custom hire	
11. Other:	

Expenses	Amount	Expenses	Amount
1. Car and truck expenses		19. Machinery and equipment rental	
2. Chemicals		20. Land rental	
3. Conservation expense		21. Other	
4. Custom hire (machine work)		22. Repairs and maintenance	
5. Employee benefit programs		23. Seeds and plants purchased	
6. Employee health insurance		24. Storage and warehousing	
7. Feed purchased		25. Supplies purchased	
8. Fertilizers and lime		26. Payroll taxes	
9. Freight and trucking		27. Other taxes	
10. Gasoline, fuel, and oil		28. Utilities	
11. Other insurance		29. Veterinary, breeding, & medicine	
12. Mortgage interest		30. Other:	
13. Other interest		31.	
14. Labor hired		32.	
15. Legal and professional fees		33.	
16. Allocated tax preparation fees		34.	
17. Pension and profit share plans		35.	
18. Vehicle rental		36.	

Depreciation:

Property Date	Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

Business Use Of Home

Do you use any part of your home regularly and exclusively for business? Yes No
 Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%): _____

Description of work done in home office _____

Description of work done outside of work office _____

Total area of home: _____ square feet

Total area of home used regularly for business : _____ square feet

	Direct costs (benefit only business portion of home)	Indirect costs (other)
Home insurance		
Repairs and maintenance		
Utilities		
Rent		
Other		

If Daycare Facility:

Days used as a daycare facility: _____

Prior year carryover of unallowed losses: _____

Cost of home and improvements and prior depreciation	
Depreciation of home, improvements, furniture, and equipment	

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

Household Employees: (Nanny Tax)

Did you pay a household employee at least \$1,100 this year? Yes No
 (e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)

If yes, please provide the following information for each:

Name:

Social Sec. Number:

Wages paid:

Federal Income tax withheld:

Social Sec. tax withheld:

Medicare tax withheld:

State income tax withheld:

Your Employer Identification Number (You can no longer use your social security Number): _____

Has W-2 been filed? Yes No

If no, do you want us to prepare them for you? Yes No

Have the necessary state employment returns been filed? Yes No

