

# Individual Tax Questionnaire Year \_\_\_\_\_

LAST NAME (Please print or Type)		FIRST NAME & INITIAL (husband's if joint return)		SPOUSE'S FIRST NAME AND INITIAL	
		YOUR SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER	
HOME ADDRESS (number and street or rural route)				<b>HOW TO CONTACT ME:</b>	
CITY OR POST OFFICE		STATE	ZIP CODE	TELEPHONE NUMBER: (     )     -	
Taxpayer's Occupation			Taxpayer's Date of Birth		FAX NUMBER: (     )     -
Spouse's Occupation			Spouse's Date of Birth		CELL PHONE NUMBER: (     )     -
COUNTY of:					
<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP             } OF:			EMAIL ADDRESS:		

## Dependents

Dependents Name	Date of Birth	Relationship	Social Security Number	Number of months lived in home
1.				
2.				
3.				
4.				
5.				
6.				

## Tax Payments Made For Current Year

	Estimated Tax Payments					
	Federal			State		
	Amount	Date Paid	Check #	Amount	Date Paid	Check #
Overpayments	_____	_____	_____	_____	_____	_____
April 15	_____	_____	_____	_____	_____	_____
June 15	_____	_____	_____	_____	_____	_____
September 15	_____	_____	_____	_____	_____	_____
January 16	_____	_____	_____	_____	_____	_____
<b>TOTAL</b>	=====	=====	=====	=====	=====	=====

**STETZER ACCOUNTING SERVICE**

## INCOME

Salaries & Wages (bring in all W-2's)..... \$ \_\_\_\_\_

Unemployment Compensation Received (Bring in Statements)..... \$ \_\_\_\_\_

Social Security or Railroad Retirement Received (Bring in Statements)..... \$ \_\_\_\_\_

Alimony Received..... \$ \_\_\_\_\_

Annuities or Pensions Received (Bring in Statements)..... \$ \_\_\_\_\_

## ADJUSTMENTS TO INCOME

Payments to Traditional Individual Retirement Account ..... \$ \_\_\_\_\_

Payments to a ROTH Individual Retirement Account..... \$ \_\_\_\_\_

Payments to a SEP, SIMPLE, or a Keogh Retirement Plan ..... \$ \_\_\_\_\_

Interest Penalty on Early Withdrawal of Savings ..... \$ \_\_\_\_\_

Alimony Paid — Recipient's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ..... \$ \_\_\_\_\_

Student Loan Interest Paid \* As Allowed ..... \$ \_\_\_\_\_

Medical Savings Account Paid \* As Allowed ..... \$ \_\_\_\_\_

Teacher's Classroom Expense..... \$ \_\_\_\_\_

## OTHER ITEMS

Attach supplementary schedules with full details in all cases if you have: Business Income, Farm Income, Rental Income, Sale of Personal Residence, Sale of Property, Moving Expense, Casualty or Theft Losses.

If you have income from a Partnership, a Small Business Corporation, or a trust please attach Form K-1.

## CHILD AND DEPENDENT CARE

Persons or organizations who provide the care	Address (number, street, city, state, ZIP code)	Identification number (SSN or EIN)	Amount Paid

You can not take a credit for amounts paid to your dependents

## EDUCATIONAL CREDIT

Student Name	Relationship to Taxpayer	Total Tuition and Fees	Grants & Scholarships Received	Qualifying Credit	Institution Attended
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	
	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> DEPENDENT			<input type="checkbox"/> HOPE <input type="checkbox"/> LIFETIME	



**ITEMIZED DEDUCTIONS** Did you itemize deductions last year? \_\_\_\_\_

**MEDICAL EXPENSES**

LIFE INSURANCE IS NOT DEDUCTIBLE ACCIDENT INSURANCE IS NOT DEDUCTIBLE	
Self-Employed Health Insurance	
Other Health Insurance	
Prescription drugs and insulin	
Doctors, Hospital, Dentists, Chiropractor, Ambulance	
Medical Equipment, Glasses	
Travel for Medical (miles _____)	
Other:	
Long Term Care Insurance	

**CONTRIBUTIONS**

Non-cash Items to Charity	
Use of Vehicle for Charity (miles _____)	

**MISCELLANEOUS**

Job Hunting Expenses	
Tax Preparation/Consulting Fees	

**EMPLOYEE EXPENSE**

Union/Professional Dues	
Equipment/Tools Needed in Job	
Supplies Needed in Job	
Uniforms – Cost/Dry Cleaning	
Business Miles _____ Total Miles _____	
Fares for Airplane, Bus, Train, Taxicabs, Tolls	
Meals and Tips while away from home overnight _____ Days	
Lodging While Away From Home	
Client Lunches and Beverages	
Business Entertainment and Tickets	

**INTEREST EXPENSE** (list names of creditors)

Home Mortgage	
Second Home Mortgage	
Home Equity Loan	
Investment Interest	

**TAXES**

Real Estate Taxes – Home	
Real Estate Taxes – Other	
Personal Property Tax	
Sales Tax	
State Income Tax (Specify)	

**RENT OF PRIMARY RESIDENCE**

Rent Paid – Heat Included	YES	NO	
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**EMPLOYER'S REIMBURSEMENTS**

(other than amounts included on W-2)

For Meals and Entertainment	
For Other Items	

**STETZER ACCOUNTING SERVICE**

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For tax forms, tax tips, tax questionnaires and tax publications, visit our web site:

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