

Individual Tax Questionnaire

Year _____

Last Name (Please print or type)	First Name & Initial	Spouse's First Name & Initial
	Social Security Number	Spouse's Social Security Number
	Taxpayer's Date of Birth	Spouse's Date of Birth
Home Address		Phone Number:
City	State	Zip
County of:		Spouse Phone Number:
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township		Email Address:
Of:		

Dependents

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

Direct Deposit

Institution Name:	
<input type="checkbox"/> Checking <input type="checkbox"/> Saving	
Routing Number:	Account Number:

Taxable Income Checklist

#	Document Prior Year	✓
1	Copies of Federal and State tax use returns (new clients only)	
2	W-2s from all employers Note: If you have Incentive Stock Options, Non-Qualified Stock Options, or Restricted Stock Units, please advise, especially if you exercised any in the taxable year.	
3	Interest Income (1099-INT from Bank or Brokerage 1099 Tax Statement) for yourself and accounts for children. Includes any foreign bank accounts.	
4	Dividends (1099-DIV or Brokerage 1099 Statement) for yourself and any accounts for children.	
5	Prior year state tax refunds (1099-G)	
6	Alimony received (not including child support)	
7	Capital Gains and Losses on Securities and Mutual Funds (Brokerage 1099 Tax Statement) Note: For securities you sold, you must provide the date the security was purchased and the cost basis. Please review your Brokerage 1099 Statement for such detail, and if it is not disclosed, please retrieve the information and provide.	
8	If you sold a personal residence during the taxable year please provide a copy of Form 1099-S (from attorney) and a copy of the Uniform Closing Statement "HUD"	
9	Distributions from IRA, Pensions or Annuities including ROTH IRA Conversions (1099-R from Financial Institution)	
10	Unemployment Compensation (Statement from the State)	
11	Social Security Benefits (Statement from SSA)	
12	Form K-1 from Partnership, S-Corp, LLC Income	
13	Form K-1 from estates and trusts	

Adjustments to Income

#	Document	✓
1	IRA Deduction, Form 5498, Individual Retirement Arrangement Information	
2	Student Loan Interest (2098-E)	
3	Moving Expenses. Provide all expenses associated with the move.	
4	Self-employed SEP IRA or Simple IRA contributions	
5	Alimony Paid	
6	Health Savings Account Contributions (5498-SA)	

Itemized Deductions

Did you itemize deductions last year? _____

Medical Expenses Both life insurance, and accident insurance are NOT deductible

Self-Employed Health Insurance	
Prescription drugs and insulin	
Doctors, hospitals, dentists, chiropractor, ambulance	
Medical equipment, glasses	
Medicare premiums	
Long term care insurance	
Other health insurance	
Travel for medical (miles)	
Other:	

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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Contributions

Cash/Check	
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	
Job related education	
Telephone - business related	
Supplies needed in job	
Uniforms - Cost/Dry Cleaning	
Business Miles _____ Total Miles _____	
Auto Expense	
Fares for airplane, bus, train, taxi, tolls	
Meals and tips while away from home overnight Days _____	
Lodging While Away From Home	
Client Lunches and Beverages	
Business Entertainment and Tickets	

Employer's Reimbursements

For meals and entertainment	
For other items	

Tax Payments Made For Current Year

Federal				State		
	Amount	Date Paid	Check #	Amount	Date Paid	Check #
Overpayments	_____	_____	_____	_____	_____	_____
April 17	_____	_____	_____	_____	_____	_____
June 15	_____	_____	_____	_____	_____	_____
September 17	_____	_____	_____	_____	_____	_____
January 15	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

Tax Credits

#	Document	
		✓
1	Education Credits (1098-T)	
2		
3		
4		

Child and Dependent Care

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

Payments to dependents do not qualify for the credit

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.

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