

## Standard Tax Questionnaire

**Did Everyone in Your Household Have Health Insurance For The Entire Year ?    \_\_\_\_\_ Yes    \_\_\_\_\_ No**

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Birthdate    /    /    .

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Birthdate    /    /    .

Address \_\_\_\_\_ Please Check Box if New Address

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

**Dependent Children**

*If New this Year Show Birthdate and Social Security Number*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*We must have birthdates in order to calculate the child tax credit. Please tell us if a child from last year is no longer a dependent.*

**Income**

*Please attach all requested information*

Wages                      Number of W-2s enclosed with this questionnaire ...                      \_\_\_\_\_

Interest                    Number of forms 1099-INT enclosed .....                                      \_\_\_\_\_

Dividends                 Number of forms 1099-DIV enclosed .....                                      \_\_\_\_\_

Pensions & IRAs         Number of forms 1099-R enclosed .....                                      \_\_\_\_\_

Social Security         Number of Social Security statements enclosed .....                                      \_\_\_\_\_

Unemployment         Number of Unemployment forms 1099 enclosed .....                                      \_\_\_\_\_

Gambling                 Number of Gambling forms 1099 enclosed .....                                      \_\_\_\_\_

Partnerships & Sub S    Number of forms K-1 enclosed .....    \_\_\_\_\_

Misc & Prizes            Number of forms 1099-MISC enclosed .....    \_\_\_\_\_

Alimony                  Amount received during 2001 .....    \_\_\_\_\_

Capital Gains            Please attach brokerage statement or summary of sales and check this box ..

Rentals                    Please complete Rental Questionnaire and check this box .....

Farms                      Please complete Farm Questionnaire and check this box .....

Self Employed          Please complete Self Employed Questionnaire and check this box .....

**Deductible Adjustments To Income**

Moving Expenses Must be Job Related. Attach a List of Unreimbursed Expenses.

Deductible IRAs for Taxpayer (Do Not List Roth IRAs)                                      \$ \_\_\_\_\_

Deductible IRAs for Spouse (Do Not List Roth IRAs)                                      \$ \_\_\_\_\_

Roth IRAs for Taxpayer    \$ \_\_\_\_\_

Roth IRAs for Spouse    \$ \_\_\_\_\_

Student Loan Interest Paid    \$ \_\_\_\_\_

Alimony Paid (List Recipients Name and SSN if New this Year)                                      \$ \_\_\_\_\_

**Direct Deposit of Tax Refunds** If you would like your tax refund deposited directly into your bank account, please attach a voided check or deposit ticket and check this box .....

## Itemized Deductions

We do not need to see receipts for the items listed

### Medical Expenses

Total of all *unreimbursed* medical expenses including doctors, hospitals, drugs, eyeglasses, dental, etc. \$ \_\_\_\_\_

Health Insurance: Husband \$ \_\_\_\_\_

Health Insurance: Spouse \$ \_\_\_\_\_

Nursing Home Insurance H \$ \_\_\_\_\_

Nursing Home Insurance S \$ \_\_\_\_\_

Transportation auto mileage \_\_\_\_\_ miles

### Taxes

Real Estate Taxes on Home \$ \_\_\_\_\_

Other Real Estate Taxes \$ \_\_\_\_\_

Personal Property Tax \$ \_\_\_\_\_

#### Estimated Tax Payments

If you made estimated tax payments please list them

|                     | Federal | State |
|---------------------|---------|-------|
| 1 <sup>st</sup> Qtr | _____   | _____ |
| 2 <sup>nd</sup> Qtr | _____   | _____ |
| 3 <sup>rd</sup> Qtr | _____   | _____ |
| 4 <sup>th</sup> Qtr | _____   | _____ |

### Interest Expense

Mortgage on primary home \$ \_\_\_\_\_

Home equity loan \$ \_\_\_\_\_

Mortgage on 2<sup>nd</sup> home \$ \_\_\_\_\_

PMI Insurance \$ \_\_\_\_\_

If mortgage interest is paid to an individual we must list their name and social security number on your return.

### Miscellaneous Deductions

Tax preparation fees \$ \_\_\_\_\_

Safe deposit box \$ \_\_\_\_\_

Estate planning fees \$ \_\_\_\_\_

Union & professional dues \$ \_\_\_\_\_

Professional licenses \$ \_\_\_\_\_

Uniforms & cleaning \$ \_\_\_\_\_

Job hunting expenses \$ \_\_\_\_\_

Job related education \$ \_\_\_\_\_

Job safety equipment \$ \_\_\_\_\_

Employee business expenses \$ \_\_\_\_\_

Unreimbursed employee business mileage \_\_\_\_\_ Miles

If you have large amounts of employee business expenses please use our Employee Business Expense Questionnaire.

### Charitable Contributions

Total cash contributions \$ \_\_\_\_\_

Total non-cash contributions \$ \_\_\_\_\_  
If over \$500 attach list

Charitable mileage \_\_\_\_\_ miles

### Gambling Losses

Losses are only deductible up to the amount of gambling winnings.

Total gambling expenses \$ \_\_\_\_\_

## Special Deductions & Credits

### Child Care Credit

Name & City of Daycare Provider

Soc Sec or Fed ID Number \_\_\_\_\_ Amount Paid  
\$ \_\_\_\_\_

Name & City of Daycare Provider

Soc Sec or Fed ID Number \_\_\_\_\_ Amount Paid  
\$ \_\_\_\_\_

### Casualty Losses

Unreimbursed loss must exceed 10% of income.  
Please attach description and amount of loss.

### Education Credit \_\_\_\_\_s

Please list tuition and fees paid and who it was for.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

### Missouri Tuition Savings Plan MO\$T

Taxpayer Contribution \$ \_\_\_\_\_

Spouse Contribution \$ \_\_\_\_\_

### Special Questionnaires

We have special questionnaires for the following:

Self-Employed Individuals

Real Estate Agents

Contractors

Farmers / Ranchers

Automobile Expenses

Office in Home

Rental Property

Employee Business Expenses

