

# Standard Tax Questionnaire

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 new child 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 .....
- Other                      Please attach description 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: Taxpayer \$ \_\_\_\_\_

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 Credits

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

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

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

### Missouri Tuition Savings Plan MOST

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

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

### Special Questionnaires

We have special questionnaires for the following:

- Real Estate Agents
- Rental Property
- Self-Employed Individuals
- Farmers
- Automobile Expenses
- Office in Home
- Employee Business Expenses