

INDIVIDUAL TAX RETURN QUESTIONNAIRE



YEAR 2020

NAME _____ SOCIAL SECURITY # _____

SPOUSE _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

TELEPHONE #: HOME _____
BUSINESS _____

COUNTY OF RESIDENCE _____
SCHOOL DISTRICT _____

DATE OF BIRTH Taxpayer _____
Spouse _____

EMAIL ADDRESS _____

DEPENDENTS

CHILDREN WHO LIVE WITH YOU:

<u>FIRST NAME</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER DEPENDENTS (IF ANY)

<u>NAME</u>	<u>SOCIAL SECURITY #</u>	<u># OF MONTHS LIVED IN YOUR HOME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE SEND US ANY FORMS RECEIVED FROM THE IRS, STATE AND LOCAL TAXING AUTHORITIES

Local Tax Rate % _____

INCOME

OCCUPATION TAXPAYER _____
YEAR 2020 SPOUSE _____

W-2 INCOME

<u>EMPLOYER</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE ATTACH ALL COPIES OF W-2 FORMS

DIVIDEND INCOME PLEASE LIST AND ATTACH COPIES OF FORMS 1099

<u>PAYOR</u>	<u>GROSS AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____

INTEREST INCOME PLEASE LIST AND ATTACH COPIES OF FORMS 1099

<u>PAYOR</u>	<u>GROSS AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____

IF YOU RECEIVED SOCIAL SECURITY BENEFITS IN 2020, PLEASE LIST YOUR EXEMPT INTEREST INCOME

<u>PAYOR</u>	<u>GROSS AMOUNT</u>
_____	_____
_____	_____

MORTGAGE INTEREST AND HOME EQUITY LOAN INTEREST

<u>Name of Mortgage Bank</u>	<u>Interest for 2020</u>
a.) _____	
b.) _____	
c.) _____	
d.) _____	
e.) _____	

CONTRIBUTIONS

Total by check and cash _____
Total "other than cash" contributions _____

Please itemize if "other than cash" are more than \$500.

CREDIT FOR CHILD OR DEPENDENT CARE EXPENSES

Number of children cared for _____
Amount paid for childcare _____
Name and Social Sec. # of person or agency

CASUALTY OR THEFT LOSSES (The tax law allows losses in excess of 10% of your gross income. If you think your loss exceeds that limit, please list below)

<u>Property</u>	<u>Date and Nature of Loss</u>	<u>Total Loss</u>	<u>Insurance Reimbursement if Any</u>

SHORT -TERM CAPITAL GAINS AND LOSSES (ASSETS HELD LESS THAN ONE YEAR)
YEAR 2020

<u>DESCRIPTION</u> <u>OF ASSETS</u>	<u>SHARES OR PAR</u> <u>IF APPLICABLE</u>	<u>DATE</u> <u>ACQUIRED</u>	<u>DATE</u> <u>SOLD</u>	<u>NET</u> <u>PROCEEDS</u>	<u>COST</u>
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LONG -TERM CAPITAL GAINS AND LOSSES (ASSETS HELD MORE THAN ONE YEAR)

Please forward ALL 1099-B forms received from your brokers.

Important Note: The statements you receive from your stockbrokers usually only include information on SALES. We also must receive information on the PURCHASE of stocks.)

MISCELLANEOUS INCOME (ALIMONY RECEIVED, EXECUTOR FEES, DIRECTOR FEES, UNEMPLOYMENT COMP., ETC.)

<u>SOURCE</u>	<u>INCOME</u>
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SOCIAL SECURITY PAYMENTS RECEIVED : _____

PROFIT OR LOSS FROM BUSINESS OR PROFESSION

NAME OF PROPRIETOR _____
YEAR 2020 _____
PRODUCT SOLD _____
BUSINESS NAME _____
BUSINESS ADDRESS _____
IDENTIFICATION NUMBER _____

INCOME

SALES _____
OTHER MISC. INCOME _____

EXPENSES

ADVERTISING	_____	OFFICE SUPP.	_____
BANK CHARGES	_____	PENSION	_____
CAR & TRUCK	_____	POSTAGE	_____
COMMISSIONS	_____	RENT	_____
DUES AND PUB.	_____	SUPPLIES	_____
EMP. BENEFIT PROGR.	_____	TAXES	_____
FREIGHT	_____	TELEPHONE	_____
INSURANCE	_____	TRAVEL	_____
INTEREST	_____	MEALS AND ENT.	_____
LAUNDRY & CLEANING	_____	UTILITIES	_____
LEGAL & ACCOUNTING	_____	WAGES	_____

OTHER _____

BUSINESS MILEAGE _____

NEW BUILDINGS, IMPROVEMENTS, EQUIPMENT, FURNITURE & FIXTURES, CARS
& TRUCKS PURCHASED OR SOLD IN 2020

ACQUIRED IN 2020

<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>COST</u>	<u>NEW OR USED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOLD IN 2020

<u>DESCRIPTION</u> YEAR 2020	<u>DATE</u> <u>ACQUIRED</u>	<u>DATE</u> <u>SOLD</u>	<u>COST</u>	<u>SALES</u> <u>PRICE</u>	<u>WAS THIS A</u> <u>TRADE-IN</u>

COST OF GOODS SOLD

PURCHASES IN 2020 _____

COST OF ITEMS WITHDRAWN FOR PERSONAL USE _____

OTHER COSTS _____

INVENTORY AT 12-31-20 _____

OFFICE IN HOME

- 1.) ELECTRICITY _____
- 2.) GAS _____
- 3.) OIL _____
- 4.) TRASH _____
- 5.) SEWER _____
- 6.) HOME OWNER'S INSURANCE _____
- 7.) OTHER - LIST _____

ANY UNUSUAL EXPENSES OR LOSSES IN 2020 RELATING TO YOUR BUSINESS?
PLEASE EXPLAIN BELOW

RENTAL PROPERTY INCOME IF APPLICABLE

PROPERTY DESCRIPTION _____
YEAR 2020
LOCATION _____

RENTAL INCOME RECEIVED _____

EXPENSES

REAL ESTATE TAXES _____ PAINTING _____

INSURANCE _____ REPAIRS _____

ADVERTISING _____ UTILITIES _____

INTEREST _____ MNGMT. FEES _____

TRAVEL TO AND FROM LOCATION _____

OTHER EXPENSES _____

DEPRECIATION

WE WILL COMPUTE DEPRECIATION. IF A NEW PROPERTY WAS ACQUIRED THIS YEAR, PLEASE NOTE BELOW THE DATE OF ACQUISITION AND COST. IF ANY PROPERTY WAS SOLD, PLEASE NOTE BELOW THE DATE ACQUIRED, DATE SOLD, ORIGINAL COST AND PROCEEDS OF SALE.

OTHER TAXES PAID

INCOME TAXES

YEAR 2020

Quarterly estimated income taxes paid for 2020

	<u>Date Paid</u>	<u>Amount</u>
FEDERAL	1.) _____	_____
	2.) _____	_____
	3.) _____	_____
	4.) _____	_____
STATE	1.) _____	_____
	2.) _____	_____
	3.) _____	_____
	4.) _____	_____
LOCAL	1.) _____	_____
	2.) _____	_____
	3.) _____	_____
	4.) _____	_____

Any additional payments paid in 2020 for prior years' taxes:

<u>Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Real Estate taxes _____

Personal Property _____

Occupational taxes _____

Per Capita taxes _____

Any other taxes paid in 2020, please list : _____

PERSONAL DEDUCTIONS

YEAR 2020

If you think your expenses exceed that, please list them below.)

Medicine and Drugs _____

Total Insurance premiums for medical and hospital care _____

Doctors, dentists, nurses, hospitals, eyeglasses, hearing aids, dentures, etc. -List below)

<u>Name</u>	<u>Amount</u>	<u>Name</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Transportation _____

Amount of any insurance or medicare reimbursements received on above:

IRA'S, KEOGH AND SEP CONTRIBUTIONS

ALIMONY PAID
