



TAX PREPARATION INTAKE QUESTIONAIRE

Personal Information:

1. Full name as appears on Social Security Card: _____
2. Spouses full name as on SS card: _____
3. Filing Status (circle one): Single/Married Filing Jointly/Married Filing Separate/Head of House Hold/Qualifying Widow
4. Address: Street, City, State and Zip Code: _____

5. Your Social Security Number: _____
6. Spouses Social Security Number: _____
7. Telephone Number: (H) _____ (C) _____

8. Full name, DOB, Social Security Number and Relationship of each Dependent:

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>Relationship</u>
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- 1.
 - 2.
 - 3.
 - 4.
 - 5.
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9. Date of Birth: _____

10. Spouses Date of Birth: _____

11. Occupation and Work Phone: _____
12. Spouses Occupation and Work Phone: _____
13. Email address: _____
14. Spouses email address: _____
15. Could you or your spouse be claimed as a dependent on someone else's return? Y or N
- Do you or your spouse serve or have you or your spouse ever served in the armed forces? Y or N
 - Are you or your spouse permanently or totally disabled? Y or N

Income:

16. How many Form W-2's for jobs held during tax year (**Please bring to appointment**)?

17. Do you have any Forms 1099 from banks, brokers, rentals, royalties or misc. I.E.: 1099 INT, 1099B, 1099DIV, 1099MISC, etc (**Please bring to appointment**) Y/N
18. Do you have any Form 1099 from Retirement or Social Security or Gov't. I.E.: SSA-1099, RRB-1099, 1099R, 1099SS, 1099G (**Please bring to appointment**)? Y/N
19. Do you have income and/or expenses from your own business? Y/N
If so, please bring information to appointment.
20. Do you have income from a partnership (From K-1) Y/N
If so, please bring to appointment.
21. Did you sell any stocks, bonds or mutual funds? Y/N
If so, please bring 1099-B to appointment.
22. Do you have any Capital Loss Carryovers from previous years? Y/N
23. Did you receive a state tax refund last year (May be on 1099G) Y/N
24. Did you pay any state tax last year for a prior year return? Y/N
25. Do you have income from rental or royal property? Y/N
26. Did you contribute to a regular IRA last year? Y/N
27. Did you contribute to a ROTH IRA last year? Y/N
28. Do you intend to open a ROTH IRA by April 15? Y/N
29. Did you sell your main home during last year? Y/N
30. If you are over the age of 70.5, are you required to take a minimum required distribution? Y/N
31. Did you receive alimony from a former spouse? Y/N
32. Did you receive any scholarships, fellowships, grants or stipends? Y/N
33. Do you have any other income not mentioned above? Y/N
34. Do you have a child under age 14 with more than \$1800 in earnings? Y/N

Deductions:

- 35. Did you have any moving expenses last year? Y/N
- 36. Did you pay any alimony last year? Y/N
- 37. Did you pay any student loan interest or have any education expenses? Y/N
- 38. Did you pay any mortgage interest or property taxes last year? Y/N
- 39. Did you pay car taxes last year? Y/N
- 40. Did you make any charitable contributions last year, cash or noncash? Y/N
- 41. Did you incur an unusual amount of medical expenses last year? Y/N
- 42. Did you pay child care expenses last year? Y/N
- If so, please provide caregiver name, address & EIN**
- 43. Did you pay for any unreimbursed job expenses last year? Y/N
- 44. How did you hear about L & R Tax Specialists? _____

Other information/documents for you to bring to your appointment:

- Copy of previous year tax return (if applicable and available)
- Social Security cards for yourself and any spouse or dependents

I (We) understand that this tax return will be prepared based on the information provided and to the best of my (our) knowledge is true and correct.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____