

## Tax Return Questionnaire

*Print this form out, take some time to fill it out, and upload it to the portal or bring it with you when you come to the office. This will save you time and money and help us help you more effectively.*

### Tax Return Questionnaire -

<b>Name and Address:</b>	<b>Occupation</b>	
<b>Taxpayer:</b>		
<b>Address:</b>		
<b>Spouse:</b>		
<b>Address:</b>		
<b>Phone Numbers</b>	<b>Home:</b>	<b>Work:</b>
<b>Email Address:</b>		

### Business Income & Expenses (Sole Proprietorship)

Principle business or profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Employer ID number \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business is owned by:  Taxpayer  Spouse

Accounting Method:  Cash  Accrual

Inventory method:  Cost  Lower cost or market  Other  N/A

Did you materially participate in the business?  Yes  No

Check if this is the first year of the business.

Income	Amount	Cost of Goods Sold	Amount
1. Gross receipts or sales		1. Beginning of year inventory	
2. Returns and allowances.		2. Purchases	
3. Other income.		3. Cost of items used personally	
		4. Cost of labor	
		5. Materials and supplies	
		6. Other costs	
		7. End of year inventory	

## Tax Return Questionnaire

Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions and fees		23. Travel	
4. Employee benefits		24. Meals and entertainment	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage interest		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal and accounting fees		29. Payroll service	
10. Allocation of tax preparation fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	
12. Pension and profit sharing plans		32. Client gifts (limited to \$25 each)	
13. Rent, vehicles		33. Education and seminars	
14. Rent, equipment		34. Other: (Description)	
15. Rent, building		35.	
16. Repairs & maintenance, building		36.	
17. Repairs & maintenance, equipment		37.	
18. Repairs & maintenance, vehicles		38.	
19. Supplies		39.	
20. Payroll taxes		40.	

### Depreciation

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

## Tax Return Questionnaire

### Business Use of Home

Do you use any part of your home regularly and exclusively for business?  Yes  No

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%).....

Description of work done in home office \_\_\_\_\_

Description of work done outside of work office \_\_\_\_\_

Total area of home.....

Total area of home used regularly for business.....

	<u>Direct costs</u> (benefit only business portion of home)	<u>Indirect costs</u> (other)
Home insurance		
Repairs and maintenance		
Utilities		
Rent		
Other.		

#### If Daycare Facility:

Days used as a daycare facility.	
Prior year carryover of unallowed losses	

Cost of home and improvements and prior depreciation.				
Depreciation of home, improvements, furniture, and equipment.				
Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

## Tax Return Questionnaire

### Household Employees: (Nanny Tax)

Did you pay a household employee at least \$2,300 this year?       Yes     No  
*(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)*

If yes, please provide the following information for each:

Name		Federal Income tax withheld	
		Social Sec. tax withheld	
Wages paid		Medicare tax withheld	
		State income tax withheld	

Employer Identification Number (you can no longer use your Social Security number):

\_\_\_\_\_

Has W-2 been filed?	Yes [ ]	No [ ]
If no, do you want us to prepare for you?	Yes [ ]	No [ ]
Have the necessary state employment returns been filed? If	Yes [ ]	No [ ]
No, do you want us to prepare for you?	Yes [ ]	No [ ]
Was the household employee under eighteen years of age and a student?	Yes [ ]	No [ ]

