


INCOME TAX QUESTIONNAIRE	 HEATHER R CHAMBERS, CPA, INC 562-424-4301 (FAX 562-426-2922)	heather.r.chambers@gmail.com TAX YEAR: 2017
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DATE:	Home Phone:	Work Phone:	Cell Phone:
Taxpayer Name:	Date of Birth:	Blind <input type="checkbox"/>	Over 65 <input type="checkbox"/>
Spouse Name:	Date of Birth:	Blind <input type="checkbox"/>	Over 65 <input type="checkbox"/>
Home Address:	Rev 12/15		
Taxpayer Social Security No:			Retired <input type="checkbox"/>
Spouse Social Security No:	Occupation	Retired <input type="checkbox"/> Rev 12/16	
Names (First,Middle,Last) of Dependents Claimed as Exemptions	Date of Birth	Social Security No.	Relationship # months in home

ESTIMATED TAXES PAID AND CREDITS					Purchases Subject to Sales and Use Tax \$ (Items bought online with no tax paid)	
	Due Date	Date Paid	Federal	State	QUESTIONS/COMMENTS/OTHER Please provide e-mail address(es) Please provide Health Insurance information (new this year) See "Health Insurance Info" below	
Prior Yr 4th	Last Jan.		\$	\$		
Prior Yr overpayment to this year						
First ES	April		\$	\$		
Second ES	June		\$	\$		
Third ES	Sept.		\$	\$		
Fourth ES	This Jan.		\$	\$		

I N C O M E

Wages: Provide W-2's	\$	Interest, Dividends and Soc Sec: Provide 1099's	
Pensions/Annuities: Provide 1099-R's	\$	Total Interest	\$
Prior Year State Income Tax Refund	\$	Total Dividends	\$
Unemployment Compensation (1099-G)	\$	Social Security You: \$	Spouse: \$
Stocks, Bonds, Other Property Sold: Provide 1099-B's (stock,etc) or Escrow Closing Statement (real estate sale)			
Description	Date Acquired	Date Sold	Sales Price Cost
			\$ \$
			\$ \$
			\$ \$

RENTAL INCOME (Use Rental Schedule if more than one Rental)			BUSINESS INCOME	
Type of Rental Unit			Provide Business Name, Address,	
Address			Type of Business, and a Profit & Loss	
or attached Schedule C sheet.				
RENTS RECEIVED	\$	Other Expense	\$	PARTNERSHIP INCOME
ROYALTY INCOME	\$	Mortgage Interest	\$	
Advertising	\$	(Provide Form 1098)		HEALTH INSURANCE INFO
Auto & Travel	\$	Painting/Decorating	\$	
Cleaning & Maint	\$	Pest Control	\$	Covered all year? Y/N
Commissions	\$	Plumbing/Electrical	\$	
Gardening	\$	Repairs	\$	Provide form 1095 if received
Insurance	\$	Supplies	\$	
Legal & Professional	\$	Taxes-Real Estate	\$	
Licenses & Permits	\$	Telephone/Utilities	\$	
Management Fees	\$	Also list items disposed of.		

ADJUSTMENTS TO INCOME					
Traditional IRA contributions	Taxpayer	Spouse		Self-employed Health Insurance	\$
Max contrib=\$5500 (\$6500 if 50 or older)	\$	\$		Student Loan Interest Paid	\$
Date of contribution				Educator Expense (K-12)	\$
Contributions made to date	\$	\$		Education Expense	\$
Roth IRA \$5500 (\$6500 if 50 or older)	\$	\$			\$
Contributions made to date	\$	\$	Alimony Paid	\$	
				Paid to:	SSN:

Notes/Comments:

DEDUCTIONS CLAIMED

MEDICAL EXPENSES: must exceed 10% AGI	
Health, Accident Insurance Premiums	\$
Medicare Premium (w/h from Soc Sec)	\$
Drugs & Medicines	\$
Dr.	\$
Dr.	\$
Dr.	\$
Dr.	\$
Dentist(s)	\$
Hospital(s)	\$
Lab/X-Rays	\$
Travel Necessary to get medical care	# Miles
Parking/Taxi/Bus	\$
Ambulance	\$
Glasses/eye Exams	\$
Hearing Aid/Batteries	\$
Prosthetics	\$
Sick Room Supplies & Appliances	\$
	\$
	\$
	\$
Insurance Reimbursement for any above	\$

TAXES:	
State Income Tax for Prior Year Returns	\$
State Estimated Tax Payments	\$
	\$
Property Tax on your residence(s)	\$
Property Tax (Investment Real Estate)	\$
Auto License Fee (less Reg. Fee)	\$
Other Personal Property Tax, eg boat	\$

INTEREST:	
Home Mortgage Interest, Points	\$
(Provide Form 1098)	\$
	\$
	\$
Home Mortgage Int paid to Individual	\$
Name	
Address	
SSN	
Investment Interest	\$

CONTRIBUTIONS - must be receipted:	
Church, Temple, etc	\$
	\$
Red Cross, United Way, etc	\$
Christmas & Easter Seals	\$
Heart/Cancer Fund	\$
Payroll Deductions	\$
Scouts	\$
Schools, Colleges	\$
	\$
	\$
	\$
	\$
(Any gift of \$250 or more requires documentation from charity. For smaller amounts you should have backup.)	

CONTRIBUTIONS - NON-CASH (See note **below)	
Salvation Army/Goodwill Industries/etc	\$
Other	\$
Miles driven for Charity	Miles
** Non-cash of over \$500 requires these details:	
Name & address of charity	
Description of item(s) given	
Date of contribution	
Value of item given	
Your cost in item given	
Keep receipts for your non-cash contributions. Attach listing of what was given, along with valuations.	
MISCELLANEOUS (not for Schedule C business)	
Must exceed 2% of AGI to be helpful	
Auto Expenses not listed elsewhere	\$
Business Miles (or 2nd Job)	Miles Jan-Dec
Commuting Miles	Miles Jan-Dec
Other Miles	Miles Jan-Dec
Business Meals and Entertainment	\$
Employment Agency Fees	\$
Income Tax Preparation Fee	\$
IRA or Keogh Plan Fees	\$
Job Education Expenses (for current job)	\$
Job Hunting Expenses	\$
Legal (for protection of taxable income)	\$
Safe Deposit Box Fees	\$
Safety Equipment	\$
Small Tools (estimated life one year or less)	\$
Subscriptions (e.g. Trade Journals)	\$
Business Phone, Fax and Pager Expenses	\$
Business Travel (excl meals & entertainment)	\$
Uniforms (not general wear) - or attached Schedu	\$
Uniforms - Laundry & Cleaning	\$
Union Dues & Professional Dues	\$
Others	\$

CHILD AND DEPENDENT CARE EXPENSES	
Person or Org providing care	
Address	
Phone No.	
ID Number (SSN or EIN)	
Amount paid	\$
Person or Org providing care	
Address	
Phone No.	
ID Number (SSN or EIN)	
Amount paid	\$
(Use back of page for additional providers.)	

Notes/Comments:

BUSINESS INCOME (Schedule C)

Name of Business	Tax Year
Address, if diff from 1040	
City, State, Zip, if diff from 1040	
Type of Business or Profession	
Employer ID number, if any	Rev 12/17

INCOME	OTHER EXPENSES
Gross Receipts or Sales	Internet service
Returns and allowances	Meetings and conferences
Other Income	Training and education
COST OF GOODS SOLD (if applicable)	
Inventory at beginning of year	Other--describe:
Purchases	IRA or SEP IRA
Cost of items for personal use	Health Insurance Premiums (Partly deductible for AGI)
Cost of labor	* VEHICLE INFORMATION
Materials and supplies	Vehicle description →
Other costs	Date placed in service
Inventory at end of year	Total miles driven for year →
EXPENSE CATEGORIES	
Accounting	Business mileage →
Advertising	Commuting mileage →
Auto or truck exp (See vehicle info)	If new bus. vehicle purchased during year, see next section--equip/vehicle purchases.
Bad debts from sales or service	Keep a log of mileage for business, and keep track of all expenses related to business vehicle: e.g. fuel, repairs and maint, insurance, interest, registrations.
Bank charges	
Commissions	EQUIPMENT/VEHICLE PURCHASES
Delivery and freight	Date of purchase
Dues and subscriptions, books	Description
Employee benefit programs	Cost
Insurance (other than health--see other exp)	
Interest expense	EQUIPMENT RETIREMENTS
Laundry and cleaning	Include date, description of item shown on depreciation schedule in prior years
Legal and professional fees	
Licenses and permits	HOME OFFICE
Miscellaneous	Home sq ft = Office sq ft =
Office expense and supplies	Mortgage Interest (or Rent)
Outside services	Prop tax
Parking and tolls	Insurance
Postage	Utilities
Printing	Maintenance and repairs
Rent or Lease	COMMENTS, QUESTIONS
Vehicles, Equipment	Please check here and write any questions on reverse <input type="checkbox"/>
Real Estate	NOTE: Categories are to help you remember expenses which may be allowable. Any expense that is <u>ordinary</u> and <u>necessary</u> to the business is generally deductible. Use each space as is or change as needed.
Repairs	
Supplies and/or tools	
Taxes - payroll	
Taxes - property	
Telephone, Cell phone	
Travel, Meals	
Entertainment	
Travel	
Meals & Ent. at 100%	
Uniforms	
Utilities	
Wages and salaries	

Notes/Comments:
