

Vonclar

**International Group
Tax Questionnaire**

PRINT THIS FORM, take time to fill it out, and 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 | 2 ___ ___ TAX YEAR

NAME & ADDRESS	SOCIAL SECURITY NUMBER	OCCUPATION
TAXPAYER:		
ADDRESS:		
SPOUSE:		
ADDRESS:		
PHONE NUMBERS	WORK:	HOME:

*Do you wish to contribute \$5 to the Presidential Election Campaign? (Tax amount not affected)
 YES ___ NO ___

Filing Status: Single ___ Married ___ Head of Household ___ Qualifying Widow ___
 Birth Date: (Month/Day/Year) Yourself ___/___/___ Spouse: ___/___/___

DEPENDENTS:

NAME (FIRST, INITIAL, LAST)	INCOME OVER \$_____ (Y/N)	D.O.B	SS#	RELATIONSHIP	MONTHS LIVED IN HOME

INCOME:

1. Wages and Salaries (Attach W-2s)

NAME OF PAYOR	Gross Wages (withheld)	Soc. Sec (withheld)	Medicare (withheld)	Fed Inc. Tax (withheld)	State Tax (withheld)

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2. Interest Income (Attach 1099s)

NAME & ADDRESS OF PAYOR	AMOUNT

3. If you received any interest from a "Seller Financed" mortgage, provide:

NAME AND ADDRESS OF PAYOR	SOCIAL SECURITY NUMBER	AMOUNT

4. Dividend Income (Attach 1099s)

NAME & ADDRESS OF PAYOR	AMOUNT

5. Capital Gains and Losses:

INVESTMENT	DATE ACQUIRED	COST OR OTHER BASIS	DATE SOLD	NET SALE PROCEEDS

Other Income:

DESCRIPTION	AMOUNT

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Pensions, IRA Distributions, Annuities, and Rollovers

Total Received.....

Taxable Amount (Attach all 1099s or other related papers).....

Rents/Royalties, Partnerships, S Corporations, Estates, Trusts.....

Unemployment Compensation Received.....

Social Security Benefits Received (Attach annual statement).....

State/Local Tax Refund(s).....

Other Gains and Losses: (include details of dispositions of any business/rental/farm assets)

INVESTMENT	DATE ACQUIRED	COST OR OTHER BASIS	DATE SOLD	NET SALE PROCEEDS

CREDITS:

Child and Dependent Care:

(1) Number of qualifying individuals (under 13 years of age) _____

(2) Name, address and identification number of each provider _____

NAME	ADDRESS	AMOUNT PAID

If payments were made to an individual, were the services performed in your home? ___Yes ___No
 If "Yes", have payroll reports been filed? ___Yes ___No

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Expenses incurred in connection with adoption

“Special Needs” child ___ Yes ___ No

Tuition & Fees paid for higher education (HOPE and Lifetime Learning Credits) _____

Foreign Tax Credits _____

Attach detail of type foreign tax, country, and whether “withheld” or paid direct

2 ___ ___ Estimate Tax Payments

FEDERAL	AMOUNT	STATE	AMOUNT

Other Payments: (Enter advanced child credit payment here)

DATE	AMOUNT	DATE	AMOUNT

Other payments or credits – *Attach schedule and explain* _____

ITEMIZED DEDUCTIONS:

Medical and Dental

AMOUNT

1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 20 ___ ___ (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other – hearing aids, eyeglasses, medical devices, etc.	
4.	
5.	

Taxes paid in 20 ___ ___

AMOUNT

1. State and local income taxes not listed elsewhere	
2. Real estate taxes not listed elsewhere	
3. Personal property taxes (includes owners tax on auto registration)	
4.	
5.	

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Interest paid in 20 ____

AMOUNT

1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals	
Name:	-----
Address:	-----
3. Points paid on <input type="checkbox"/> purchase <input type="checkbox"/> refinance (include details)	
4. Investment Interest	
5. Student Loan Interest	
6.	

CONTRIBUTIONS: (Written document is required for all gifts of \$ _____ or more – not just cancelled checks)

AMOUNT

1. Cash - Less than \$ _____ paid to any one organization	
2. Cash - \$ _____ or more to any one organization – show name of organization	

3. Other than cash – Attach details	

Casualty and Theft Losses – Attach Details _____

Miscellaneous Deductions:

Employee business expenses – attach details	AMOUNT
Reimbursed	
Not Reimbursed	
Job hunting expenses	
Other Expenses	
Tax Preparation	
Union Dues	
Business Publications	
Professional Dues/Fees	
Safety Deposit Box Rental	
Small Tools used in your trade or business	
Business telephone	
Uniforms & Cleaning	
IRA Custodial Fees	
Investment Expenses	
Education Expenses (attach details)	
Business Entertainment	
Other Miscellaneous deductions	

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Adjustments to Income:

	Maximize?	AMOUNT
1. Your IRA deduction	___Yes ___No	
2. Spouse's IRA deduction	___Yes ___No	
3. Keogh SEP deduction	___Yes ___No	
4. Penalty for early withdrawals of savings		
5. Alimony paid - List name and Social Security Number		
6. Self-employed health insurance premiums		

Did anyone in your family receive a scholarship of any kind during 20__ __?

If yes, please supply details ___Yes ___No (This includes athletic scholarships)

If you have added or disposed of any fixed assets used in trade or business or rental of farm activities, please provide the following:

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

If we have not previously prepared your return - please provide a copy of your last 3 years tax returns.

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns? ___Yes ___No

(If yes, please provide copy of notices, settlement reports, etc.)

Did you receive any payments from a pension or profit sharing plan? ___Yes ___No

(If yes, provide pertinent information or statements from the plan)

Did you sell your primary residence during 20__ __? ___Yes ___No

If "yes", provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate costs and date acquired. If you have previously sold a residence, provide a copy of form 2119 from your tax return for the year of sale.

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Did you change your state of residency during 20__ __? ___Yes ___No

If “yes”, please provide the following:

Previous Address:	
Date of Move:	
Distance (Miles):	
Cost of Move: (Describe)	

If you would like your tax refund (if any) deposited directly into your bank, provide:

ACCOUNT TYPE	YOUR ACCOUNT NUMBER	BANK ROUTING NUMBER
Checking [] Savings []		

For the YEAR 20__ __: (Provide details for any “yes” response)

Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence? ___Yes ___NO

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$1,000,000? ___Yes ___No

Did you exercise any stock options? ___Yes ___No

Did you purchase, sell, or own any bonds you paid more or less than the face amount? ___Yes ___No

Did you sustain any non-business bad debts? ___Yes ___No

Did you or your spouse make any gifts in excess of \$11,000 to any one done? ___Yes ___No

Were you the recipient of, or did you make a “below-market” or “interest-free” loan? ___Yes ___No

Do you have a child under the age of 14 as of December 31, 20__ __? Who has earned an income (interest, dividends, etc.) of more than \$_____?

Did you lease a car which you used for business purposes? ___Yes ___No

If “Yes”, provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement (2) term of lease, (3) number of payments made, (4) number of days the car was leased in 20__ __ (5) percentage of business use, (6) business or work the car was used in (7) amount of expenses reported by you to your employer on For W2

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Rental & Royalty Income and Expense

Property Type: Residential Commercial

Location:

If Vacation Home:

Number of days rented	
Number of days used personally	

Property is owned by: Taxpayer Spouse Joint

Percentage ownership of not 100% %

(Please indicate if income and expenses below are listed at 100% or your percentage)

Did you live in part of the rental property? ___Yes ___No

If yes, what percentage did you occupy as a tenant? %

check if rented to a related party

Explain Relation:

INCOME	AMOUNT		
1. Rental Income			
2. Royalties received			
EXPENSES	AMOUNT		AMOUNT
1. Advertising		16. Property Taxes	
2. Association Fees		17. Utilities	
3. Auto miles driven		Other (description)	
4. Travel		18a	
5. Cleaning and Maintenance		18b	
6. Commissions		18c	
7. Insurance		18d	
8. Legal and professional fees		18e	
9. Allocated tax preparations fees		18f	
10. Licenses and permits		18g	
11. Management fees		18h	
12. Mortgage Interest (form 1098)		18i	
13. Other Interest		18j	
14. Repairs		18k	
15. Supplies		18l	

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Depreciation:

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

Business Income & Expenses (Sole Proprietorship)

Principle business or profession: _____

Business Name: _____

Employer ID Number: _____

Business Address: _____

City: _____ State _____ Zip _____

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 GOOD 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	

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 (in full)	
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		30. Employee vehicle expense	
11. Office Expense		31. Employee mileage	
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.	

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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

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 _____

	Direct costs (benefit only business portion of home)	Indirect costs (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

