

INCOME TAX QUESTIONNAIRE	HEATHER R CHAMBERS, CPA, INC 562-424-4301 (FAX 562-426-2922)	heather.r.chambers@gmail.com TAX YEAR: 2019
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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:			
Taxpayer Social Security No:	Occupation:	Retired <input type="checkbox"/>	
Spouse Social Security No:	Occupation:	Retired <input type="checkbox"/>	Rev 12/19
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	\$
	Due Date	Date Paid	Federal	State	(Items bought online with no tax paid)	
Prior Yr 4th	Last Jan.		\$	\$	QUESTIONS/COMMENTS/OTHER Please provide e-mail address(es) Please provide Health Insurance information (new this year) See "Health Insurance Info" below	
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	
RENTS RECEIVED \$			or attached Schedule C sheet.	
ROYALTY INCOME \$			Other Expense	\$
Advertising \$			Mortgage Interest	\$
Auto & Travel \$			(Provide Form 1098)	
Cleaning & Maint \$			Painting/Decorating	\$
Commissions \$			Pest Control	\$
Gardening \$			Plumbing/Electrical	\$
Insurance \$			Repairs	\$
Legal & Professional \$			Supplies	\$
Licenses & Permits \$			Taxes-Real Estate	\$
Management Fees \$			Telephone/Utilities	\$
List major acquisitions by date and cost.			Also list items disposed of.	
PARTNERSHIP INCOME				
Provide K-1's				
HEALTH INSURANCE INFO				
Covered all year? Y/N				
Provide form 1095 if received				
VIRTUAL CURRENCY				
Attach Summary of Activity				

ADJUSTMENTS TO INCOME					
Traditional IRA contributions	Taxpayer	Spouse		Self-employed Health Insurance	\$
Max contrib=\$6000 (\$7000 if 50 or older)	\$	\$		Student Loan Interest Paid	\$
Date of contribution				Educator Expense (K-12)	\$
Contributions made to date	\$	\$		Educational Expense	\$
Roth IRA \$6000 (\$7000 if 50 or older)	\$	\$			\$
Contributions made to date	\$	\$		Alimony Paid	\$
				Paid to:	SSN:

Notes/Comments:

DEDUCTIONS CLAIMED

Federal must exceed \$12,200 Single, \$24,400 Married Filing Jointly

California deductions must exceed \$4,401 Single, \$8,802 MFJ

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: (limited to \$10,000 for 2019 Federal)	
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)	\$
	\$

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.)	

CONTRIBUTIONS - NON-CASH	
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 (STATE ONLY)	
NONE ALLOWED FOR 2019 FEDERAL	
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) - cost	\$
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	
\$	

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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 12/18

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

Notes/Comments: