


INCOME TAX QUESTIONNAIRE		 HEATHER R CHAMBERS, CPA, INC 562.424.4301 FAX 562.426.2922		clients.hrc@gmail.com TAX YEAR: 2020	
CONTACT INFO		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:					
<input type="checkbox"/> check if new address					
Taxpayer Social Security No:			Occupation:	Retired <input type="checkbox"/>	
Email Address:					
Spouse Social Security No:			Occupation:	Retired <input type="checkbox"/>	
Email Address: Rev 12/20					
Names (First,Middle,Last) of Dependents Claimed as Exemptions		Date of Birth	Social Security No.	Relationship	# months in home

ESTIMATED TAXES PAID AND CREDITS					QUESTIONS/COMMENTS/OTHER	
	Due Date	Date Paid	Federal	State	<i>See new info for 2020 highlighted in pink, below</i>	
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	
<i>Please provide, as applicable:</i>	
<input type="checkbox"/> W-2 Forms <input type="checkbox"/> 1099-R (Pensions/Annuities) <input type="checkbox"/> 1099-G (Unemployment Compensation) <input type="checkbox"/> 1099-NEC (Contract Work) <input type="checkbox"/> 1099-MISC (Other, Rental, etc.) <input type="checkbox"/> K-1 Forms (Partnerships, Trusts, or S-Corps)	<input type="checkbox"/> 1099-B (Stocks/Bonds sold) <input type="checkbox"/> 1099-INT (Interest Income) <input type="checkbox"/> 1099-DIV (Dividend Income) <input type="checkbox"/> 1099-SSA (Social Security Income) <input type="checkbox"/> 1099-T (for Education Credits) <input type="checkbox"/> Closing Statement(s) for any real estate transactions

RENTAL INCOME	***IMPORTANT FOR 2020***
Please use provided Rental Schedule if applicable, or provide your own report. <i>Note: If rental schedule is needed and has not been provided, please call or email us to request one.</i>	HEALTH INSURANCE
	Covered all year? Y / N
	Provide form 1095 if received <input type="checkbox"/>
BUSINESS INCOME	SALES AND USE TAX
Please fill out separate Business Sheet (Schedule C), or provide your own report. <i>Note: If Business Income form has not been provided, please call or email us to request one.</i>	Purchases Subject to Sales and Use Tax: \$
	(Items bought online with no tax paid) Check box if none: <input type="checkbox"/>
	VIRTUAL CURRENCY
	Attach Summary of Activity, if applicable
	Check box if none: <input type="checkbox"/>

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

DEDUCTIONS CLAIMED

Federal must exceed \$12,400 Single, \$24,800 Married Filing Jointly

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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 2020 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 cash gift of \$250 or more requires documentation from charity.)	
*for 2020 only: \$300 of cash contributions can be deducted even if you do not itemize.	

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 2020 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	\$

Notes/Comments:

BUSINESS INCOME (Schedule C)

Business Name	
City, State, Zip, if diff from 1040	
Type of Business or Profession	
Employer ID number, if any	Rev 12/20

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	Business 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	<u>Keep a log</u> 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	(There are apps for this!)
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:
