


INCOME TAX QUESTIONNAIRE		 HEATHER R CHAMBERS, CPA, INC TEL 562.424.4301 FAX 562.426.2922		heatherchamberscpa.com TAX YEAR: 2022	
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 12/22					
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
<input type="checkbox"/> N/A	Due Date	Date Paid	Federal	State	
Prior Yr 4th	Last Jan.		\$	\$	
Prior Yr overpayment, if applicable			\$	\$	
First ES	April		\$	\$	
Second ES	June		\$	\$	
Third ES	Sept.		\$	\$	
Fourth ES	This Jan.		\$	\$	

INCOME	
<i>Please provide, and mark 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	***REQUIRED INFO BELOW***
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 <input type="checkbox"/> N <input type="checkbox"/> (If N, # months covered: ____) Provide form 1095 if received <input type="checkbox"/>
BUSINESS INCOME Please fill out provided Business Income 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>	SALES AND USE TAX 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	
Traditional max = \$6000 (\$7000 if ≥ 50)			
Contributions made to date	\$	\$	
Roth IRA max = \$6000 (\$7000 if ≥ 50)			
Contributions made to date	\$	\$	
			Self-employed Health Insurance \$
			Student Loan Interest Paid \$
			Educator Expense (K-12) \$
			Alimony Paid \$
			Paid to: SSN:

DEDUCTIONS CLAIMED

Federal must exceed \$12,950 Single, \$25,900 Married Filing Jointly

DEDUCTIONS CLAIMED	
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: (limit \$10,000 Federal, subject to BBB)	
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	\$

CASH CONTRIBUTIONS: must be receipted	
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$

	TOTAL \$
Please keep any and all receipts for your cash contributions in your records.	
For any cash gift of \$250 or more, please provide documentation letter from charity.	
*for 2022: \$300 of cash contributions can be deducted per filer, even if not itemizing.	

CONTRIBUTIONS: NON-CASH	
Salvation Army/Goodwill Industries/etc	\$
Other	\$
Miles driven for Charity	_____ Miles
Non-cash contrib. 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.
Provide us a listing of what was given, along with valuations.

MISCELLANEOUS (STATE ONLY) NONE ALLOWED FOR 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.:	
Payee ID Number (SSN or EIN):	
Amount paid:	\$
Person or Org providing care:	
Address:	
Phone No.:	
Payee ID Number (SSN or EIN):	
Amount paid:	\$

Notes/Comments:
