

Print this form out, take some 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 – 2005 Tax Year

Name and Address:	Social Security Number:	Occupation
Taxpayer:		
Address:		
Spouse:		
Address:		
Phone Numbers	Work:	Home:

Do you wish \$3 to go 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 \$800? (Y/N)	Date of Birth	Social Security Number	Relationship	Months Lived in Home

INCOME:

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

Name of Payor	Gross Wages (Withheld)	Soc Sec (withheld)	Medicare (withheld)	Fed Inc Tax (withheld)	St Inc Tax (withheld)

2. Interest Income (Attach 1099's) *(List non-taxable Interest Income as well - identify as nontaxable)*

Name and Address of Payor	Amount	Name and Address of Payer	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 1099's)

Name of Payor	Amount	Name of Payor	Amount

5. Capital Gains and Losses:

Investment	Date Acquired	Cost or Other Basis	Date Sold	Net Sale Proceeds

6. Other Gains and Losses: *(Include details of dispositions of any business/rental/farm assets)*

Investment	Date Acquired	Cost/Other Basis	Date Sold	Sale Proceeds

7. Pensions, IRA Distributions, Annuities, and Rollovers

Total Received..... _____

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

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

*(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)
(Attach separate schedule(s) showing receipts & expenses for each rental property)*

10. Unemployment Compensation Received _____

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

12. State/Local Tax Refund(s) _____

13. Other Income:

<i>Description</i>	<i>Amount</i>

CREDITS:

Child and Dependent Care:

(1) Number of Qualifying Individuals (under 13 years of age)..... _____

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

<i>Name</i>	<i>Address:</i>	<i>Amount Paid</i>

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

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

2005 Estimated 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 2005 (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other - hearing aids, eyeglasses, medical devices, etc.	

Taxes Paid in 2005

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)	

Interest Paid in 2005

Amount

1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals	
Name:	-----
Address:	-----
3. Points paid on [] purchase [] refinance (include details)	
4. Investment Interest	
5. Student Loan Interest	

Contributions: *(Written documentation is required for all gifts of \$250 or more - not just cancelled checks)*

Amount

1. Cash - Less than \$3,000 paid to any one organization	
2. Cash - \$3,000 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 (list)	
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	

Adjustments To Income:

	Maximize?	Amount
1 Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse's IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Keogh SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Penalty for early withdrawal 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 2005?

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 or farm activities, please provide the following:

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

Dispositions: Description, Date of disposition, amount realized

(If we did not prepare your 2004 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)

If we have not previously prepared your return - please provide a copy of your 2002, 2003, 2004 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 2005? 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 cost 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.

Did you change your state residency during 2005? Yes No

If "Yes", please provide the following:

Previous address:	
Date of move:	
Distance:	miles
Costs of move:	
(describe)	

