

PERSONAL INCOME TAX QUESTIONNAIRE

Please complete and bring to your tax appointment.

Your Name: _____ Spouse's Name: _____

Home: _____ Work: _____ Alternate: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Your Social Security # _____ - _____ - _____ Occupation: _____

Date of Birth: _____ / _____ / _____ Current Age: _____

Spouse's Social Security # _____ - _____ - _____ Occupation: _____

Date of Birth: _____ / _____ / _____ Current Age: _____

Names of dependents who lived with you:

Name (First, Middle Initial, Last)	Relationship	Age	Social Security Number	Date of Birth	Mths Lived in Home

Do you provide over 50% support for your Mother, Father or anyone else not listed above: _____

CHILD CARE EXPENSE

Provider: _____ Amount \$ _____ Dependent: _____

Provider Federal I.D. # or Soc. Sec. #: _____

**Filing
Status**

- Single
- Married Filing Joint Return
- Married Filing Separate Return. Spouse name: _____
- Head of Household. Qualifying name: _____
- Qual. Widow/dep. Year Spouse died 20 _____

Rent per Month for home or apartment: _____ Number of Months Rented: _____

Landlord Name and Address: _____ Zip: _____

Prior Year's Income Tax Refund: State \$ _____ City \$ _____

Any other Household Income: (Such as Social Services, Unemployment Compensation, Alimony, Social Security, etc.)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

DID YOU HAVE ANY OF THE FOLLOWING:

- Itemized Deductions last year
- Profits or (Loss) from Business
- Rental Income
- Capital Gains & Losses
- Employee Business Expense
- Child & Dependent Care Expense
- Individual Retirement Savings

- Proceeds from Property Sales
- Partnership Income
- Moving Expenses
- Casualty or Theft Losses
- Estimated Taxes
- Disability Income
- Education Expense

CONTRIBUTIONS:

Church (name) _____

Red Cross, Salvation Army United Fund

INTEREST PAID TO YOU:

Residence Mortgage _____

Land Contract _____

Paid To: Name _____

Address _____

Deductible Points _____

Banks _____

Credit Unions _____

Other _____

TAXES:

Real Estate _____

Other Tax _____

Fee(s) _____ \$

SIGNATURE OF TAXPAYER

Date: _____

ITEMIZED and MISCELLANEOUS DEDUCTIONS:

Income Tax Prep _____

Safe Deposit Box _____

Work Tools _____

Safety Shoes _____

Uniforms & Cleaning _____

Job Education Expense _____

Union Dues _____

MEDICAL EXPENSES: (may be limited)

Hospital Insurance Premiums _____

Doctors/Dentists _____

Hospitals/Lab Fees & X-Ray _____

Medicine & Drugs _____

Miles Traveled to Doc _____

Other _____

ELECTRONIC FILING

Bank Name _____

ABA/Routing No. _____

Account Number _____

_____ Checking _____ Savings

EMERGENCY CONTACT

Name _____

Phone _____