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TAX QUESTIONNAIRE

NAME \_\_\_\_\_ Home Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

SPOUSE \_\_\_\_\_ Home Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ School District \_\_\_\_\_ Code \_\_\_\_\_  
Email Address \_\_\_\_\_

DEPENDENTS

Name	Date of Birth	Relationship	Soc. Sec. #	Lives w/ you?

If we did not prepare your returns for the last three years, please provide a copy of those returns

OFFICE USE ONLY - PLEASE LEAVE BLANK

Date Received \_\_\_\_\_ Processing Charge \_\_\_\_\_  
Set-Up \_\_\_\_\_ Total Charges \_\_\_\_\_  
Extension \_\_\_\_\_ Less: Retainer Pd. \_\_\_\_\_  
Preparation \_\_\_\_\_ Balance Due \_\_\_\_\_  
Express Charge \_\_\_\_\_  
Total Charge \_\_\_\_\_  
C.C. Fee \_\_\_\_\_  
Final Review \_\_\_\_\_ Total Due: \_\_\_\_\_

Date Mailed/Delivered: \_\_\_\_\_

I. **INCOME SOURCES** (Do not list Self Employment/Business Income)

A. **SALARIES & WAGES** (Attach ALL copies of ALL W-2's) Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

B. **INTEREST INCOME** (Attach ALL 1099's and proof of Interest Earned)

<u>Payer of Interest</u>	<u>Amount Recd.</u>	<u>T/F</u>	<u>Payer of Interest</u>	<u>Amount Received</u>	<u>T/F</u>
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Do you have signature authority over a foreign bank account? Yes \_\_\_\_\_ No \_\_\_\_\_

C. **MORTGAGES PAID TO YOU BY OTHERS BY OTHERS**

<u>Name of Payer</u>	<u>Address of Payer</u>	<u>Social Security #</u>	<u>Amount Paid to You</u>
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D. **DIVIDEND INCOME** (Attach ALL 1099's and proof of Dividends Earned)

<u>Name of Payer</u>	<u>Ord. Div</u>	<u>Qual. Div.</u>	<u>LTCG</u>	<u>Tax Exempt</u>	<u>PAB</u>	<u>Foreign Div</u>	<u>Foreign TP</u>
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E. **ALIMONY RECEIVED BY YOU**

**DATE OF DIVORCE** \_\_\_\_\_

<u>Name &amp; Address of Person Paying You</u>	<u>Social Security No.</u>	<u>Amount Received</u>
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F. **I.R.A.'s, PENSIONS and PROFIT SHARING DISTRIBUTIONS**

<u>Source of Payments</u>	<u>Amount Recd.</u>	<u>Taxable Portion</u>	<u>FWT</u>	<u>SWT</u>
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G. **SOCIAL SECURITY BENEFITS**

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Dependents \_\_\_\_\_

Medicare Prem. \_\_\_\_\_ Medicare Prem. \_\_\_\_\_ Medicare Prem. \_\_\_\_\_

Other Adj \_\_\_\_\_ Other Adj \_\_\_\_\_ Other Adj \_\_\_\_\_

H. **OTHER SOURCES OF INCOME**

Unemployment Benefits \_\_\_\_\_

State Tax Refunds \_\_\_\_\_

Gambling Losses (Total) \_\_\_\_\_ NO LONGER ALLOWED IN 2018 \_\_\_\_\_

Child Support Payments \_\_\_\_\_

Debt Forgiveness (Attach 1099's) \_\_\_\_\_

Other Sources \_\_\_\_\_

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**II. INCOME ADJUSTMENTS**

**A. I.R.A./KEOGH/S.E.P. PAYMENTS**

Are you (or Your Spouse) actively involved in a Retirement Plan? \_\_\_\_\_

Have you made any payments to a Self-Funded Plan this year? \_\_\_\_\_

If you haven't made a payment yet, are you planning to do so? \_\_\_\_\_

<u>TYPE OF PLAN</u>	<u>TAXPAYER'S PYMTS</u>	<u>FMV</u>	<u>SPOUSAL PYMTS</u>	<u>FMV</u>
I.R.A.'S	_____	_____	_____	_____
KEOGH'S	_____	_____	_____	_____
S.E.P.'S	_____	_____	_____	_____
ROTH I.R.A.'S	_____	_____	_____	_____

**B. MEDICAL SAVINGS ACCOUNT PAYMENTS** \_\_\_\_\_

**C. PENALTY FOR EARLY WITHDRAWAL OF SAVINGS** \_\_\_\_\_

**D. ALIMONY PAYMENTS TO FORMER SPOUSE** **DATE OF DIVORCE** \_\_\_\_\_

<u>Name of Former Spouse</u>	<u>Address of Recipient</u>	<u>Social Security #</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____

**E. PURCHASE & SALE OF PRINCIPAL RESIDENCY**

SALE OF OLD HOME

Date of Sale \_\_\_\_\_

Cost of Old Home \_\_\_\_\_

Type & Cost of Improvements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type & Cost of Fixing Up Exp \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURCHASE OF NEW HOME

Date of Purchase \_\_\_\_\_

Cost of New Home \_\_\_\_\_

**PLEASE PROVIDE COPIES OF ALL  
CLOSING STATEMENTS (HUD 1)  
AND REFINANCE DOCUMENTS**

**IF YOU HAVE THE HUD 1 FOR THE  
PURCHASE OF THE HOME SOLD  
PLEASE PROVIDE**

**F. STUDENT LOAN INTEREST**

<u>Name of Student</u>	<u>Name of School</u>	<u>Interest Paid</u>
_____	_____	_____
_____	_____	_____

**G. EDUCATOR EXPENSES (FOR QUALIFIED TEACHERS ONLY)**

\_\_\_\_\_  
\_\_\_\_\_

**III. ITEMIZED DEDUCTIONS**

**A. MEDICAL EXPENSES**

Prescriptions \_\_\_\_\_ Medical Supplies \_\_\_\_\_  
Doctors \_\_\_\_\_ Eye Care \_\_\_\_\_  
Dentists \_\_\_\_\_ Medical Travel \_\_\_\_\_  
Chiropractic \_\_\_\_\_ Health Insurance \_\_\_\_\_  
Hospitals/Labs \_\_\_\_\_ Dental Insurance \_\_\_\_\_  
Other Medical Exp \_\_\_\_\_ Long Term Insurance \_\_\_\_\_

**Did you have health insurance all 12 months? (Attach 1095A)** \_\_\_\_\_

**B. TAXES**

**Tax Payments to STATE for prior year liability – NOT TO IRS**

Type of Tax Pd \_\_\_\_\_ Period Covered \_\_\_\_\_ Amt Paid \_\_\_\_\_  
Type of Tax Pd \_\_\_\_\_ Period Covered \_\_\_\_\_ Amt Paid \_\_\_\_\_  
State Estimated Tax Payments \_\_\_\_\_  
School & County Real Estate Taxes on Home \_\_\_\_\_  
School & County Real Estate Taxes On Vacation Home \_\_\_\_\_  
School & County Real Estate Taxes on Investment Property \_\_\_\_\_  
Personal Property Taxes \_\_\_\_\_  
Other State and Local Tax Payments \_\_\_\_\_  
Sales Tax Paid on Major Purchase \_\_\_\_\_

**C. INTEREST PAYMENTS**

Mortgage Payments on Principal Residence Balance at 12/31

Bank Name \_\_\_\_\_ Interest Paid \_\_\_\_\_  
Bank Name \_\_\_\_\_ Interest Paid \_\_\_\_\_  
Bank Name \_\_\_\_\_ Interest Paid \_\_\_\_\_  
Bank Name \_\_\_\_\_ Interest Paid \_\_\_\_\_

Home Equity Loans

Bank Name \_\_\_\_\_ Interest Paid \_\_\_\_\_  
Bank Name \_\_\_\_\_ Interest Paid \_\_\_\_\_

Privately Held Mortgages

<u>Name of Person Paid</u>	<u>Address</u>	<u>Social Security #</u>	<u>Total Paid</u>	<u>Interest Paid</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**D. CHARITABLE DONATIONS (LIST ALL OVER \$1000.00 SEPARATELY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. NON-CASH DONATIONS (ATTACH RECEIPT IF OVER \$1000.00)**

<u>Name of Organization</u>	<u>Description of Property</u>	<u>Value of Property</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. SELF EMPLOYMENT INCOME (Use separate sheet for each business)**

Description of Business \_\_\_\_\_ TP \_\_\_\_\_ SP \_\_\_\_\_

**Do you have signature authority on a foreign bank account? Yes \_\_\_\_\_ No \_\_\_\_\_**

**A. INCOME SOURCES**

Sales \_\_\_\_\_ Commissions/Bonuses \_\_\_\_\_  
 Interest Income \_\_\_\_\_  
 Other Income \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. COST OF SALES & PRODUCTS SOLD**

Purchases \_\_\_\_\_ Beginning Inventory \_\_\_\_\_  
 Less: Personal Usage \_\_\_\_\_ Ending Inventory \_\_\_\_\_  
 Samples & Demos Exp \_\_\_\_\_ Sold but Uncollectible \_\_\_\_\_  
 Damaged/Obsolete Goods \_\_\_\_\_ MTR Adjustments \_\_\_\_\_  
 Management Fees \_\_\_\_\_ LBA Payments \_\_\_\_\_  
 Subcontract Labor \_\_\_\_\_ Other Expenses \_\_\_\_\_  
 Client Expenses \_\_\_\_\_ Refunds & Discounts \_\_\_\_\_

**C. OPERATING EXPENSES**

Advertising/Promos/Gifts _____	Meetings & Presentations _____
Bad Debt Exp _____	Moving & Archival Storage _____
Bank Svc Chgs _____	Office Décor _____
Bonuses _____	Office Supplies & Expenses _____
Bookkeeping Exp _____	Office Rent _____
Business Telephone _____	Other Rent _____
Casual Labor _____	Officer's Management Fees _____
Cellular Phone _____	Payroll _____
Charge Discounts _____	Payroll Taxes _____
Commissions _____	Postage _____
Computer/Software Exp. _____	Printing/Secretarial _____
Consulting Fees _____	Repairs/Maintenance _____
Conferences/Seminars _____	Small Tools/Accessories _____
Donations _____	Tolls & Parking _____
Dues/Subscriptions _____	Training Tapes/Literature _____
Equipment Lease _____	Travel Expense _____
Equipment Repairs _____	Website Develop/Internet Fees _____
Family Labor _____	Office in Home Expense ( _____ %)
Insurance _____	Rent _____ Utilities _____
Interest Exp _____	HO Ins _____ Water/Sewer _____
Legal/Accounting _____	RE Tax _____ Mtg Interest _____
Licenses/Fees _____	Security _____ Lawn/Snow _____
Meals for Business _____	Repairs _____ Maint. Fees _____
Medical/Wellness Exp. _____	HOA Fees _____ Other Exp _____
_____	_____
_____	_____

**AUTO EXPENSES ARE RECORDED ON THE NEXT PAGE  
 CLIENT ENTERTAINMENT IS NO LONGER DEDUCTIBLE IN 2018**

**V. AUTOMOTIVE EXPENSES**

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Description of Vehicle	_____	_____	_____	_____
Odometer @ 12/31	_____	_____	_____	_____
Total Miles Driven	_____	_____	_____	_____
Total Business Miles	_____	_____	_____	_____
Commuting Miles	_____	_____	_____	_____
Miles Per Gallon	_____	_____	_____	_____
Type of Expense	_____	_____	_____	_____
Lease Payments	_____	_____	_____	_____
Loan Payments	_____	_____	_____	_____
Gasoline Purchased	_____	_____	_____	_____
Oil Changes	_____	_____	_____	_____
Repairs/Maintenance	_____	_____	_____	_____
Tires/Accessories	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Tags & Licenses	_____	_____	_____	_____
Car Wash/Detailing	_____	_____	_____	_____
Other Auto Exp.	_____	_____	_____	_____
	_____	_____	_____	_____
Total Auto Exp.	_____	_____	_____	_____
	X_____%	X_____%	X_____%	X_____%
Deductible Amount	_____	_____	_____	_____

**\*Do NOT include Loan Payments. If you own the vehicle, provide purchase info and/or documents**

**VI. UNREIMBURSED EMPLOYEE EXPENSES –NO LONGER DEDUCTIBLE IN 2018**

**VII. PURCHASE & SALE OF ASSETS (ATTACH STOCK TRADE INFO)**

<u>Description of Asset</u>	<u>Date Purch.</u>	<u>Cost</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Wash/ADJ</u>	<u>Profit/Loss</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**VIII. RENTAL PROPERTIES**

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>	<u>Property #4</u>
Address of Property	_____	_____	_____	_____
Rent Received	_____	_____	_____	_____
Advertising Exp	_____	_____	_____	_____
Appliances	_____	_____	_____	_____
Auto/Travel	_____	_____	_____	_____
Cable	_____	_____	_____	_____
Carpentry	_____	_____	_____	_____
Cleaning Exp	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
HOA Fees	_____	_____	_____	_____
Insurance Exp	_____	_____	_____	_____
Internet Exp	_____	_____	_____	_____
Landscaping	_____	_____	_____	_____
Legal Fees	_____	_____	_____	_____
Licenses/Fees	_____	_____	_____	_____
Maintenance Exp	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Mortgage Interest	_____	_____	_____	_____
Office Expenses	_____	_____	_____	_____
Painting	_____	_____	_____	_____
Pest Control	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Other Repairs	_____	_____	_____	_____
Roofing	_____	_____	_____	_____
Security	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Water/Sewer	_____	_____	_____	_____
Other Exp	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**IX. MISCELLANEOUS ITEMS**

**A. FEDERAL & STATE ESTIMATED TAX PAYMENTS**

Federal Payments to I.R.S. (NOT WITHHOLDINGS) Refund Applied: \_\_\_\_\_

Date                      Amount Paid                      Date Paid                      Amount Paid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Payments (NOT WITHHOLDINGS) Refund Applied: \_\_\_\_\_

Date                      Amount Paid                      Date Paid                      Amount Paid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. CHILDCARE EXPENSES**

Name of Provider              Address of Provider              Soc Sec # / Fed ID #              Amount Paid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. OTHER SOURCES OF INCOME**

Partnerships (Attach K-1's or Tax Returns)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estates or Trusts (Attach K-1's or Tax Returns)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Farming

Type of Farming Income \_\_\_\_\_ TP \_\_\_\_\_ SP \_\_\_\_\_

**(ATTACH COPIES OF YOUR CALCULATIONS)**

**D. COLLEGE TUITION PAID**

Student Name                      Name of School                      Tuition Paid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. OTHER QUESTIONS AND MISCELLANEOUS ITEMS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE!**