



2901 Stirling Road
Suite 307
Ft Lauderdale, FL 33312

3155 Blue Sky Circle
Suite 16-207
Erie, CO 80516

(954) 966-1350
(954) 966-1390 FAX
harry@samuelsaccounting.com

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?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

As a result of the changes to the Tax Code, I am asking for some additional information from you.

- 1) If you had health insurance in 2020, I need to know if it was through the Marketplace.
 - If it was through the Marketplace, you MUST send me the 1095-AIf you had other insurance, I need to know if you had it for all 12 months.
- 2) Did you receive a Stimulus Payment in 2020?
 - If so, how much did you receive? _____
- 3) Did you buy or sell any Cryptocurrency?
 - If so, I need the date and cost of all purchases and sales.If you are holding inventory at the end of the year, I need to know what was included. This means that I need to know how much you own of each type of crypto and the cost of each.
- 4) If you owe taxes this year, I recommend paying it electronically, when I file the return. If you are getting a refund, I recommend that you have the government pay you, electronically.

Please fill out the attached:

For Paying Taxes:

Routing Number _____ Bank Name _____

Account Number _____

For Refunds:

Routing Number _____ Bank Name _____

Account Number _____

- 5) If you would like to pay for your tax return preparation fees by credit card, please provide the following info: If you prefer to have me draft your bank account, instead, let me know.

CREDIT CARD INFORMATION AND AUTHORIZATION

Invoice # _____

Credit Card Number _____ Disc. _____ MC _____ Visa _____
Name shown on Credit Card _____ Expiration _____
Address _____ Zip Code _____
I hereby authorize you to charge my credit card for service rendered on my behalf.
CVS Code _____

Legal Signature

Date

Authorization #

Total Chg _____
Proc. Fee _____
Total _____

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>

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>

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>

E. **ALIMONY RECEIVED BY YOU**

DATE OF DIVORCE _____

<u>Name & Address of Person Paying You</u>	<u>Social Security No.</u>	<u>Amount Received</u>

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>

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 _____ FWT _____ SWT _____

State Tax Refunds _____

Gambling Winnings (Attach W-2G's) _____

Debt Forgiveness (Attach 1099s) _____

Management Fees (T) _____

Management Fees (Sp) _____

1099's Received _____

Stimulus Pymts Received _____

Other Income Sources _____

Did you trade in Cryptocurrency? (If Yes, Attach Buy/Sell information on page 6) Yes _____ No _____

II. INCOME ADJUSTMENTS

A. I.R.A./KEOGH/S.E.P. PAYMENTS (Attach Year-End Statements for Current Value)

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 _____ (Attach 1099SA and 5498SA)

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 _____

Are you a First Time Buyer? Yes _____ No _____

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

**IF YOU HAVE THE CLOSING STMT 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 _____

If insurance was on Marketplace (Attach 1095A)

Did you have health insurance all 12 months? (Attach 1095) Yes _____ No _____

B. TAXES

Tax Payments to **STATE** and **LOCAL GOVT** 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 on Vehicles _____
Other State and Local Tax Payments _____
Sales Tax Paid on Major Purchases and Vehicles _____

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 _____
Management Fees _____
PPP Proceeds _____
SBA/EIDL Proceeds _____

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 _____ Other Expenses _____
Subcontract Labor _____ Other Expenses _____
Client Expenses _____ Refunds & Discounts _____

C. OPERATING EXPENSES

Advertising/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 _____
Client Promo _____	Postage _____
Commissions _____	Printing/Secretarial _____
Computer/Software Exp _____	Repairs/Maintenance _____
Consulting Fees _____	Small Tools/Accessories _____
Conferences/Seminars _____	Tolls & Parking _____
Donations _____	Training Tapes/Literature _____
Dues/Subscriptions _____	Travel Expense _____
Equipment Lease _____	Website Develop/Internet Fees _____
Equipment Repairs _____	Office in Home Expense (_____ %) (Sq. Ft. _____ / _____)
Family Labor _____	Rent _____ Utilities _____
Insurance _____	HO Ins _____ Water/Sewer _____
Interest Exp _____	RE Tax _____ Mtg Interest _____
Legal/Accounting _____	Security _____ Lawn/Snow _____
Licenses/Fees _____	Security _____ Lawn/Snow _____
Reg. Agent Fees _____	Repairs _____ Maint. Fees _____
Meals for Business _____	HOA Fees _____ Other Exp _____
Medical/Wellness Exp. _____	Use of PPP Funds – Payroll _____
_____	Other _____

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

	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				

VI. UNREIMBURSED EMPLOYEE EXPENSES –NOT FOR FEDERAL-ONLY SOME STATES

IN MOST CASES....THEY ARE NOT DEDUCTIBLE

<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

[illegible]

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 (ATTACH COPIES OF YOUR CALCULATIONS)

Type of Farming Income _____ TP _____ SP _____

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!