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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 _____
Preferred Prefix _____ Preferred Pronoun _____
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 LAST YEAR, please provide a copy of those returns

OFFICE USE BELOW ONLY - PLEASE LEAVE BLANK

Date Received	_____	Processing Charge	_____
Set-Up	_____	Total Charges	_____
Extension	_____	Less: Payments/Credits	_____
Bookkeeping	_____	Balance Due	_____
Preparation	_____	Express Charge	_____
	_____	Total Charge	_____
	_____	C.C. Fee	_____
Final Review	_____	Total Due:	_____

Date Mailed/Delivered: _____

- 1) If you had health insurance I need to know if it was through the Marketplace.
If it was through the Marketplace, you MUST send me the 1095-A. If 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, when did you receive it? _____ How much did you receive? _____
- 3) Did you receive the first Stimulus Payment in early 2021?
If so, when did you receive it? _____ How much did you receive? _____
- 4) Did you receive the second Stimulus Payment in mid-2021?
If so, when did you receive it? _____ How much did you receive? _____
- 5) Did you receive any advance Child Care Payments in 2021?
If so, when did you receive payments? _____ How much did you receive? _____
- 6) 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.
- 7) 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 _____

- 8) 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 _____ Security Code _____

I hereby authorize you to charge my credit card for service rendered on my behalf:

Legal Signature _____	Date _____	Authorization # _____	Total Chg. _____
			3.5% Fee _____
			Total _____

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

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

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>
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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 & 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>
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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 Winnings (Attach W-2G's) _____

Debt Forgiveness (Attach 1099s) _____

Management Fees (T) _____

Management Fees (Sp) _____

1099's Received _____

Other Income Sources _____

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 (ATTACH FORM 5498 S/A) _____

C. MEDICAL SAVINGS ACCOUNT DISTRIBUTIONS (ATTACH FORM 1099 S/A) _____

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 1095) _____

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 Purchase _____		

C. INTEREST PAYMENTS

Mortgage Payments on Principal Residence

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-SOLE PROPRIETORSHIP) (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 _____ PPP Forgiveness _____
 SBA/EDIL Loans _____ EIDL Grants _____

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 _____ Meetings & Presentations _____
 Bad Debt Exp _____ Moving & Archival Storage _____
 Bank Svc Chg. _____ 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 (_____ %) (_____ / _____ sq ft)
 Insurance _____ Rent _____ Utilities _____
 Interest Exp _____ HO Ins _____ Water/Sewer _____
 Legal/Accounting Fees _____ RE Tax _____ Mtg Interest _____
 Licenses/Fees _____ Security _____ Lawn/Snow _____
 Registered Agent Fee _____ HOA Fees _____ Maintenance Fees _____
 Meals for Business _____ Repairs _____ Cable/Internet _____
 Medical/Wellness Exp. _____ Other Expenses: _____
 Health Insurance Premiums _____

CLIENT ENTERTAINMENT IS NO LONGER DEDUCTIBLE

V. AUTOMOTIVE EXPENSES

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Make & Model	_____	_____	_____	_____
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 –NOT DEDUCTIBLE FOR FEDERAL-SOME STATES ALLOW

ATTACH YOUR WORKSHEET WITH UNREIMBURSED BUSINESS EXPENSES

IN MOST CASES....THEY ARE NO LONGER DEDUCTIBLE

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

[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!