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PERSONAL 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) 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. Coinbase and other programs will provide Schedule D if required.
- 2) If you received PPP Loans, EIDL Grants, SBA Loans and/or any other specialized Government Funding, I need to know how much was received, what type of funding was received, and if any was forgiven or will be. Each type is different and needs to be separated and categorized before filing. We need the year-end SBA Loan Statement from the government.
- 3) 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 following information or provide a copy of a voided check.

For Paying Taxes:

Routing Number _____ Bank Name _____
 Account Number _____

For Refunds:

Routing Number _____ Bank Name _____
 Account Number _____

- 4) If you would prefer to have me draft your bank account to pay your invoice, let me know.
- 5) If you would prefer to pay for your invoice by credit card, please provide the following info:

CREDIT CARD INFORMATION AND AUTHORIZATION

Invoice # _____

Credit Card Number _____ Disc. _____ MC _____ Visa _____
 Name shown on Credit Card _____ Expiration _____
 Address _____ Zip Code _____ CVS Code _____

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

| | | | |
|-----------------|-------|-----------------|-----------------------------------|
| _____ | _____ | _____ | Total Chg. _____ |
| Legal Signature | Date | Authorization # | 3.5% Fee _____ |
| | | | Total <u> </u> |

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

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

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 Qual.</u> | <u>TaxPd</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 _____

State Tax Refunds _____

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

Debt Forgiveness (Attach 1099s) _____

K-1s _____

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) _____

D. PENALTY FOR EARLY WITHDRAWAL OF SAVINGS _____

E. 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> |
|------------------------------|-----------------------------|--------------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

F. 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**

G. STUDENT LOAN INTEREST

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

H. 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> |
|----------------------------|----------------|--------------------------|-------------------|----------------------|
|----------------------------|----------------|--------------------------|-------------------|----------------------|

Margin Interest _____

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 _____ | _____ |
| _____ | 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 _____ | Other Expenses: _____ |
| 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 _____ | Payroll _____ |
| Cellular Phone _____ | Payroll Taxes _____ |
| Charge Discounts _____ | Postage _____ |
| Commissions _____ | Printing/Secretarial _____ |
| Computer/Software Exp. _____ | Repairs/Maintenance _____ |
| Consulting Fees _____ | Small Tools/Accessories _____ |
| Conferences/Seminars _____ | Supplies _____ |
| 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. | _____ | _____ | _____ | _____ |
| Deductible Amount | X _____ % | X _____ % | X _____ % | X _____ % |

***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; attach crypto 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. ADVANCE CHILDCARE PAYMENTS (attach notice from IRS)

D. FARMING INCOME (attach income and expenses)

Type of Farm _____

E. COLLEGE TUITION PAID

Student Name Name of School Tuition Paid

F. OTHER QUESTIONS AND MISCELLANEOUS ITEMS

THANK YOU FOR YOUR ASSISTANCE BY PROVIDING THIS INFORMATION!