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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

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Soc. Sec. #</u>	<u>Lives w/ you?</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 some of the other programs are supposed to provide Schedule D if required, but you may need to request it. Without a summary, one will need to be prepared, which is very time consuming.
- 2) If you received PPP Loans, EIDL Grants, SBA Loans and/or any other specialized Government Funding, in previous years, 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 also need the year-end SBA Loan Statement from the government, so that we can allocate the interest paid, which is deductible. You should be able to get a year-end statement from the on-line portal.
- 3) If you owe taxes this year, I highly recommend paying it electronically, when I file the return. If you are going to need an extension, I suggest that you make an estimated payment when the extension is filed, unless you make it directly to the IRS AND to the State.
If you are getting a refund, I recommend that you have the government pay you, electronically. To arrange for electronic payments and/or refunds, 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. This will save you the 3.5% electronic processing fee.
- 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 Chg. _____

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>
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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 Qual.</u>	<u>TaxPd</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>
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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 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>
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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>
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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.	_____	_____	_____	_____
	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; 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: _____

<u>Date</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>
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State Payments (NOT WITHHOLDINGS) Refund Applied: _____

<u>Date</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>
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B. CHILDCARE EXPENSES

<u>Name of Provider</u>	<u>Address of Provider</u>	<u>Soc Sec # / Fed ID #</u>	<u>Amount Paid</u>
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C. ADVANCE CHILDCARE PAYMENTS (attach notice from IRS)

D. FARMING INCOME (attach income and expenses)

Type of Farm _____

E. COLLEGE TUITION PAID

<u>Student Name</u>	<u>Name of School</u>	<u>Tuition Paid</u>
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F. OTHER QUESTIONS AND MISCELLANEOUS ITEMS

THANK YOU FOR YOUR ASSISTANCE BY PROVIDING THIS INFORMATION!