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TAX QUESTIONNAIRE

NAME _____ Home Phone _____
Social Security # _____ Date of Birth _____
Occupation _____ Business Phone _____

SPOUSE _____
Social Security # _____ Date of Birth _____
Occupation _____ Business Phone _____

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 Charges _____
Set-Up Charges _____	Total Charges _____
Extension _____	Less: Retainer Pd. _____
Preparation _____	Balance Due _____
_____	Express Charge _____
_____	Total Charge _____
_____	C.C. Fee _____
Final Review _____	Total Due: _____

Date Mailed/Delivered _____

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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)
Payer of Interest Amount Recd. T/F Payer of Interest Amount Recd T/F

Do you have signature authority over a foreign bank account? Yes _____ No _____

C. MORTGAGES PAID TO YOU
Name of Payer Address of Payer Soc Security # Amt Pd to You

D. DIVIDEND INCOME (Attach ALL 1099's and proof of Dividends Earned)
Name of Payer Ord. Div Qual. Div. LTCG Tax Exempt PAB Foreign Div Foreign TP

E. ALIMONY RECEIVED BY YOU
Name & Address of Person Paying You Social Security No. Amount Received

F. I.R.A.'s, PENSIONS and PROFIT SHARING DISTRIBUTIONS
Source of Payments Amount Recd. Taxable Portion FWT SWT

G. SOCIAL SECURITY BENEFITS
Taxpayer _____ Spouse _____ Dependents _____
Medicare Prem. _____ Medicare Prem. _____ Medicare Prem. _____

H. OTHER SOURCES OF INCOME
Unemployment Benefits _____
State Tax Refunds _____
Gambling Winnings (Attach W-2G) _____
Gambling Losses (Total) _____
Child Support Payments _____
Debt Forgiveness (Attach 1099's) _____
Other 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? _____

TYPE OF PLAN TAXPAYER'S PYMTS FMV SPOUSAL PYMTS FMV

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

Name of Former Spouse Address of Recipient Social Security # Amount Paid

E. MOVING EXPENSES (Do not include Cost of Meals)

How far is your old home from your old office? _____

How far is your new home from your old office? _____

Cost of pre-move travel and lodging. (No Food) _____

Cost of food during move to new home. _____

Cost of moving your personal belongings to your new home. (No Food) _____

Cost of moving yourself and your family to your new home. (No Food) _____

Cost of temporary housing while waiting for your new home. _____

Cost of lost security deposits and housing penalties. _____

F. PURCHASE & SALE OF PRINCIPAL RESIDENCY

SALE OF OLD HOME

Date of Sale _____

Cost of Old Home _____

Type & Cost of Improvements

PURCHASE OF NEW HOME

Date of Purchase _____

Cost of New Home _____

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

Type & Cost of Fixing Up Exp

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

G. STUDENT LOAN INTEREST

Name of Student

Name of School

Interest Paid

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

Payments to state for prior year liability
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 Purchases _____

C. INTEREST PAYMENTS

Mortgage Payments on Principal Residence Balance at 12/31
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>
_____	_____	_____
_____	_____	_____

F. OTHER DEDUCTIONS

Safety Deposit Box _____ Union/Professional Dues _____
Tax Preparation Fees _____ Job Search Costs _____
Uniform Cost/Maint _____ IRA Custodial Fees _____
Educator Expense _____

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 Draw _____
Cellular Phone _____	Payroll _____
Charge Discounts _____	Payroll Taxes _____
Commissions _____	Postage _____
Computer/Software Exp _____	Printing/Secretarial _____
Consulting Fees _____	Repairs/Maintanance _____
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 & Entertainment _____	Repairs _____ Maint. Fees _____
Medical/Wellness _____	HOA Fees _____ Other Exp _____

AUTO EXPENSES ARE RECORDED ON THE NEXT PAGE

V. AUTOMOTIVE EXPENSES

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>	<u>Vehicle #4</u>
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 Amt.	_____	_____	_____	_____
	=====	=====	=====	=====

IF YOU PURCHASED OR LEASED A NEW VEHICLE, PROVIDE PURCHASE INFO AND/OR DOCUMENTS

VI. UNREIMBURSED EMPLOYEE EXPENSES (These are not for Small Businesses - Use Pg 5 Instead)

Total Miles _____ Bus. Miles for Job _____ Commuting Miles _____

Business Supplies & Accessories _____

Business Long Dist. Phone _____

Business Phone Line _____ Meals & Entertainment _____

Cell Phone/Pager _____ Postage & Stationary _____

Internet/Website _____ Seminars/Conferences _____

Cost of Travel (Plane, Train, Bus, Taxi) _____ Tolls & Parking _____

Lodging & Other Travel Exp _____ Training Tapes/Literature _____

Reimbursements from Employer _____

Office in Home Expenses (_____ %)

HO Insurance _____ Rent _____ Utilities _____

Lawn/Snow Care _____ Repairs _____ Water/Sewer _____

Maintenance _____ Security _____ Cable/DSL _____

Other Costs _____

IX. MISCELLANEOUS ITEMS

A. FEDERAL & STATE ESTIMATED TAX PAYMENTS

Federal Payments to I.R.S. (NOT WITHHOLDINGS)

<u>Date</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>
Refund Applied			

State Payments (NOT WITHHOLDINGS)

<u>Date</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>
Refund Applied			

B. CHILDCARE EXPENSES

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

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

<u>Student Name</u>	<u>Name of School</u>	<u>Tuition Paid</u>

E. OTHER QUESTIONS AND MISCELLANEOUS ITEMS

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE!