



### MEDICAL EXPENSES PAID

To be deductible, medical expenses must exceed 10% of your adjusted gross income, and then, only the amount that exceeds the 10% floor is deductible. Where a taxpayer or one spouse of a joint filing couple is age 65 or over, the AGI threshold is 7-1/2% through 2016. For AMT purposes, the limit is 10% for all taxpayers. Example: You are under 65, and your income is \$40,000 for the year - your medical expenses must exceed \$4,000 (10% of \$40,000) before the first dollar is deductible. Do not include medical expenses that were reimbursed by insurance or paid for with pretax funds.

Hospital, Medical, Dental, Vision, Medicare* & Insurance Premiums	
Doctors, Dentists, Psychotherapy & Psychological Counseling	
Hospitals, Nursing Home, Nursing Care, Lodging, etc.	
Prescription Drugs (no "over-the-counter" drugs except insulin)	
Glasses, Hearing Aids, Batteries, etc.	Auto Travel mi
Lab & X-Ray	Parking Fees
Supplies, Rentals, etc.:	Phone (toll charges)
Other:	
Insurance and HSA Reimbursement (only for amounts listed above)	{ }

\*Do not include Medicare withheld from Form W-2, box 6.

### TAXES PAID

Real Estate - Home & 2nd Home ONLY (not rental)	
Real Estate - Investment Property (land, etc.) (not rental)	
Vehicle License Fees: (1) (2) (3) (4)	
Personal Property Tax (boat, plane, etc.)	
<b>State Income Tax Paid (provide cancelled checks if available)</b>	
Balance Due on Last Year's Return	Prior Year's Tax or Adjustment
Extension Payment Last Year's Return	Last Year's 4th Quarter Paid Jan. of this Year

### HOME MORTGAGE INTEREST PAID

<b>Provide 1098s</b>		<b>Primary Home</b>	<b>Second Home</b>
Enter Rental Interest in Rental section.			
1st TD	Paid to a Bank, S & L, etc.*		
	(must list name, address & SSN below**)		
2nd TD	Paid to a Bank, S & L, etc.*		
	(must list name, address & SSN below**)		
Home Equity Loan			
Individual's Name:		SS#:	
Address:			
*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> . If Form 1098 was issued in another's social security number, enter that person's name and Social Security number here.			
Name:		SS#:	
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
		YES	NO
Did you refinance during the year? If so, provide final escrow statement		<input type="checkbox"/>	<input type="checkbox"/>
Does your home equity loan exceed \$100,000? .....		<input type="checkbox"/>	<input type="checkbox"/>
Does the sum of all home mortgages exceed \$1,100,000? .....		<input type="checkbox"/>	<input type="checkbox"/>

### INVESTMENT INTEREST PAID

Interest paid for investments, such as land, stocks, etc.

Vacant Land	Brokerage Margin Accounts
Other:	

### CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#.

If employer provides dependent care benefits.

<b>PROVIDER INFORMATION</b> Payee SS# or EID# MANDATORY unless exempt organizations.		<b>Payments must be allocated by Child</b>		
		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				

### CHARITABLE CONTRIBUTIONS

**CASH** All cash contributions must be documented with either a bank record or written verification from the charity.

House of Worship		Red Cross	
Payroll Deduction		Other: _____	
Cancer		Other: _____	
<b>NON-CASH</b> - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.			
Fair Market Value of Clothing & Household Items Contributed			
Automobile Travel for Charitable Purposes		mi	
Expenses in Connection with a Charitable Organization			
Explain: _____			
Vehicle Donation (provide 1098-C)			

### MISCELLANEOUS DEDUCTIONS

List all travel expenses including auto, out of town meals, hotel, air fare, etc., in sections for business mileage, and away-from-home expenses (next page).

<b>Do not enter expenses you have listed elsewhere</b>	<b>You</b>	<b>Spouse</b>
Attorney Fees (to protect taxable income)		
Business Gifts (see business expense instructions on next page)		
Dues: Union & Professional		
Employment & Resumé Fees		
Entertainment & Meals (see business expense instructions on next page) enter 100% of cost		
Gambling Losses (limited to taxable winnings)		
Insurance - Business (E & O, malpractice, etc.)		
Investment Expenses	Publications & Journals	
	Investment Advisory Fees	
	Other: _____	
IRA or SE Plan Fees Paid by You (not deducted from plan)		
Licenses, Fees, Credentials, etc.		
Publications, Books, etc., Used in Business		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Telephone (business calls only)		
Tools, Supplies, Equipment (provide list of items with a useful life of over one year)		
Uniforms - Purchase (cannot be clothing suitable for street wear)		
Uniforms - Cleaning		
Other: _____		

### EDUCATION EXPENSES

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family. Provide any form 1098-T received.

<b>STUDENT:</b>	<b>THIS COLUMN IS DESIGNATED FOR:</b>		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR TUITION CREDIT ONLY - At institutions eligible to participate in U.S. Dept. of Ed. Aid Programs</b>			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary Tuition - First 4 Years			
Tuition After First 4 Years			
Fees - Enrollment/Attendance Only			
<b>Other Expenses - DO NOT COMPLETE</b> Unless qualifying for tax or penalty-free Coverdell Account distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.			
Tuition K - 12 (for Coverdell Distributions only)			
Books/Supplies			
Room/Board			
<b>CONTINUING EDUCATION EXPENSES - Education for the taxpayer &amp; spouse only &amp; ONLY if job related</b>			
Tuition & Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel			(list in appropriate area opposite page)

## BUSINESS VEHICLE INSTRUCTIONS

Miles Driven section **MUST** be completed for every vehicle that is used for business. Actual expenses are NOT required if you are using the government's "standard mileage rate." However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to and from work and for personal travel.	Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Check if Vehicle Provided (owned) by Employer	<input type="checkbox"/>	<input type="checkbox"/>	
Enter Reimbursement Provided by Employer			
Check if Reimbursement Included in W-2 Wages	<input type="checkbox"/>	<input type="checkbox"/>	
Description of Vehicle (make/model)			
Date Originally Acquired			
Parking - Business Only (do not include parking at place of employment)			
BUSINESS MILES DRIVEN	Total Miles Auto Driven, Personal & Business (required)	mi	mi
	For Employer	mi	mi
	To Professional Meetings/From Job to School	mi	mi
	Between 1st & 2nd Job	mi	mi
	Jobseeking/Temporary Job Sites	mi	mi
	Investment/Tax Preparation	mi	mi
	Rental Property	mi	mi
	Self-employed Business	mi	mi
	Other:	mi	mi
	Average Round Trip Distance to Work (required)	mi	mi
Total Commuting for the Year (required)	mi	mi	

## BUSINESS VEHICLE EXPENSES

Complete only if vehicle used for business.

Gasoline, Oil, Lubrication		
Repairs & Maintenance		
Tires, Batteries, etc.		
Insurance (DO NOT DUPLICATE ELSEWHERE)		
License & Taxes (DO NOT DUPLICATE ELSEWHERE)		
Interest (DO NOT DUPLICATE ELSEWHERE)		
Wash & Wax		
Lease Payments		
Other:		

## AWAY-FROM-HOME EXPENSES

You Spouse

Airfare		
Auto Rental, Taxi, etc.		
Meals & Tips (enter 100% of expense)		
Lodging & Tips (do not include meals)		
Laundry		
Other:		

## BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

## "OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office use must also be for the convenience of the employer. If you qualify, you have the option of deducting \$5 per square foot (300 square feet maximum) or itemizing your office expenses. If you choose not to itemize your expenses, only complete the square footage entries.

Total Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Management Fees	Other:		
Maintenance & Repairs: Office	Home in General**		

\*If you own your home, provide purchase settlement statement and list of improvements to office.  
\*\*Roof, outside painting OK; not lawn care or pool maintenance.

## SECURITIES & PROPERTY SOLD

IRS MATCH

IRS matches broker gross proceeds of sale reported on form 1099-B. The IRS also matches the sales price of "covered" securities (ones where the broker reported purchase price). All transactions must be reported even if there is no profit. If broker provides a summary of transactions, bring it and only enter other transactions, if any, in this section.

Description	✓ If Inherited	Date Acquired	Date Sold	Selling Price	Cost or Other Basis Check box if broker reported basis on 1099-B
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

## RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill. List business vehicle expenses and travel expenses in Business Mileage, Rental Property, this page.

Property	Address	Type Code	1	2	3																	
1																						
2																						
3																						
Property	Income	Advertising	Cleaning & Maintenance	Commissions	Insurance	Legal & Professional Fees	Mortgage Interest Paid to Banks	Other Interest:	Repairs: Carpentry, Hardware	Electrical, Plumbing	Paint & Decorating	Supplies	Taxes	Utilities	Wages & Salaries	Condo or Management Fees	Telephone (toll calls only)	Improvements & Replacements	Other:	Number of Days Used Personally	Days Rented at Fair Rental Value	
																			See Instructions Below			

Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.

## SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page.

	You	Spouse		You	Spouse
Gross Income					
Returns & Refunds	<	>	<	>	
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	You	Spouse	Expense	You	Spouse
Advertising			Rent (other)		
Bank Charges			Repairs		
Commissions			Seminars		
Dues & Pubs.			Supplies		
Entertainment (100%)			Taxes-Payroll		
Freight			Taxes-Sales		
Gifts (see business expense instructions)			Taxes-Property		
Insurance			Telephone		
Interest (mortgage)			Utilities		
Interest (other)			Wages (W-2)		
Legal/Professional			Other:		
Office Expense			Other:		
Rent (equipment)			Equipment:		

Provide list including description, purchase date and cost.

RETURN SERVICE REQUESTED



**IMPORTANT**

YOUR

**TAX APPOINTMENT**

INFORMATION IS ENCLOSED!



**YOUR TAX APPOINTMENT IS:**

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM PM

Please keep this appointment even if some of your information is not yet available. You can send the missing information later.

**MAKE THE MOST OF YOUR APPOINTMENT - BE PREPARED.**

Please carefully read and complete this entire questionnaire before our tax appointment and verify by signing below.

To the best of my knowledge, all information contained within this document is true, correct and complete.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** As a matter of policy and for future reference, this completed questionnaire may be kept on file in our office. If you want a photocopy for your records, please ask for one.