

2019 INDIVIDUAL INCOME TAX QUESTIONNAIRE

Home Phone _____

Work Phone _____

Cell Phone _____

Your first name and initial	Last name	Social Security number
Spouse's first name and initial	Last name	Social Security number
Email		
Present home address (street, apartment number, route)		
City or town	State	Zip County

DOB _____ 65 or older Blind

DOB _____ 65 or older Blind

Your occupation _____

Spouse's occupation _____

DEPENDENTS (1) Name (first, initial, and last name)	(2) Birth Date	(3) Dependent's social security number	(4) Relationship	(5) Number of months lived in your home in past year

THINGS TO BRING:

- ✓ Last year's tax return (if new client)
- ✓ 1099 for: Interest • Dividends • Pension
- ✓ W-2 forms & Last Payroll Stubs
- ✓ Social security • Unemployment
- ✓ Closing Papers on any Real Estate Transactions

PLEASE ANSWER THE FOLLOWING QUESTIONS

YES NO

- ____ Were you involved in any bartering activity either via the Internet or directly with individuals?
- ____ Have you bought or traded anything using crypto currency?
- ____ Have you donated or received money from crowd funding service such as **Gofundme** or **Kickstarter**?
- ____ Are you being claimed as a dependent on another Tax Return?
- ____ Did someone in your family die? If so, will you be receiving any kind of payments from his/her estate?
- ____ Did you make any gifts to other people in excess of \$15,000.00?
- ____ Do any of your dependents under age 24 have income over \$1,100.00?
- ____ Did you change your marital status during the year? If yes, date _____
- ____ Did you pay any alimony or separate maintenance? If yes, amount _____;
- ____ Did you have education expenses for yourself or dependents? If yes, complete last page.
- ____ Did you contribute to a Sec 529 College Savings Plan during 2019?
- ____ Did you or your spouse become legally blind or disabled during the tax year?
- ____ Do you have an interest penalty or forfeiture for a premature withdrawal from a bank CD?
- ____ Did you have any interest income earned on any foreign bank accounts or investments? Give details on page 2.
- ____ Do you or your spouse have ANY KIND of pension, profit sharing, 401K plan, KEOGH or tax sheltered annuity?
- ____ Did you make a contribution to or conversion to a Roth IRA account during 2019?
- ____ Did you purchase a business vehicle or other business equipment during the year? If yes, enter description, date and amount. _____
- ____ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
- ____ Do you have all required receipts for any charitable donations that exceed the \$250.00 per day documentation rule?
- ____ Were you or your spouse age 70 ½ at the end of the year?
- ____ Did you pay for long-term care (Nursing home) insurance? Name of Ins. Co. _____ Policy #: _____
- ____ Were you notified by the IRS or State of any change in a prior year's tax return? (If so, bring notice.)
- ____ Do you wish to contribute to the Minnesota Non-Game Wildlife Fund? If so, \$ _____
- ____ If you are a renter, did you bring your rent certificate form?
- ____ If you are a homeowner, did you enclose a copy of your Property Tax Statement payable in 2020?
- ____ Did you pay \$2,100.00 or more to household employees in 2019?
- ____ Do you want your Fed. and MN State refunds deposited directly to your personal account or directly to an IRA account?
- ____ If yes: enter Bank Name _____ RTN _____ Acct. # _____ Savings Checking
Check if Joint Account
- ____ Did you bring in all of your statements or Forms 1095-A related to your health insurance?

QUESTIONS

Itemized Deductions

Medical and Dental Expenses	Do not include expenses reimbursed or paid by insurance
Medical Insurance (Bring All Documents)	
Dental Insurance	
Medicare Part B Insurance prem - From SSA-1099	
Medicare Part D - Drug Insurance prem - From SSA-1099	
Long-Term Care Insurance H _____ W _____	
Prescription medicines, drugs & Insulin	
Doctors	
Dentists	
Hospitals	
Eyeglasses	
Hearing aids	
Transportation _____ miles @ 20¢	
Lodging	
Nursing Home Care	
Other	

Taxes You Paid	
State Income Tax Paid - Bal Due 2018	
W/H	
EST - TOTAL	
Sales Tax Deduction – Actual	
- Table	
- Vehicles	
Real Estate: Home	
Less Prop Tax Refund ()	
2nd Home	
Vehicle 1 4	
Licenses 2 5	
3 6	

Interest You Paid	(Enclose 1098's)
Home Mortgage	
- Paid to Lender - 1st Mtg.	
- Paid to Lender - 2nd Mtg.	
- Paid to Individual (List Name & Address, SS#)	
2nd Home Mortgage	
Home Equity Loan	
Points	
Investment Interest	

Itemized Deductions

Contributions You Made	Note: All donations now require receipt or canceled check.
Church	
Payroll Deduction	
Others	

TOTAL CASH CONTRIBUTIONS

Expenses in connection with a charitable organization:
Explain _____

Travel for charitable purposes: _____ miles @14¢

Value of goods contributed (usually the fair market value). A detailed statement is required if the amount is \$500.00 or more. For example - Goodwill Industries

Attach separate schedule, if required.

Miscellaneous Deductions Subject to 2% AGI Limit	Union + Prof Dues
	Safe Deposit Box/Misc
	Tax Preparation Fee
	Investment Fees
	Uniforms Required/Small Tools/Safety Equip
	Employer Travel Miles - See Auto Exp Section - pg. 4
	Other:

Miscellaneous Deductions	
Gambling Losses	

Quarterly Estimated Tax Payments

Payment	FEDERAL		STATE	
	Actual Date Paid	Amt Paid	Actual Date Paid	Amt Paid
Overpay				
4-15-19				
6-17-19				
9-16-19				
1-15-20				
Total				

Adjustments to Income	Your IRA contribution - Regular
	Your IRA contribution - Roth
	Spouse's IRA contribution - Regular
	Spouse's IRA contribution - Roth
	Keogh, SEP or SIMPLE retirement plan contribution
	Penalty on early withdrawal of savings
	Alimony paid (recipient's name _____)
	(Recipient's SS# _____ - _____)
	Student Loan Interest Paid
	Teaching Supplies Deduction
	HSA/MSA Contributions
	HSA/MSA Distributions

EMPLOYEE BUSINESS EXPENSE		
AUTOMOBILE EXPENSE	VEHICLE 1	VEHICLE 2
Year, Make, and Model of Vehicle		
Purchase Date		
Total Miles Driven		
Total Business Miles		
Average daily round trip to job, or first & last stop _____ miles		
Parking & Tolls		
License		
You may have a greater deduction by actual expenses. Continue below.		
Gas & Oil		
Garage Rent		
Insurance/Auto Club		
Lube/Wash/Wax/Anti-freeze		
Lease (F.M.V. at time of lease)		
Repairs & Towing/Tires & Accessories		
Purchase Price (If new this year)		
TRAVEL AWAY FROM HOME		
Nights away from home:		
a. Airplane / Train / Cabs / Buses / etc.		
Auto Rental		
Convention Fees		
Lodging - Actual Cost		
Other		
b. Meals & Tips - Actual Cost		

COLLEGE TUITION		
STUDENT'S NAME	Grade Level	Amount Paid

EDUCATION EXPENSES - K-12TH GRADE ONLY

Student's Name	Grade	Tuition	Music Lessons & Band Instruments	Books & Instruction Matl.	Other

CHILD AND DEPENDENT CARE • If you or your spouse paid for dependent care to be gainfully employed.

Were the Dependent Care Services performed in your home? Yes _____ No _____
 If yes, did you file wage statements with the IRS? Yes _____ No _____ Amount of FICA paid: \$ _____

Name & Age of Dependents		
Name of daycare provider Address	ID #	Total Amount Paid in Year \$ _____
Name of daycare provider Address	ID #	Total Amount Paid in Year \$ _____

• You cannot take a credit for amounts paid to your dependent.

RENTAL INCOME & EXPENSE				
If the property was purchased or converted to rental use this year, have the purchase settlement statement and county tax bill available.				
	Property Type	Address	City	State
1				
2				
Property	1	2		
RENT INCOME				
Advertising.....				
Auto & Travel				
Cleaning				
Commissions				
Condo or Management Fees.....				
Insurance.....				
Legal/Professional.....				
Mortgage Interest.....				
Paid to Financial Insti.				
Other Interest				
Repairs: Carpentry, Hardware.....				
Electrical				
Paint & Decorating.....				
Plumbing				
Supplies				
Taxes				
Telephone (Toll Calls Only)				
Utilities				
Wages and Salaries				
Other _____				

Depr. Expense _____				
Total Expenses _____				
Net Income _____				
NEW EQUIPMENT PURCHASED				
Item Purchased	Date Purchased	Amount Paid		

Amount reported on Form W-2 \$ _____