

# TAXPAYER QUESTIONNAIRE

**TAX YEAR - 2015**  
 Non Extended Filing Deadline 04-18-2016

**Mike Turner CPA**  
 P.O. Box 1807  
 Wimberley, TX 78676  
 (512) 757-4500  
 mike@miketurnercpa.com

Taxpayer's name as it appears on your social security card		Social Security Number	
Spouse's name as it appears on your social security card		Social Security Number	
Address	City	State	Zip Code
Daytime Phone Num _____		Email Address _____	
Taxpayer Birthdate _____		Taxpayer Occupation _____	
Spouse Birthdate _____		Spouse Occupation _____	

**DEPENDENTS:**

**NOTE:** Parents with children who are employed. If your child chooses to complete their own return, make sure they DON'T claim their own exemption.

List name(s) as they appear on the social security card.	Social Security Number(s)	Relationship to You	Date of Birth	Childcare Amt Paid	College Student	Disabled
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N

**CHILDCARE EXPENSES:**

All of this information is required - No deduction is allowed by the IRS if any information is missing.

Provider(s) Name	Social Security or Federal ID Number	Street Address of Individual or Company Providing Care	Amount Paid

**INCOME & DEDUCTION FORMS YOU MAY RECEIVE**

Check Off When You've Gathered The Forms That Apply

- W-2 Wage and tax statement
- W-2G Gambling winnings
- SSA-1099 Social Security benefit statement
- 1099-R Distributions from pensions, IRA's, annuities, etc
- 1099-G Certain government payments such as unemployment and state tax refunds
- 1099-INT Interest income
- 1099-DIV Dividend distributions
- 1099-MISC Miscellaneous income from self-employment, side jobs, independent contractors
- 1099-OID Original issue discount
- 1099-A Acquisition or abandonment of secured property
- 1099-B Proceeds from broker & barter exchange transactions - MUST INCLUDE BASIS INFO
- 1099-C Cancellation of debt
- 1099-H Health care tax credit (HCTC) advance payments
- 1099-LTC Long-term care & accelerated death benefits
- 1099-Q Payments from qualified educational programs (529 accounts)
- 1099-S Proceeds from real estate transactions
- 1099-SA Distributions from HAS or MSA (Health savings accounts)
- K-1 Share of income from S-corporations, partnerships & trusts
  
- 1098 Mortgage interest statement. If you refinanced, please include your closing statement
- 1098-C Contributions of motor vehicles, boats & aircraft
- 1098-E Student loan interest
- 1098-MA Mortgage assistance payments
- 1098-T Tuition statement
  
- 5498 IRA contribution information


● Alimony Received	Name of Former Spouse	Soc Sec # of Former Spouse	Amount Received

● **SOLE PROPRIETORS & RENTAL INCOME:**  
Please Use The Separate Schedules Attached To The Organizer.

**ITEMIZED DEDUCTIONS:**

**UNREIMBURSED MEDICAL & DENTAL EXPENSES...**

	Taxpayer Amount Paid	Spouse Amount Paid
Doctors, Dentists, Hospitals, Labs, Mental Health Providers, Co-pays		
Prescriptions, Medical Supplies (Glasses, Hearing Aids, Prosthetics, etc.)		
Health & Dental Insurance Premiums		
Long Term Care Premiums		
Total Number Of Medical Miles Driven	Miles	Miles

## UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

	Taxpayer Amount Paid	Spouse Amount Paid
Number of Business Miles Driven During The Year For Your Employer		
Total Miles Driven For Any Purpose		
Parking & Tolls Paid Related To Your Employment		
Business Meals & Entertainment Not Paid For By Your Employer		
Transportation While Traveling (Rental Car, Airline) & Lodging (Away From Home)		
Services (Fax, Postage, cleaning, Etc) Used While Traveling On Business		
Business Publications Needed For Work Purposes		
Seminars, Training, Continuing Education Not Paid For By Employer		
Uniforms & Dry Cleaning Expenses		
Tools For Work Not Reimbursed By Your Employer		
Professional Licenses or Association Dues and Union Dues		
Teachers Expenses Only (Classroom Supplies, Books, Etc)		

## OTHER DEDUCTIONS

	Amount Paid
Safe Deposit Box Fees	
Fees For IRA Accounts, Other Investment Accounts Or Investment Advice	
Tax Preparation, Tax Advice, Tax Related Estate Planning	

## TAXES PAID

	Amount Paid
Real Estate Taxes Paid On Personal Residence	
Real Estate Taxes Paid On Vacation Or Second Home (Not Rental)	
Real Estate Taxes Paid On Time Share	
Real Estate Taxes Paid On Lots/Land	
Ad Valorem Taxes On Autos, RV's, Boats, Mobile Homes, Planes	
Past & Current State/Local Income Taxes Paid During The Year	
Sales & Use Tax Paid On Purchases (Such As Vehicles)	

**MORTGAGE INTEREST**

Please Attach Forms 1098-Mortgage Interest. If You Refinanced Your Home During The Tax Year, Please Enclose A Copy Of Your Settlement Statement Or Hud-1, Received At Closing.

	Amount Paid
Primary Mortgage Interest Paid For Residence	
Second Mortgage Interest Paid For Residence	
Home Equity Line Of Credit Interest (Secured By Residence)	
Time Share Mortgage Interest	
Vacation Or Second Home Mortgage Interest (Not Rental)	
Mortgage Interest Paid To An Individual, Not A Bank Or Loan Company. Include Name & Social Security Number Of Individual Receiving Interest.	

**CASH CHARITABLE CONTRIBUTIONS**

Contributions To Qualified Organizations. Not Individuals.  
Include Detail of Each Cash/Check Donation

	Amount Paid
Money Donated To Charities Only By Cash Or Check	

**NON-CASH CHARITABLE CONTRIBUTIONS**

The IRS Requires The Address Of The Organization. You May Attach Your Original Receipts If You Prefer. Giving To Individuals Is Not Deductible.

Name Of Organization	Address of Organization	Items Donated	How Acquired	Amt Orig Paid	Fair Mkt Value	Date Donated

**CHARITABLE MILEAGE EXPENSES**

Total Mileage Driven For Charity Work in Relation To Religious, Charity, Scouts, Etc	Miles
--	-------

## ADJUSTMENTS TO INCOME

- ➔ IRA Contributions Made By April 15th  
Include Statements From Bank or Brokerage Firm

	Taxpayer		Spouse	
	Yes	No	Yes	No
Did You Or Your Spouse Make An IRA Contribution For The Current Year?				

If Yes For Either, Please Enter The Following Information

	Taxpayer Amount	Spouse Amount	Date Of	Applicable Year
Non-Deductible IRA				
Deductible IRA				
Roth IRA				

Did You Make A Roth Conversion Or Re-characterization? If Yes, What Was The Amount? \_\_\_\_\_

- Alimony Paid?

Name of Former Spouse	Social Sec # of Former Spouse	Amount Received

- INTEREST PENALTY - On Early Withdrawals From CD's? \$ \_\_\_\_\_
- STUDENT LOAN INTEREST - Please Attach Form 1098-E or 1098-T From Financial Institutions

Tuition Tax Credits - Please Attach Form 1098-T

	Student One	Student Two
Name Of Student		
Tuition, Fees, Books For The First Two Years Of College		
Tuition, Fees, Books For The 3rd and Later Years Of College Including Graduate School		
Tuition & Books For Non-Degree Courses		

Moving Expenses - Employment Related, Must Move More Than 50 Miles From Old Home

Amount Paid For Moving Household Goods Only	Date Of Move	Number Of Miles Moved	Travel Amount Paid For Lodging Of Employee & Family To New Location For One Trip

## OTHER RELEVANT INFORMATION

- In-Home Office- For Employees Who Are Required To Have A Home Office But Not Reimbursed By Their Employer

Total Heated Square Footage Of Home

Square Feet

Total Square Feet Of Area Used Exclusively For Business

Square Feet

	Amount
Second Telephone Line (First Line Is Never Deductible)	
Mobile Phone (Never 100% For Business Use)	
Total Utilities Paid (Gas, Water, Electric, Trash)	
Total Rent Paid (Only For Renters)	
Homeowners Or Renters Insurance	
Maintenance & Repairs	
Lawn Care	
Pest Control	
Improvements (New Roof, Carpeting, HVAC, Etc)	
Homeowners Or Condo Association Fees	
Special County/City Assessments	
Office Supplies	

- **IMPORTANT** ● Do You Have Any Savings, Checking, Or Other Types Of Financial Accounts Held In Foreign Countries? If So, This Must Be Reported To The IRS.

Name Of Institution	Country	Amount In Account By Type Of Account Ownership		
		Taxpayer	Spouse	Joint

➔ Do You Wish To Direct Deposit Your Refunds? YES NO  
 If So, Please Attach A Voided Check Or Refunds Will Be Mailed

➔ Do You Wish To Have Your Tax Return E-mailed To You? YES NO  
 If So, What Is The Email Address \_\_\_\_\_

### \*\*\*\*Estimated Tax Payments - Federal 1040ES / Georgia 500ES\*\*\*\*

	Federal Amount	State Amount	Date Due	Date Paid Federal	Date Paid State
1st Qtr			Apr 15th		
2nd Qtr			Jun 15th		
3rd Qtr			Sep 15th		
4th Qtr			Jan 15th		

**\*NOTE\*** State Payment For 4th Quarter Must Be Made By Dec 15th To Be Deductible In The Current Year



# INCOME & EXPENSES FROM A SOLE PROPRIETOR'S BUSINESS

**Taxpayers Business?**      YES      NO      **Year Business Was Established**   
**Spouses Business?**      YES      NO  
**Jointly Owned Business?**      YES      NO      *Attach Any Form 1099-K You Received for Merchant Card & Third Party Payments*

1. Name of Business \_\_\_\_\_ Fed ID # \_\_\_\_\_  
 2. Business Address \_\_\_\_\_  
 3. Type of Business \_\_\_\_\_  
 4. Date Business Established \_\_\_\_\_ Did you participate in Business      Y      N  
 5. Type of Accounting Method      Cash       Accrual       Hybrid

Total Income From Business Activity \$  ***Please attach all 1099's***

**Expenses Related to Business Activity:**

Advertising		Rent	
Bank Fees		Repairs & Maintenance	
Vehicle Expenses		Equipment Lease	
Commissions		Vehicle Lease	
Contract Labor		Supplies	
Cost of Goods Sold		Taxes	
Publications		Licenses	
Shipping & Postage		Utilities	
Insurance Non-Health		Communications	
Insurance Health		Travel & Meal Expenses	
Legal & Professional Fees		Lodging Expenses	
Office Expenses		Entertainment	
Pension & Profit Sharing Plans			
Dues & Subscriptions	Other		
Website Expense	Other		
Internet Expense	Other		
Wages Paid To Employees	Other		
Owners Draw	Other		

Number of Miles Driven for This Business Activity \_\_\_\_\_  
 Vehicle Make & Model: \_\_\_\_\_ Date Placed In Service: \_\_\_\_\_

**Major Equipment / Property / Improvements purchased or disposed of & date**

---



---



---



---

# INCOME & EXPENSES FROM RENTAL PROPERTY

1. Type of Property \_\_\_\_\_  
 Property Address \_\_\_\_\_

2. Type of Property \_\_\_\_\_  
 Property Address \_\_\_\_\_

3. Type of Property \_\_\_\_\_  
 Property Address \_\_\_\_\_

Did you or your family member use any of the properties for 14 days or 10% of the total days the property was rented? Y N.....If yes indicate which of the properties: 1 2 3

### PROPERTIES

1	2	3
---	---	---

**Rents Received:**

--	--	--

**Expenses Related to Rental Activity:**

	1	2	3
Advertising			
Auto & Travel Expenses			
Cleaning & Maintenance			
Commissions			
Property Insurance			
Legal / Professional Fees			
Condo / Common Dues			
Management Fees			
Mortgage Interest			
Other Interest			
Repairs			
Property Taxes			
Property Maintenance			
Pest Control			
Service Contracts			
Supplies			
Utilities			
Minor Equipment			
Other _____			
Other _____			

**Capital Improvements - Appliances, Structural Changes, Flooring, Fencing, Etc  
 Must Be Itemized With The Item Purchased, Date Purchased & Amount**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## OTHER INFORMATION

If You Have Any Special Tax Situation That You Believe Is Important Such As You Expect A large Increase Of Income In The Future, Or Any Other Circumstance, Please Explain Below. . .

---

---

---

---

---

---

---

---

● **Date And Time Of Appointment You Would Like To Schedule:** DAY \_\_\_\_\_  
TIME \_\_\_\_\_

● **If you're a NEW CLIENT please bring your prior year tax return when you come in to have your tax return prepared.**

● **Do you prefer to receive an abbreviated organizer mailed to you, or would you prefer to print your organizer from our website?**



Mailed \_\_\_\_\_  
Website Print \_\_\_\_\_

● ***Would you like to DIRECT DEPOSIT your refunds?***

*Please attach a voided check copy of the account you want your deposit directed to.*

No \_\_\_\_\_  
Yes \_\_\_\_\_

## TAX PREPARER NOTES

---

---

---

---

---

---

---

---

## HEALTH CARE COVERAGE QUESTIONNAIRE

MUST List Each Person On Your Tax Return	Indicate For Each Person If They Had Health Care & Which Applies		
	For Entire Year	Less Than 12 Months	None At All

YES [ ] NO [ ] Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above?

YES [ ] NO [ ] Did you pay for health care coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained? Please select one below...

*Employer / Medicare / Medicaid / Marketplace (Exchange) / Other*

**If you didn't have coverage for any part, or all of the year:**  
Answer YES if it applies to ANY member of the household. Please answer each question.

YES [ ] NO [ ] Was your previous insurance policy cancelled in 2014?

YES [ ] NO [ ] Do you have an Exemption from the Marketplace (also called the Exchange)?

YES [ ] NO [ ] Was coverage offered by taxpayer's or spouse's employer?

YES [ ] NO [ ] Are you a member of a federally-recognized Indian tribe?

YES [ ] NO [ ] Are you eligible for services through an Indian health care provider?

YES [ ] NO [ ] Are you a member of a health care sharing ministry?

YES [ ] NO [ ] Did you live in the United States the entire year?

YES [ ] NO [ ] Are you enrolled in TRICARE?

YES [ ] NO [ ] Did you apply for CHIP coverage?

YES [ ] NO [ ] **Do any of the following apply to you? Do NOT indicate which one.**

1. Became homeless
2. Evicted in the past six months, or facing eviction or foreclosure
3. Received a shut-off notice from a utility company
4. Recently experienced domestic violence
5. Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
6. Filed for bankruptcy in the last six months
7. Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
8. Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member