



# Account-4U

Accounting Services  
 1040 Questionnaire

<b>Please Print</b>		<b>Taxpayer</b> <input type="checkbox"/> Blind <input type="checkbox"/> Disabled		<b>Spouse (if Married)</b> <input type="checkbox"/> Blind <input type="checkbox"/> Disabled
First Name & Initial				
Last Name				
Occupation				
Social Security #				
Date of Birth				
Home Phone				
Mobile Phone				
Work Phone				
Email Address				
State of Residency & Date Residency Changed		___ From ___/___/___ To ___/___/___		___ From ___/___/___ To ___/___/___
Street Address				
City, State, Zip				
If Applicable, enter In-Care of or Trustee Name				

Dependents (List even if your uncertain they qualify)				<input type="checkbox"/> If > \$850 from investments	If student <input type="checkbox"/>	
Name (First, Initial & Last)	Social Security #	Relationship	Date of Birth	Their Gross Income was	Months in my home	Student or Child Care Expenses
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>
	___-___-___		___/___/___	\$ <input type="checkbox"/>		\$ <input type="checkbox"/>

Please complete each of the following	Taxpayer	Spouse
1. Furnish a copy of last year's Federal & State return.		
2. If either Taxpayer or Spouse died, enter their date of death and furnish a copy of the death certificate.		
3. Did you receive any tax exempt income (i.e. state bond interest)? Enter amount or furnish statement.		

4. If applicable, enter the date you started or disposed of your own business this year.			
5. Enter Yes, if you sold any stocks, bonds, or other investments (Furnish cost basis and date acquired)			
6. Enter Yes, if you sold your personal residence (Furnish settlement statement for purchase & sale)			
7. If you <input type="checkbox"/> purchased <input type="checkbox"/> refinanced a home this year, enter date and furnish transaction settlement statement			
8. Enter any unemployment compensation not reported by income statement provided.			
9. Enter any gambling winnings that were not reported on the statements provided.			
10. Enter and <input type="checkbox"/> tip income <input type="checkbox"/> other income (explain) that was not reported on income statements provided			
11. Enter any alimony you <input type="checkbox"/> paid <input type="checkbox"/> received and to/from whom: _____			
12. If of tax benefit, enter the maximum \$ amount of an IRA contribution you would make by April 15			
13. Enter the amount of any student loan interest you paid (Furnish all 1098-E's you received)			
14. Enter the amount of real estate taxes you or your escrow account paid on your personal residence this year.			
15. If you purchased a car this year, enter year & model and amount of sales tax paid: _____			
16. Made any home improvements? If so, what did you do and how much did you spend (Explain)			

**Explanations of above (Please use an additional sheet if necessary)**

<b>Additional Questions</b>	<b>Taxpayer</b>	<b>Spouse</b>
17. If separated from spouse, enter date __/__/__ and yes if still apart at year end.		
18. Enter Yes, if you (or your spouse) can be claimed as a dependent on someone else's tax return.		

19. Enter Yes if there has been changes made to a prior year tax return that you are aware of (Explain below)			
20. Enter Yes if you have made any gifts of money or property that exceeds \$12,000 to any one individual			
21. Enter the approximate value of these assets that you hold: <input type="checkbox"/> Annuities <input type="checkbox"/> U. S. Savings Bonds <input type="checkbox"/> Roth IRA's			
22. Enter the dollar amount of any retirement plan distributions that you "rolled" over into another plan this year.			
23. Enter Yes, if you used about 8% or more of your income to pay medical expenses			

Itemized Deduction	Taxpayer		Spouse
24. Health insurance premiums you personally paid			
25. Long term care insurance premiums you paid			
26. Prescription cost you paid			
27. Doctor, dentist, hospital bills you paid			
28. Eyeglasses, hearing aids, & other equipment			
29. Miles driven for medical reasons			
30. Additional home real estate taxes			
31. How much sales tax do you pay where you live?			
32. Mortgage interest paid not found on 1098's you provided			
33. How much margin interest did you pay to hold your investments			
34. Cash/Check donations with receipt/cancelled checks			
35. Cash/check donations without receipts			
36. Thrift shop value of items donated to charity (must have receipts)			
37. Number of miles driven for charitable work			
38. <input type="checkbox"/> Union Dues <input type="checkbox"/> Professional Fees <input type="checkbox"/> Uniform Cost <input type="checkbox"/> Tools			
39. Did you have unreimbursed job or travel expenses (Explain)			
40. Tax preparation fees you paid last year			
41. Investment expenses/ safe deposit box fees			

**Explanations of above (Please use an additional sheet if necessary)**

Direct Deposit refund (if any)		
Routing #		
Account #		

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