

# 2019 Individual Taxpayer Questionnaire

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Taxpayer Name	Spouse Name
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**Prior Clients: Please fill in any changes below**

**New Clients: Please fill out entirely**

<b>Taxpayer:</b>				SS#		
Are you blind? Yes No		Are you totally disabled? Yes No		Email		IP PIN
Occupation		Date of birth		Are you new to our firm? Yes No		
Address		City		State		Zip
County		Home phone		Work or Cell		
Driver's License no. State Issue Date Exp. Date						
<b>Spouse:</b>				SS#		
Are you blind? Yes No		Are you totally disabled? Yes No		Email		IP PIN
Occupation		Date of birth		Are you new to our firm? Yes No		
Address		City		State		Zip
County		Home phone		Work or Cell		
Driver's License no. State Issue Date Exp. Date						
<b>Dependent Information</b>						
<b>Names of dependent children</b>						
<i>Child's full name</i>	<i>Social Security #</i>	<i>IP PIN</i>	<i>Months lived in home in 2018</i>	<i>Date of birth</i>	<i>Relationship to taxpayer</i>	<i>College student?</i>
Did any child have income above \$1,050 for the year? Yes No						
Do any children have a disability? Yes No						
Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2019? Yes No						
<b>Other dependents or people who lived with you</b>						
<i>Full Name</i>	<i>Social Security #</i>	<i>IP PIN</i>	<i>Months in home</i>	<i>Date of birth</i>	<i>Relationship</i>	<i>Income</i>

**All Clients: Please answer all of the following:**

Marital status as of 12/31/18: Single Married Separated Widow(er) Registered Domestic Partnership (RDP) Unsure						
Were you divorced or separated during the year? Yes No						
Did your dependents change during the year? Yes No Unsure						
Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.						
Have you received any notice from the IRS or state revenue department within the past year (that we don't already know of)? Yes No						
If you are due a refund, would you like it directly deposited into your bank account? Yes—Direct deposit						
If you have a balance due, would you like it directly debited from your bank account? Yes—Direct debit on _____(date)						
Name of bank				Type: Checking Savings		
Routing #			Account #			

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All Clients: answer all questions below

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Estimated Payments	Q1 due 4/15	Q2 due 6/15	Q3 due 9/15	Q4 due 1/15	Refund from prior
Federal (\$/date)					
State (\$/date)					

## Questions—All Taxpayers (New and Prior Clients) (Provide related statements or other documentation)

YES	NO	"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.
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### Income

		Do you have W-2 income?	
		Did you receive interest income or dividends?	
		Did you get a state tax refund last year?	Did you itemize deductions last year?
		Did you receive unemployment compensation?	
		Did you receive distributions from an IRA, 401k, or other pension?	
		Did you receive Social Security or Rail Road retirement benefits?	
		Do you have un-reported tip income?	
		Did you pay or receive alimony in 2019?    Paid   /   Received	Date divorce was final
		Do you have rental income?	
		Do you have gambling winnings?	
		Are you involved in a bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?	
		Did you receive Jury Duty pay?	
		Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?	
		Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?	
		Did you roll over any amounts from a retirement account in 2019?	
		Did you sell or purchase a main home during the year? If yes, provide closing statement(s).	
		If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.	
		Did you sell or transfer any rental or investment property?	
		Did you receive income from an installment sale?	
		Were you granted, or did you exercise, any employee stock options during 2018?	
		Do you have stock sales income?	Do you have basis info if it's not included on your Form 1099-B?

### Deductions

		Did you work from a home office or use your car for business and are self employed?	Auto Mileage Worksheet and/or Home Office Worksheet required to be filled out if yes.	
		Did you, or will you, contribute any money to an IRA for 2019?		
		Do you own your home?	Are you making payments?	
		Did you refinance a mortgage or take a home equity loan? (provide closing statement)		
		Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?		
		Did you pay interest on a loan for a boat or RV that has living quarters? If yes, provide details.		
		Did you make charitable contributions in 2019?	Cash/Check	Non-Cash

# 2019 Individual Taxpayer Questionnaire

All Clients: answer all questions below

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## Questions—All Taxpayers (New/Prior Clients)

(Provide related statements or other documentation)

YES

NO

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

### Dependent Related Questions

Were any children born or adopted in 2019?

Children attending college

Year in college

Paid by you: Tuition \$  
Books \$

Paid by student: Tuition \$  
Books \$

Student loan  
interest paid

Did you pay tuition for private school?

Student(s)

Amount paid \$

Name and address of school

Did you pay for child or dependent care so you could work or go to school? (add statement if more than one)

Name of provider

EIN or SSN

Address

Phone number

Amount Paid \$

Do you have any children who earned more than \$2,100 of investment income?

Did you make any contributions to a 529 plan in 2019?

Did you receive distributions from a 529 plan in 2019?

### General Questions

Do you want to electronically file your tax return(s) if possible?

Do you want to designate \$3 of tax funds to the Presidential Election Campaign Fund?

Were you a citizen of or lived in a foreign country in 2018?

Do you own or have financial interest in a foreign bank or other financial account?

Are you Military Member? If yes, are you on Active Duty or in the Reserves? YES / NO

Are you or your spouse (if filing jointly) a dependent of another person?

Did you receive **federal retirement** income from civil service? (If yes, provide dates employed and retirement date)

Did you or your spouse take college courses and pay tuition?

Did you make any Oregon political contributions?

Will there be any significant changes in income or deductions next year, such as retirement?

Did you purchase a new electric vehicle?

### Notes/Other Info:

State information

Full-Year resident

Part-year resident

Nonresident

States of residence during 2019, and dates

# 2019 Individual Taxpayer Questionnaire

All Clients please fill out to itemize

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## Itemized Deductions Worksheet: Taxpayers who itemize deductions for federal and/or state

Deductions must exceed \$12,200 Single, \$24,400 Joint, \$18,350 Head of Household, or \$12,200 Married Filing Separate to be a federal tax benefit.

Deductions must exceed \$2,270 Single, \$4,545 Joint, \$3,655 Head of Household, or \$2,270 Married Filing Separate to be an Oregon tax benefit.

**Medical Expenses.** Must exceed 10% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$
Medical miles: _____ @ .20/mile			

**Taxes Paid.** Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State withholding	Reported on W-2		
State estimated taxes—paid in 2019	\$		
Real estate tax—residence	\$		
Real estate tax—other	\$		
Personal property taxes	\$		
Property tax refund—received in 2019	\$		
Foreign tax paid	\$		
Other	\$		
Other	\$		
Other	\$		
Balance paid in 2019 from prior year state returns (do not include interest or penalties)	\$		
Did you keep receipts for sales tax paid during 2019?	Yes	No	
Did you purchase a car, plane, boat or home in 2019 and pay sales tax?	Yes	No	
Sales tax paid	\$	Purchase price	\$

**Interest Paid.** Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers.

Main home	\$	Equity loan	\$
Second home	\$	Equity loan	\$
Points	\$	Investment	\$
Mortgage insurance premiums	\$		

**Charitable Contributions.** If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.

Cash	\$		
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$		
Did you transfer funds from an IRA directly to a charity?	Yes	No	\$
Charitable Mileage	_____	@ .14/mile	
Did you donate a vehicle? (If yes, provide details)			Yes No

**Other Deductions.** The following deductions are not subject to a 2% of income limit.

Federal estate tax on IRD	\$	Gambling losses	\$
Loss from box 2, K-1, Form 1065B	\$	Impairment related expenses	\$

Notes:

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (stock sales), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

If you are a new client, provide copies of last year's tax returns and social security and ID for everyone on your return.

Copy of the closing statement if you bought or sold real estate.

Auto Mileage Worksheet for any vehicle expenses claimed

Income and deductions categorized on an attachment for business, farming and/or rental activities.

Copy of all acknowledgement letters received from charitable organizations for contributions made in 2019.

# Sole Proprietor Worksheet

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Copy and use separate worksheets if more than one business

Name of sole proprietor

Business name (if different)

Business address (if different)

Principal business activity

Accounting Method    Cash    Accrual    Other (specify)

Did you materially participate in this business?    Yes    No    Was the business started in **2019**?    Yes    No

Do you have inventory?    Yes    No    Your Employer Id Number (EIN): \_\_\_\_\_

Oregon Business Id Number (OBIN): \_\_\_\_\_

<b>Income</b>		<b>Expenses</b>	
Returns and allowances (discounts)		Advertising	
<b>Cost of goods sold—inventory costs</b>		Commissions & fees (describe)	
Inventory at beginning of year		Employee benefits (health, fringe describe)	
Purchases (less items for personal use)		Insurance (other than health)	
Cost of labor (not paid to yourself)		Interest: Mortgage Other	
Materials and supplies		Legal & Professional fees	
Other costs		Office expenses	
Inventory at end of the year		Pension & profit sharing plans	
<b>Other</b>		Rent or lease: vehicles, machinery, equipment other business property	
Did you or your spouse pay for your own health insurance?		Repairs & Maintenance	
Did you make, or plan to make, contributions to a self-employed retirement plan?		Supplies (not included in inventory)	
Did you pay any individual \$600 or more for contract labor?		Taxes and licenses (list)	
Did you pay any family members for services?		Utilities	
Did you use an area of your home <i>exclusively</i> for business or storage?		Wages	
Was the primary purpose of your business activity to realize a profit?		Other (describe)	
Has your business reported losses in prior years?			
Did you manufacture items for resale?			

**Equipment Purchases.** Enter the following information for assets that will last more than 1 year and cost \$500 or more.

Asset	Date purchased	Cost	Date placed in service	New or used?

**Equipment Sold During Year**

Asset	Date out of service	Date sold	Selling Price	Trade-in?