# 2019 Individual Taxpayer Questionnaire

**# 4**

| Taxpayer Name | Spouse Name |
|---|---|
| | |

## Prior Clients: Please fill in any changes below

## New Clients: Please fill out entirely

| | | | |
|---|---|---|---|
| **Taxpayer:** | | 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 | Sate | Zip |
| County | Home phone | Work or Cell | |
| Driver's License *no.* *State* | *Issue Date* | *Exp. Date* | |
| **Spouse:** | | 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 | Sate | Zip |
| County | Home phone | Work or Cell | |
| Driver's License *no.* *State* | *Issue Date* | *Exp. Date* | |

Dependent Information

| **Names of dependent children** *Child's full name* | *Social Security #* | *IP PIN* | *Months lived in home in 2018* | *Date of birth* | *Relationship to taxpayer* | *College student?* |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 ◯

Other dependents or people who lived with you

| *Full Name* | *Social Security #* | *IP PIN* | *Months in home* | *Date of birth* | *Relationship* | *Income* |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

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

Marital status as of 12/31/19: 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 # |

# 2019 Individual Taxpayer Questionnaire All Clients: answer all questions below

# 4

| *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.* |
| **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 2019? |
| ☐ | ☐ | 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** **# 4**

| **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? |

| YES | NO | Children attending college | *Year in college* | Paid by you: *Tuition $* *Books $* | Paid by student: *Tuition $* *Books $* | Student loan interest paid |
|---|---|---|---|---|---|---|
| ☐ | ☐ | | | | | |
| | | | | | | |
| | | | | | | |

| YES | NO | |
|---|---|---|
| ☐ | ☐ | 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**

# 4

## 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.