Fischer & Associates

2010 CLIENT TAX QUESTIONNAIRE

(Please Print)

Today's Date:	Email Address:

TAXPAYER INFORMATION

Taxpayer Last Name:	First:	Middle:	Suffix:	☐ Mr. ☐ Mrs.	☐ Miss ☐ Ms.	Marital status: Single ☐ Mar ☐ Div ☐ Sep ☐ Widow ☐

Social Security No:	Birth date:	Age:	Occupation:	Home phone no.:	Cell phone no:

Street address:	Apt. #:

City:	State:	Zip Code:	

Did your marital status change during the year?	☐ Yes	☐ No	Did your address change during the year?	☐ Yes	☐ No

SPOUSE INFORMATION

Spouse Last Name:	First:	Middle:	Suffix:	☐ Mr. ☐ Mrs.	☐ Miss ☐ Ms.	

Social Security No:	Birth date:	Age:	Occupation:	Cell phone no:

	Taxpayer	Spouse	
• Were you or your spouse permanently and totally disabled during 2010?	☐ Yes ☐ No	☐ Yes ☐ No	
• Were your or your spouse blind during 2010?	☐ Yes ☐ No	☐ Yes ☐ No	
• Do you or your spouse want to allocate $3 to the Presidential Election Campaign Fund? If you check a box, your tax or refund will not change.	☐ Yes ☐ No	☐ Yes ☐ No	

DEPENDENTS (CHILDREN AND OTHERS)

Name (Last, First)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Full-time Student	Did You Provide More Than Half of Support?
			- -		☐ Yes ☐ No	☐ Yes ☐ No
			- -		☐ Yes ☐ No	☐ Yes ☐ No
			- -		☐ Yes ☐ No	☐ Yes ☐ No
			- -		☐ Yes ☐ No	☐ Yes ☐ No
			- -		☐ Yes ☐ No	☐ Yes ☐ No

• Do you provide a home for or help support for anyone else, not listed above?	☐ Yes	☐ No
• Were there any births, deaths, marriages, divorces or adoptions in your immediate family?	☐ Yes	☐ No
a. If there was a death of taxpayer or spouse, enter date (if during 2010 or 2011).	/ /	
• Could you be claimed as a dependent on another person's tax return for 2010?	☐ Yes	☐ No
• Do you have dependents that must file a 2010 tax return?	☐ Yes	☐ No
a. If yes, do you want us to prepare the return?	☐ Yes	☐ No

INCOME INFORMATION

• Did you receive unreported tip income of $20 or more in any month?	☐ Yes	☐ No
• Did you receive any unemployment compensation in 2010?	☐ Yes	☐ No
• Did you receive social security benefits during 2010?	☐ Yes	☐ No
• Did you receive or pay out alimony during 2010?	☐ Yes	☐ No
• If you have a savings account or mutual funds/investments, did they earn any interest income? ***(If yes, attach 1099-INTand/or 1099-DIV.)***	☐ Yes	☐ No

RETIREMENT INFORMATION

• Are you or your spouse eligible to participate in an employer's retirement plan?	☐ Yes	☐ No
• Did you receive payments/distributions from a retirement plan (Pension, 401(k), IRA, SEP, SIMPLE, Qualified Plan, etc)? ***(If yes, attach 1099-R)***	☐ Yes	☐ No
• Did you make any contributions to a retirement plan (Pension, 401(k), IRA, SEP, SIMPLE, Qualified Plan, etc)?	☐ Yes	☐ No
• Did you convert all or part of a regular IRA into a Roth IRA?	☐ Yes	☐ No
• Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	☐ Yes	☐ No
• Did you receive a distribution from a retirement plan in order to pay medical bills or higher education costs or to purchase a home?	☐ Yes	☐ No

HOUSING INFORMATION

• Do you own a home? ***(If yes, attach 2010 Property Tax Statement, Mortgage Interest Form 1098 and Notice of Assessment showing Taxable Value of Home.)***	☐ Yes	☐ No
• Did you rent during 2010?	☐ Yes	☐ No
a. If yes, list Name and Address of Landlord.		
b. Monthly rent paid in 2010:		
c. Number of months rented:		
d. Is Heat included in your rent payment?	☐ Yes	☐ No
• Did you sell and/or purchase a home in 2009 or 2010? ***(If yes, attach copies of your settlement/closing statements)***	☐ Yes	☐ No
• Did you receive rent from real estate or other property? ***(If yes, include documentation on rents received and rental expenses.)***	☐ Yes	☐ No
• Was your principal home or rental property foreclosed on in 2010? ***(If yes, attach 1099-A and/or 1099-C)***	☐ Yes	☐ No

HEATLH INFORMATION

• Did you, your spouse or dependent incur a substantial amount of unreimbursed medical expenses in 2010?	☐ Yes	☐ No
• Did you or your spouse participate in a Health Savings Account (HSA) in 2010?	☐ Yes	☐ No
a. If yes, is the high deductible health plan (HDHP) for SELF or FAMILY? (Circle one)		
List total HSA contributions for 2010:		
List amount of annual deductible:		
Number of months in HDHP/HSA:		
• Did you receive distributions from your HSA or Medical Savings Account (MSA)? ***(If yes, attach 1099-SA)***	☐ Yes	☐ No

EDUCATION

Did you, your spouse, or a dependent incur any tuition, fees or book expenses that are required to attend a college, university or vocational school? ***(If yes, attach 1098-T and support for expenses)***	☐ Yes	☐ No
If yes, list name of school:		
• Did you, your spouse or a dependent receive educational scholarships or grants not reported to you on Form W-2?	☐ Yes	☐ No
• Did you, your spouse or a dependent receive a distribution from a Coverdell Education Savings Account or 529 Plan? ***(If yes, attach 1099-Q)***	☐ Yes	☐ No
• During 2010, did you rollover savings from one 529/Coverdell account to another?	☐ Yes	☐ No
• Did you pay any student loan interest? ***(If available, attach 1098-E)***	☐ Yes	☐ No

CHILD AND DEPENDENT CARE

• Did you pay any child/dependent care expenses in 2010 for a child under 13 years old or cost to care for handicapped individual? If yes, list the following:		☐ Yes	☐ No
a. Amount paid to provider:	**$**	d. Provider Address:	
b. Name of child care provider:			
c. Provider Social Security/EIN Number:			
• Did you receive dependent care benefits from your employer in 2010?		☐ Yes	☐ No

ITEMIZED DEDUCTIONS		
• Did you make charitable contributions in 2010? ***(If yes, please attach receipt or acknowledgement from charity, cancelled check and/or credit card statement as support for the contribution).***	☐ Yes	☐ No
• Did you use your vehicle to provide volunteer services to a charity?	☐ Yes	☐ No
• Did you have expenses related to seeking a new job during the year?	☐ Yes	☐ No
• List your vehicle license registration fees paid in 2010:		
• Did you incur a casualty or theft loss during the year?	☐ Yes	☐ No
• Did you have any gambling losses or winnings?	☐ Yes	☐ No

MISCELLANEOUS QUESTIONS		
• Did you file for Bankruptcy in 2010? ***(If yes, state which Chapter.)***	☐ Yes	☐ No
• Did you have any debts cancelled in 2010? ***(If yes, attach 1099A/1099C)***	☐ Yes	☐ No
• Did you incur moving expenses due to a change of employment?	☐ Yes	☐ No
• Did you work out of town for part of the year?	☐ Yes	☐ No
• Did you purchase a new vehicle in 2010? ***(If yes, please attach sales invoice).***	☐ Yes	☐ No
If yes, was the vehicle a hybrid? List the make and model.		
• Did you make any qualified energy efficient home improvements (i.e. exterior windows/doors, insulation materials)	☐ Yes	☐ No
• Did you purchase/install any energy efficient appliances. (i.e. refrigerators, clothes washer and dishwashers).	☐ Yes	☐ No
• Did you have any unreimbursed employee expenses? (i.e. Union dues, job travel, job education, work clothes/uniforms)	☐ Yes	☐ No

BUSINESS INFORMATION		
(For sole-proprietors, independent contractors, statutory employees and single member LLC – Please complete the following section)		
• Do you own your own business?	☐ Yes	☐ No
If yes, when did you start the business?		
• Did you materially participate in this business in 2010?	☐ Yes	☐ No
• Do you have records to support business expenses? ***(Please attach summary or financial statements)***	☐ Yes	☐ No
• Did you use a vehicle for your business?	☐ Yes	☐ No
• Do you have written evidence to support your vehicle expenses? ***(If yes, attach mileage logs detailing business vs. personal miles.)***	☐ Yes	☐ No
• Did you pay estimated taxes in 2010? ***(If yes, please include support)***	☐ Yes	☐ No

FILING QUESTIONS				
• Were you notified/ audited by either the IRS or State Taxing Agency in 2010?		☐ Yes	☐ No	
• Do you want to electronically file your tax return?		☐ Yes	☐ No	
• The IRS is able to deposit refunds directly into up to (3) taxpayer's accounts. If you receive a refund, would you like a direct deposit?		☐ Yes	☐ No	
• If yes, please provide the following information:				
a. Name of your financial institution:				
b. Routing Transit Number:				
c. Account Number:				
d. What type of Account is this?	Checking ☐	Savings ☐	IRA ☐	Other ☐

QUESTIONS, COMMENTS & OTHER INFORMATION