

Susan E. Thomas CPA, Ltd.
Tax Questionnaire & Documentation Guide

I WANT MY RETURN COPY ON: PAPER CD OR EMAIL PDF (CHOOSE ONE)

NEW CLIENTS ONLY PLEASE READ AND FILL OUT THE FOLLOWING INFORMATION

Please provide copies of all social security cards for yourself, your spouse and dependents

Please provide copies of last year's tax returns

Male taxpayer's date of birth _____ Female taxpayer's date of birth _____

ALL CLIENTS: PLEASE COMPLETE THE FOLLOWING INFORMATION.

Your current address _____

Your prior address (if you moved during last year) _____

When can we contact you by phone: Not before this time: _____ Not after this time: _____

Phone #: _____ Email address: _____

For Women only: did you change your name with the Social Security Administration after getting married? _____

Provisions you need to be aware of

- ✦ 0% Capital Gains tax for low income taxpayers
- ✦ First time Home Buyer's Credit of \$8,000, Existing Home Buyer's Credit of \$6,500
- ✦ Mortgage Forgiveness Cancelled Debt excluded from income
- ✦ Additional Standard Deduction for Real Estate Taxes
- ✦ Energy Credits reinstated for 2009 improvements
- ✦ S Corp owners/employees must have health insurance reported on W-2 or no deduction for Self Employed Health Insurance
- ✦ Definition of "Qualifying Child" and "Qualifying Relative" specifically targeting unmarried taxpayers
- ✦ Private Mortgage Insurance premiums you paid on a mortgage issued after Dec 31, 2006 has been extended for 3 years.
- ✦ State and local sales tax may be deductible on purchase of new autos after February 16, 2009 and before January 1, 2010
- ✦ Beware of Bogus E-mails — **The IRS does not send unsolicited e-mails about your taxes. If you get an e-mail that appears to be from the IRS, it may be an attempt to steal your private information. Don't click on any links in the message. Rather, forward the e-mail to phishing@irs.gov using the instructions at www.irs.gov.**

Make a Selection for Each Item (Yes or No). Leave any blank that you are unsure about and would like to review with your tax preparer.

Personal Data		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Any births, adoptions, deaths or other changes in your immediate family? Date _____
<input type="checkbox"/>	<input type="checkbox"/>	Were you married, separated or divorced last year? Date : _____
<input type="checkbox"/>	<input type="checkbox"/>	Any other changes in family members? Please list _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you support your parent(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Can your parents or anyone else claim you as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse under the age of 65 AND permanently and totally disabled?
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse want to designate \$3/\$1 of your taxes to the Federal/State Election Campaign Funds?

Employment / Income Data		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any W-2's?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment? Provide Form 1099-G.
<input type="checkbox"/>	<input type="checkbox"/>	Were you in the reserves or national guard and overnight commitments more than 100 miles from home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive combat pay?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution as a beneficiary from a trust or estate? Provide Form K-1.

Business Income (If Not Applicable, Skip to Next Section)		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a sole proprietorship business? Provide profit & loss statement. Provide 1099-Misc forms.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a shareholder in an S Corporation? Provide Form K-1.
<input type="checkbox"/>	<input type="checkbox"/>	Are you a partner in a Partnership? Provide Form K-1.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a farm business? Provide profit & loss statement
<input type="checkbox"/>	<input type="checkbox"/>	Have you sold any business or farm property?

Rental Income (If Not Applicable, Skip to Next Section)		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any rental income for last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses for your rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you actively participate in management of the rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any rental property?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any suspended losses from prior years? Provide copy of last year's returns.

Investment Data		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any interest income? Provide Form(s) 1099-Int.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any dividend income? Provide Form(s) 1099-Div
<input type="checkbox"/>	<input type="checkbox"/>	Did you close a Bank Certificate of Deposit early and were assessed a penalty?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell your home? Provide settlement statements. (Form 1099-S or HUD statement)
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any land, or any other property besides your home?

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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any stock, securities, or mutual funds? Provide Form(s) 1099-B
<input type="checkbox"/>	<input type="checkbox"/>	Have any of the 2 previous items become worthless and you lost your investment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell any property on an installment basis? (2 or more payments received in 2 separate years)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a foreign bank account? Name of country : _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur investment expenses (safe deposit box, IRA fees, investment advice, etc)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a capital loss carry forward from last year? Provide last year's tax return.

Retirement Income, Contributions & Distributions

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse or employer contribute to any kind of retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a regular IRA for 2009? Male Taxpayer \$ _____ Female taxpayer \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Roth IRA for 2009? Male Taxpayer \$ _____ Female taxpayer \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute or will you contribute to a Self-Employed pension plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from any type of pension plan? Provide Form 1099-R
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a regular IRA to a Roth IRA in 2009?

Other Income

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any royalties? Provide Form 1099.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Social Security? Provide Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive Railroad Retirement Benefits? Provide Form RRB-1099
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive alimony? Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any jury duty pay? Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling winnings? Provide Form 1099-G or, if none, provide amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any prizes/ awards or scholarships/fellowships?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the economic recovery rebate credit of \$250?
<input type="checkbox"/>	<input type="checkbox"/>	Are you sure on your answer to the above question? If not please call 1-800-772-1213 and they will tell you. Your return will be rejected if this question is not answered correctly.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds? Provide Form(s) 1099-G
<input type="checkbox"/>	<input type="checkbox"/>	Were you a beneficiary of an Estate or Trust? Provide Form K-1
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive tips that you did not report to your employer? Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not mentioned above? _____

Children (If Not Applicable, Skip to Next Section)		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you have child care expenses for children under 13? Provide name, address, ID # & total paid to provider.
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt a child in the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Does the adopted child have special needs?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any foster children?
<input type="checkbox"/>	<input type="checkbox"/>	Did your child(ren) have any W-2 income? Provide W-2's
<input type="checkbox"/>	<input type="checkbox"/>	Did your child(ren) have any interest or dividend income? Provide 1099-Int or 1099-Div
<input type="checkbox"/>	<input type="checkbox"/>	Did your child(ren) sell any stocks, mutual funds or other investments? Provide 1099-B
<input type="checkbox"/>	<input type="checkbox"/>	Was your Earned Income Credit disallowed or reduced in a previous year? (If yes, need to file Form 8862)
<input type="checkbox"/>	<input type="checkbox"/>	Have you been notified by IRS that the Earned Income Credit cannot be claimed for this year?

Education Expenses (If Not Applicable, Skip to Next Section)		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse or dependents, take any college courses last year?
<input type="checkbox"/>	<input type="checkbox"/>	Do the courses lead to a degree or certificate or other recognized educational credential?
<input type="checkbox"/>	<input type="checkbox"/>	Did any student attend college on at least a half time basis? Provide Form 1099-T?
<input type="checkbox"/>	<input type="checkbox"/>	If student is a freshman or sophomore, did they attend an Ohio College?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on Student loans? Also provide Form 1099-E
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer reimburse any of the above expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any classroom expenses as a teacher for which you were not reimbursed?

Home Owner Deductions & Credits		
Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay mortgage interest? Provide Forms 1098.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay property taxes? Provide tax receipts if not included on your Form 1098.
<input type="checkbox"/>	<input type="checkbox"/>	If you refinanced your home last year, did you pay any points? Provide settlement statement.
<input type="checkbox"/>	<input type="checkbox"/>	Do you pay interest on a second mortgage, home equity loan or line of credit?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any home equity loans for items not used for the purchase or improvement of your home?
<input type="checkbox"/>	<input type="checkbox"/>	If, yes, is the amount borrowed more than \$100,000?

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<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a home within calendar year 2009 and have not owned a home in the three year period ending on the date of the purchase.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new vehicle after February 16, 2009? If yes we need the purchase price/date and amount of sales tax paid.

Energy Credits

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase energy efficient heat pump, central a/c or water heater?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase energy efficient exterior windows or doors?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase energy efficient insulation?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase energy efficient natural gas, propane or oil furnace or a hot water boiler?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a main air circulating fan (attic fan)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase coated metal roofing meeting Energy Star requirement?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase solar energy electric generating, water heating property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase qualified fuel cell property?

Medical Expenses – MUST EXCEED 7.5% OF YOUR AGI (INCOME) TO BE DEDUCTIBLE

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an MSA (medical savings account) in conjunction with a high deductible health insurance plan?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an HSA (health savings account) in conjunction with a high deductible health insurance plan? If MSA or HSA: What is your Plan deductible _____, Contributions _____, and Qualified Medical Exps Paid _____ # of months in 2009 you had the plan _____ Was the plan in effect for the month of December? Y or N
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay long term care insurance for yourself or spouse?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have mileage related to medical care?
<input type="checkbox"/>	<input type="checkbox"/>	Do you think you paid insurance, doctor, dentist, orthodontist, Rx, etc in excess of 7.5% of your income?

Charity

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you give cash (including checks) to charity? If yes, you must provide documentation and cancelled checks.
<input type="checkbox"/>	<input type="checkbox"/>	Did you give any non-cash items to charity? If yes, The IRS now requires receipts.
<input type="checkbox"/>	<input type="checkbox"/>	Was the value of any <u>one</u> non cash donation greater than \$500?

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<input type="checkbox"/>	<input type="checkbox"/>	Were any of your non cash contributions an auto or boat? If, yes provide written receipt from charity and the donation date, purchase date, purchase price and value claimed for each auto/boat.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur out of pocket expenses to do volunteer work for charity?
<input type="checkbox"/>	<input type="checkbox"/>	Were you over 70 ½ and transferred money from your IRA directly to a charity?

Taxes

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you make estimated tax payments for last year? Provide copies of cancelled checks.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have unpaid taxes from years prior to last year that were paid last year?

Other Expenses

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony? Amount \$ _____ Ex-spouse's SS# _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur expenses for tax advice relating to a divorce, alimony or property settlement?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any gambling losses? They are deductible up to your gambling winnings.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Net Operating Loss to carry to this year? (Only if you had negative income last year)
<input type="checkbox"/>	<input type="checkbox"/>	Did your insurance company reimburse you for any casualty or theft losses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a casualty or theft loss that exceeds 10% of your income after insurance reimbursement?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any tax preparation fees for last year's returns. _____

Home Office

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	If yes, have you filled out the worksheet from our website, www.thomascpa.org ? Complete and attach to this questionnaire.

Business Use of Autos

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	If yes, have you filled out the worksheet from our website, www.thomascpa.org ? Fill out a worksheet for each auto used for business purposes. Complete and attach to this questionnaire.

Moving Expenses

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you move more than 50 miles because of a job change?

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<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any moving or storage expenses for household goods?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any travel & lodging expenses for moving your family to you new home?
<input type="checkbox"/>	<input type="checkbox"/>	Did your employer pay / reimburse you for any of the above moving expenses? If yes, provide Form 4782
<input type="checkbox"/>	<input type="checkbox"/>	Date male taxpayer moved: _____
<input type="checkbox"/>	<input type="checkbox"/>	Date female taxpayer moved, if different : _____
<input type="checkbox"/>	<input type="checkbox"/>	Moved from (city, state) _____ , _____ to _____ , _____

Ohio Return Info

Yes	No	TAX INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an Ohio Political campaign? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make purchases out of state, or on the internet last year, on which you did not pay sales tax? If Yes, enter amount of purchases on which you did not pay sales tax \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an Ohio College Savings Plan, an Ohio 529 Plan, or purchase Ohio Tuition Credits?
<input type="checkbox"/>	<input type="checkbox"/>	Was your health insurance an unsubsidized plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur Job Training expenses in the 12 months following the close of your company in which you lost your job?

I certify that the above information is true and correct and I have the documentation supporting my responses.

Signature and date

Printed Name