

Fowler Accounting Services

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Tax
Deduction **finder** &
Problem Minimizer

PLEASE COMPLETE THIS QUESTIONNAIRE BEFORE YOUR APPOINTMENT

- Please **call** for your appointment.
- Please **mail** the completed questionnaire to this office before your appointment.
- Please **mail** the completed questionnaire to this office so your return can be prepared by correspondence.

OR

- Your appointment is scheduled for:

Day: _____

Date: _____

Time: _____

Please promptly notify this office if you are unable to keep this appointment. Thank You!


This booklet is designed by tax professionals to help you maximize your deductions and defend them in case of audit.


READ THIS FIRST


This booklet is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return.

Please keep in mind that taxes can be very complicated and even though this booklet will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "Questions You May Have."

The **"ALERT ARROWS"** designate certain special conditions as follows:

 Indicates areas that need to be completed by new clients.

 Indicates areas that **MUST** be completed by new clients and only needs to be filled in by existing clients when the information has changed.

 The most important arrow of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this arrow.

TAXPAYER INFORMATION

Your Name			
Social Security #		Birth Date	
Home Phone		Work Phone	
Occupation			
Spouse Name			
Social Security #		Birth Date	
Home Phone		Work Phone	
Occupation			

ADDRESS & STATUS

Street			
City		State	ZIP
Email			
Status Changes This Year	Dates	Status Changes This Year	Dates
<input type="checkbox"/> Married		<input type="checkbox"/> Dependent Deceased	
<input type="checkbox"/> Separated		<input type="checkbox"/> Sold Home	
<input type="checkbox"/> Divorced		Legally Blind	Filer <input type="checkbox"/> Spouse <input type="checkbox"/>
<input type="checkbox"/> Moved		<input type="checkbox"/> Filer	
<input type="checkbox"/> Spouse Deceased		<input type="checkbox"/> Spouse	



ESTIMATED TAXES PAID


Please provide cancelled checks if available.

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund				
First Quarter	APRIL			
Second Quarter	JUNE			
Third Quarter	SEPT			
Fourth Quarter	THIS JAN			



SPECIAL INFORMATION

**** Must be reported even if NOT taxable unless TRANSFERRED**

	You	Spouse
Employer Pension Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Conventional IRA, Keogh and SEP Plans:		
Contributions		
Withdrawals		
Rollovers** (1)		
Roth IRA: (1) If rolled from a conventional IRA to a Roth IRA, the rollover can be taxable.		
Contributions		
Withdrawals		
Rollovers** (1)		
State Tax Refund		
Social Security or Railroad Retirement		
 Alimony Received - Matched with Payer		
Tips Received		
Unemployment Received		
Gambling Winnings		
Foreign Bank Account (✓ if yes)	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute a portion of your taxes to the Presidential Campaign Fund? (✓ if yes)	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
Other:		
<input type="checkbox"/> ✓ If you incurred any adoption expenses this year? If so, enter amount		
Salaries, Pensions, & Misc Income	Provide W-2s and 1099s	
Partnership & Trust Income	Provide K-1s	
Student Loan Interest Paid		
Coverdell Educ. Savings Account Contribution		
<input type="checkbox"/> ✓ If you have been denied earned income credit by the IRS. If so, have you been re-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> ✓ If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required.		

REFUND DIRECT DEPOSIT

Complete for refund direct deposit.

Banking Routing Number:	<input type="text"/>
Account Number:	<input type="text"/>
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

CHANGE ONLY

DEPENDENTS

Social Security #s are MANDATORY.

▼ ** C-Child, R-Relative, O-Other

IRS MATCH

First Name	Last Name (If Different)	Social Security# (Mandatory)	**	Months In Home (This Home)	Birth Date	If over the age of 18	
						Income	✓ If Student

IRS MATCH

INTEREST INCOME

IRS computer matches payer and amount. Always use payer name listed on 1099 even if not the original source.

LINE #	Name of Payer Please provide all forms 1099INT & 1099OID	Banks, Credit Union, Corporate, Bonds, etc.	Seller Financed Mortgages Name, address & SS# required	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Home State Municipal Bonds (Generally tax-free)	Other State Municipal Bonds (Federal tax-free)
1						
2						
3						
4						
5						
6						
7						
8						
9	Name: SS#:			Payer Address:		
10	Name: SS#:			Payer Address:		
11	FORFEITED INTEREST (Early Withdrawals)			FEDERAL WITHHOLDING ON INT & DIV		

IRS MATCH

DIVIDEND INCOME

IRS computer matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s, and caution must be used in separating the various types of dividends.

LINE #	Name of Payer Please provide all forms 1099 DIV	Foreign Taxes Paid	Total Ordinary Dividends	Qualified Dividends	Total Capital Gains Dividends	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Taxable to State only	Nontaxable State and Federal	Return of Capital
1									
2									
3									
4									
5									

IRS MATCH

STOCK & OTHER ASSET SALES

IRS matches gross proceeds from sale using the 1099B. Many brokerage houses use substitute forms. All transactions must be reported even if there is no profit. The IRS computer has the sales price but not cost.

LINE #	Description	Acquisition Date MM/DD/YR	Sales Date MM/DD/YR	Gross Proceeds From Sale (For stocks use net after commission)	Cost or Other Basis	Net Profit or Loss (Information only)
1						
2						
3						
4						
5						

MEDICAL EXPENSES

To be deducted, medical expenses must exceed 7 1/2% of your adjusted gross income, and then, only the amount that exceeds a 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year, your medical must exceed \$3,000.

Hospital, Medical & Dental Insurance Premiums		Ambulance, Paramedics	
Long-Term Care Insurance for the Filer		Taxi, Bus, Train, Air & Other Travel for Medical Purposes	
Long-Term Care Insurance for the Spouse		Lodging for Away-From-Home Medical Purposes	
Medicare Insurance Premiums (not payroll tax)		Auto Travel for Medical Purposes	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Parking Fees for Medical Purposes	
Prescription Drugs Only		Telephone - Medical Tolls	
Psychotherapy, Psychological Counseling		Handicapped Placard	
Acupuncture, Chiropractic, Christian Science Practitioners		Handicapped Modification to Home	
Hospital		Special Schooling for Physically or Mentally Handicapped	
Nursing Homes, Nursing Care <input type="checkbox"/> <input checked="" type="checkbox"/> if inhome care for elderly		Physical Therapy	
Lab Fees & X-Rays		Medical Equipment, Supplies, Rentals	
Eye Examination, Glasses		Other:	
Hearing Aids, Batteries		Insurance Reimbursement (only for expenses listed if applicable)	

HOME MORTGAGE INTEREST

		Primary Residence	Second Home
1st TD	Paid to a Bank, S & L, etc. *		
	Paid to an Individual Must List PAYEE Info. Below		
2nd TD	Paid to a Bank, S & L, etc. *		
	Paid to an Individual Must List PAYEE Info. Below		
Home Equity Loan			
Payee Name			SS#
Address			
* Amounts must agree with Form 1098 issued by the financial institution. If not, check here. <input type="checkbox"/> If Form 1098 was issued in another's SS#, enter that person's name and social security number here:			
Name			SS#
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
PLEASE ANSWER THE FOLLOWING QUESTIONS:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance during the year? If yes, please provide loan escrow statement.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your home equity loan exceed \$100,000?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the sum of all of your home mortgages exceed \$1,100,000?		

INVESTMENT INTEREST

Vacant land	
Brokerage margin account	
Other:	

TAXES

Property taxes on primary home	
Property taxes on second home	
Property taxes on investment property	
Car license fees (personal property tax portion)	
Personal property tax - boat or airplane	
Personal property tax - other	
Balance due on last year's state return	Do Not Include Interest & Penalties
State income tax adjustments	Do Not Include Interest & Penalties
Extension payment on last year's state return	
Taxes paid to another state	State:
City, county, local taxes	
Other:	

CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care.

<input checked="" type="checkbox"/> Check here if you have employer provided dependent care benefits.				Payments Must Be Allocated By Child		
Paid To	Address	Phone	SS# or Employer ID# MANDATORY unless exempt organization	Child	Child	Child
			<input type="checkbox"/> Check if exempt			
			<input type="checkbox"/> Check if exempt			

CHARITABLE CONTRIBUTIONS

CASH Written verification is required for contributions of \$250 or more to any one organization.

Church		
Church		
Temple		
Payroll Deduction (filer & spouse)		
United Way		
Cancer Society		
Red Cross		
Heart Fund		
Scouts		
Other:		
Other:		

NONCASH Provide detailed list of items contributed if total for the year exceeds \$500. Please call this office in advance if the contribution exceeds \$5,000.

Salvation Army		
Goodwill Industries		
Veteran Organizations		
Church		
Travel for Charitable Purposes		miles
Out-of-pocket expenses in connection with a charitable organization. Explain: _____		

EDUCATION EXPENSES

Caution: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty-free distributions. They must be segregated by student.

Student:	Column Is For:		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR TUITION CREDIT ONLY - Qualified Educational Instruction

Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary - First 2 yrs.			
After First 2 yrs.			
Fees - Enrollment/Attendance Only			

Other Expenses - DO NOT COMPLETE unless qualifying for tax or penalty-free IRA distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.

Books/Supplies			
Room/Board			

Continuing Education Expenses - Education for the taxpayer & spouse only if job-related.

Tuition and Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel			(list in appropriate area opposite page)

MISCELLANEOUS DEDUCTIONS

Filer Spouse

	Alimony	To			
	Paid	SS#			
Attorney Fees (to Protect Taxable Income)					
Union Dues					
Professional Dues					
Entertainment & Business Meals (100% of actual cost)					
Gambling Losses (limited to winnings)					
Business Insurance (E & O, malpractice, etc.)					
Investment Publications					
Investment Expenses		Type:			
IRA, KEOGH, SEP Fees Paid (not withheld from account)					
Jobseeking Expenses (in same field)	Employment & Resumé Fees				
	Photocopy & Postage Expense				
	Other:				
Licenses, Fees, Credentials, etc.					
Publications, Books, etc., Used in Business					
Tax Preparation Fees					
Safe Deposit Box (to Store Deeds, Bonds, etc.)					
Telephone (Business Calls Only)					
Tools, Supplies, Equipment					
Uniforms - Purchase					
Uniforms - Cleaning					
Other:					
Other:					
Other:					

CASUALTY LOSSES (or theft or embezzlement)

To be deducted, the losses must exceed 10% of your adjusted gross income and then only the amount that exceeds the 10% floor is deductible.

Check box if loss was in a Presidentially declared disaster area.


Description of Casualty				
Date of Casualty				
Insurance Reimbursement				
Description of Property	Date Acquired	Original Cost or Other Basis	Fair Market Value	
			Before Casualty	After Casualty

AUTO MILEAGE

Do not complete any part of this section if your automobile is used only for commuting to and from work and for pleasure.

Check if vehicle provided (owned) by employer. 1 2

Check if any automobile expense reimbursement provided by employer. 1 2

 Check if reimbursement included in W-2. 1 2

Vehicle Description	Vehicle 1		Vehicle 2	
	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> You	<input type="checkbox"/> Spouse
Make or Model				
Date Originally Purchased	/ /		/ /	
TOTAL MILES DRIVEN THIS YEAR (include both business & personal)				
BUSINESS MILES DRIVEN	For Employer	mi	mi	
	To Professional Meetings	mi	mi	
	Between 1st and 2nd Job	mi	mi	
	From Job to School	mi	mi	
	Jobseeking	mi	mi	
	Investment/Tax Preparation	mi	mi	
	Rental	mi	mi	
	Self-Employed Business	mi	mi	
	Temporary Job Sites	mi	mi	
	Other:	mi	mi	
Average Round-Trip Distance to Work (REQUIRED)	mi	mi		
Total Commuting for the Year (REQUIRED)	mi	mi		

AUTO EXPENSES


Do not complete this section if you are using the government's "standard mileage rate".

Gasoline & Oil		
Repairs, Service, Tires, etc.		
Insurance		
License & Taxes		
Wash, Wax, Auto Club, etc.		
Interest (Applies only to self-employed individuals)		
Lease Payment		
Other:		
Employer Reimbursement		

AWAY-FROM-HOME EXPENSES


	Check if employer reimbursed any amount.	
	You	Spouse
Airfare, Train, etc.		
Auto Rental, Taxi, Bus, etc.		
Meals (enter 100% of expense)		
Lodging (DO NOT INCLUDE MEALS)		
Porter, Skycap, Tips, etc.		
Laundry		
Other:		

MOVING EXPENSES

 Check if employer reimbursed any amount.

Miles from Old Residence to New Job (A)	
Miles from Old Residence to Old Job (B)	
Difference in (A) and (B) (must be 50 miles or more)	
Cost of Commercial Movers	
Truck, Trailer Rental	
Road tolls	
Lodging en route (do not include meals)	
Automobile Travel	
Other:	
Other:	

HOME SALE

HOME SOLD	
Address:	
Date Purchased	/ /
Purchase Price (including costs & fees)**	
Gain Deferred from Prior Home (sold before 5/7/97)**	
**If you sold a home prior to this one, the information required on these two lines will be on Form 2119 in the year of sale.	
Improvements (not maintenance) on Home Sold	
Date of Sale	/ /
 Sales Price (provide closing escrow statement)	
Sales Expenses (provide closing escrow statement)	
<input type="checkbox"/> <input checked="" type="checkbox"/> if you owned and used the property as your primary residence two of the prior 5 years. <input type="checkbox"/> <input checked="" type="checkbox"/> if your spouse owned and used the property as his/her primary residence two of the prior 5 years. <input type="checkbox"/> <input checked="" type="checkbox"/> if this residence or any part of this home was rented or used for business purposes. <input type="checkbox"/> <input checked="" type="checkbox"/> if this home was acquired in exchange for a business or investment property after 5/6/97.	


"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. Beginning in 1999, a home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office use must also be for the convenience of the employer.


Total Square Feet of Home	
Total Square Feet Used for Office	
Total Square Feet Used for Storage	
Rent	Utilities
Insurance	Condo/Assoc. Dues
Home Repairs	Office Repairs

RENTAL INCOME

Note: If the property was purchased or converted to rental use this year, please provide the purchase settlement statement and a current property tax bill.

Property Number	Type - i.e., Commercial Residential, Equip., etc.	Description or Address	 Rental Income	Number of Days Used Personally	Percent Ownership
1					
2					

EXPENSES Note: If you have more than 2 rentals, photocopy this page as required. *Indicates payments that may require the issuance of a 1099 if the annual amount is \$600 or more.


Property Number	1	2	Property Number	1	2
Association / Homeowners' Dues			Taxes - Property		
Cleaning & Maintenance Fees*			Taxes - Other		
Commissions / Management Fees*			Telephone (Tolls Only)		
Insurance			Utilities		
Legal & Professional Fees*			Gardener*		
 Mortgage Interest Paid to Banks			Pool Service*		
Other Interest			Painting*		
Repairs: Carpentry, Hardware*			Other:		
Electrical* (No Improvements)			Other:		
Plumbing*			Other:		
Supplies			Other:		

CAPITAL ASSET PURCHASES & IMPROVEMENTS (Business or Rental)

Date	Description of asset or improvement	▲ Used for ▼		Amount (cost)
		Rental #	Business #	

BUSINESS INCOME

*Indicates payments that may require issuance of a 1099 if the annual amount to an individual is \$600 or more.

Business Number	Filer or Spouse	Business Name & EID (if applicable)	 Gross Income	Returns and Allowances	Beginning Inventory	Ending Inventory
1						
2						

Business	1	2	Business	1	2
Merchandise Purchased for Resale			Office expense		
Items Withdrawn for Personal Use			Rent*		
Advertising			Repairs*		
Bank Charges			Taxes		
Commissions*			Entertainment		
Dues & Publications			Telephone		
Freight/Delivery/Postage			Utilities		
Gifts			Wages (W-2)		
Insurance			Seminars		
 Mortgage Interest Paid to Banks			Other:		
Other Interest			Other:		
Legal/Professional*			Other:		

