

Standard Tax Questionnaire

Name _____ Occupation _____ Birthdate ____ / ____ / ____ .

Name _____ Occupation _____ Birthdate ____ / ____ / ____ .

Address _____ Please Check Box if New Address

City, State, Zip _____

Home Phone (_____) Work Phone (_____)

Dependent Children

If New this Year Show Birthdate and Social Security Number

Name	Birthdate	Social Security Number
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We must have birthdates in order to calculate the new child credit. Please tell us if a child from last year is no longer a dependent.

Income

Please attach all requested information

- | | | |
|----------------------|---|--------------------------|
| Wages | Number of W-2s enclosed with this questionnaire | _____ |
| Interest | Number of forms 1099-INT enclosed | _____ |
| Dividends | Number of forms 1099-DIV enclosed | _____ |
| Pensions & IRAs | Number of forms 1099-R enclosed | _____ |
| Social Security | Number of Social Security statements enclosed | _____ |
| Unemployment | Number of Unemployment forms 1099 enclosed | _____ |
| Gambling | Number of Gambling forms 1099 enclosed | _____ |
| Partnerships & Sub S | Number of forms K-1 enclosed | _____ |
| Misc & Prizes | Number of forms 1099-MISC enclosed | _____ |
| Alimony | Amount received during the tax year..... | \$ _____ |
| Capital Gains | Please attach brokerage statement or summary of sales and check this box .. | <input type="checkbox"/> |
| Rentals | Please complete Rental Questionnaire and check this box | <input type="checkbox"/> |
| Farms | Please complete Farm Questionnaire and check this box | <input type="checkbox"/> |
| Self Employed | Please complete Self Employed Questionnaire and check this box | <input type="checkbox"/> |
| Other | Please attach description and check this box | <input type="checkbox"/> |

Deductible Adjustments To Income

- | | |
|--|----------|
| Deductible IRAs for Taxpayer (Do Not List Roth IRAs) | \$ _____ |
| Deductible IRAs for Spouse (Do Not List Roth IRAs) | \$ _____ |
| Student Loan Interest Paid | \$ _____ |
| Alimony Paid (List Recipients Name and SSN if New this Year) | \$ _____ |

Direct Deposit of Tax Refunds If you would like your tax refund deposited directly into your bank account, please attach a voided check or deposit ticket and check this box

Itemized Deductions

We do not need to see receipts for the items listed

Medical Expenses

Covered by Health Insurance Entire Year

Total of all *unreimbursed* medical expenses including doctors, hospitals, eyeglasses, dental, etc. \$ _____

Prescription Medicine & Drugs \$ _____

Health Insurance \$ _____
(do not include pre-tax amounts paid by an employer-sponsored plan)

Medicare Premiums \$ _____
(do not include amounts reported on Form SSA-1099)

Long-Term Care Premiums: Taxpayer \$ _____

Spouse \$ _____

Transportation auto mileage _____ miles

Taxes

Real Estate Taxes on Home \$ _____

Other Real Estate Taxes \$ _____

Personal Property Tax \$ _____

Estimated Tax Payments

If you made estimated tax payments please list them

	Federal	State
1 st Qtr	_____	_____
2 nd Qtr	_____	_____
3 rd Qtr	_____	_____
4 th Qtr	_____	_____

Interest Expense

Mortgage on home \$ _____

Home equity loan \$ _____

Mortgage on 2nd home \$ _____

Margin interest \$ _____

Points on home purchase \$ _____

If mortgage interest is paid to an individual we must list their name and social security number on your return.

Charitable Contributions

Total cash contributions \$ _____

If over \$3,000 please provide detail

Total non-cash contributions \$ _____

If over \$500 attach list

Charitable mileage _____ miles

Gambling Losses

Losses are only deductible up to the amount of gambling winnings.

Total gambling expenses \$ _____

Special Deductions & Credits

Child Care Credit

Name & City of Daycare Provider

Soc Sec or Fed ID Number Amount Paid
\$ _____

Name & City of Daycare Provider

Soc Sec or Fed ID Number Amount Paid
\$ _____

Education Expenses

Please list tuition and fees paid during the year for college and who it was for.

\$ _____

\$ _____

Missouri Tuition Savings Plan MOST

Please check box and attach copy of year-end statements which show total contributions.

Special Questionnaires

We have special questionnaires for the following:

- Real Estate Agents Rental Property
- Self-Employed Individuals Farmers
- Automobile Expenses Office in Home