

Print this form out, take some time to fill it out, and bring it with you when you come to the office.
 This will save you time and money, and help us help you more effectively.

Tax Return Questionnaire

Taxpayer Name <input style="width: 90%;" type="text"/>	Social Security # <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Occupation <input style="width: 90%;" type="text"/>
City <input style="width: 25%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	Date Of Birth <input style="width: 90%;" type="text"/>
Country <input style="width: 90%;" type="text"/>	Home Phone <input style="width: 90%;" type="text"/>
E-Mail <input style="width: 90%;" type="text"/>	Work Phone <input style="width: 90%;" type="text"/>

Spouse Name <input style="width: 90%;" type="text"/>	Social Security # <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Occupation <input style="width: 90%;" type="text"/>
City <input style="width: 25%;" type="text"/> State <input style="width: 5%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>	Date Of Birth <input style="width: 90%;" type="text"/>
Country <input style="width: 90%;" type="text"/>	Home Phone <input style="width: 90%;" type="text"/>
E-Mail <input style="width: 90%;" type="text"/>	Work Phone <input style="width: 90%;" type="text"/>

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected)

Filing Status: Single Qualifying Widow Married Head of Household

DEPENDENTS:

Name (First, Initial, Last)	Income Over \$1,800?	Date Of Birth	Social Security Number	Relationship	Months Lived

INCOME:

1. Wages and Salaries (Attach w-2's)

Name Of Payer	Gross Wages (Withheld)	Soc Sec (Withheld)	Medicare (Withheld)	Fed Inc Tax (Withheld)	St. inc Tax (Withheld)

6. Other Gains and Losses: (Include details of dispositions of any business / Rental / Farm Assets)

Investment	Date Acquired Basis	Cost Or Other Cost Basis	Date Sold	Net Sale Proceeds

7. Pensions, IRA Distributions, Annuities, and Rollovers

Total Received.....

Taxable Amount (Attach all 1099's or other related papers.....)

8. Rents / Royalties, Partnerships, S Corporations, Estates , Trusts.....

Attach K-1's for all Partnerships/S Corporations/Fiduciaries
(Attach separate schedule(s) showing receipts & expenses for each rental property)

9. Unemployment Compensation Received.....

10. Social Security Benefits Received (Attach annual statement).....

11. State / Local Tax Refund(s).....

13. Other Income:

Description of Income	Amount

CREDITS:

Child and Dependent Care:

(1) Number of Qualifying Individuals (under 19 years of age or 24 if a fulltime student...

(2) Name, address and identification number of each provider.....

Name and Address	Amount

If payments were made to an individual, were the services performed in your home?

If "YES", have payroll reports been filed??

Expenses incurred in connection with adoption.
"Special Needs" Child

Tuition & Fees paid for higher education (HOPE and Lifetime Learning Credits)

Foreign Tax Credits

Attach detail of type foreign tax, country, and whether "withheld" or paid direct.

Previous Year Estimated Tax Payments

Federal	Amount	State	Amount

Other Payments: (Enter Advanced Child Credit Payment Here)

Date	Amount	Date	Amount

Other payments or credits - Attach schedule and explain.....

ITEMIZED DEDUCTIONS:

Medical and Dental	Amount
1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2012 (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other - hearing aids, eyeglasses, medical devices, etc.	

Taxes Paid in Previous Tax Year	Amount
1. State and local income taxes not listed elsewhere	
2. Real estate taxes not listed elsewhere	
3. Personal property taxes (includes owners tax on auto registration)	

Interest Paid in 2012	Amount
1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals	
Name:	
Address:	
3. Points paid on [] purchase [] refinance (include details)	
4. Investment Interest	
5. Student Loan Interest	

Contributions: <i>(Written documentation is required for all gifts of \$250 or more - not just cancelled checks)</i>	Amount
1. Cash - Less than \$3,000 paid to any one organization	
2. Cash - \$3,000 or more to any one organization -- show name of organization	
3. Other than cash - Attach details	

Casualty and Theft Losses - Attach Details.....

Miscellaneous Deductions:

Employee business expenses - attach details	Amount
Reimbursed	
Not Reimbursed	
Job hunting expenses (list)	
Other Expenses	
Tax Preparation	
Union Dues	
Business Publications	
Professional Dues/Fees	
Safety Deposit Box Rental	

Other Expenses CONT.	Amount
Small Tools used in your trade or business	
Business telephone	
Uniforms & Cleaning	
IRA Custodial fees	
Investment Expenses	
Education Expenses (attach details)	
Business Entertainment	
Other Miscellaneous deductions	

Adjustments To Income:

	Maximize	Amount
1. Your IRA deduction		
2. Spouse's IRA deduction		
3. Keogh SEP deduction		
4. Penalty for early withdrawal of savings.		
5. Alimony paid - List name and Social Security Number		
6. Self-employed health insurance premiums		

Income	Amount		
1. Rental income			
2. Royalties received			
Expenses	Amount		Amount
1. Advertising		10. Licenses and permits	
2. Association dues		11. Management fees	
3. Auto miles driven		12. Mortgage interest -- Form 1098	
4. Travel		13. Other interest	
5. Cleaning and Maintenance		14. Repairs	
6. Commissions		15. Supplies	
7. Insurance		16. Property taxes	
8. Legal and professional fees		17. Utilities	
9. Allocated tax preparation fees			

Please provide us with originals or copies of the following (if applicable):

- Form W-2 or equivalent year-end wage statement
- Foreign tax return for the tax year
- Any Forms 1099 showing interest, dividend or capital gain earnings
- Any statements showing interest, dividend or capital gain earnings from foreign institutions.
- Forms K-1
- Profit/Loss statement in regards to any rental property abroad
- Any other income you have received in the USA or abroad
- Profit/Loss Statement showing income and expenses for any self-employed work
- Anything else you think may be important. For example, expenses that may be deductible, such as health insurance, dentist fees, accountant fees, mortgage interest, property tax, etc.
- The last US income tax return you filed.

*** Note: Please state if amounts are in Euro, dollars or other foreign currency.

Annual Exchange rates for the past years:

2013: \$1.00 = EUR 0.7260
2012: \$1.00 = EUR 0.7590
2011: \$1.00 = EUR 0.7650
2010: \$1.00 = EUR 0.7548
2009: \$1.00 = EUR 0.7191
2008: \$1.00 = EUR 0.6830
2007: \$1.00 = EUR 0.7308
2006: \$1.00 = EUR 0.8000
2005: \$1.00 = EUR 0.8045
2004: \$1.00 = EUR 0.8039
2003: \$1.00 = EUR 0.8882