



Please make sure this questionnaire is saved to your computer before you fill it out.

Davis, Nagy & Company LLCs holds the right to ask for paper documentation of any or all of the information provided.

General Information

TAXPAYER

SPOUSE

Complete the applicable spouse fields if married as of Dec. 31, 2018

Last Name:
 First Name:
 Middle Initial:
 Social Security #:
 Date of Birth:
 Current Employer:
 Occupation in 2018:

Last Name:
 First Name:
 Middle Initial:
 SSN or ITIN:
 Date of Birth:
 Current Employer:
 Occupation in 2018:

Filing Status: Married Filing Joint Married Filing Separate Head of Household Single
(Select one)

Deductions: Standard Itemized
(Select one)

Referred By: *(new clients)*

Contact Information

Primarily, you will be contacted by email.

Email next to primary email address

Email Work:
 Email Personal:
 Email Other:

Telephone:

Work
 Mobile
 Home

Current Address: (street, city, state, zip) From (mm/dd/yy) To (mm/dd/yy)

Mailing Address for IRS correspondence, if different (i.e., PO Box, work address, etc.)

Residency & Employers

Complete if you lived at any other location during 2018:

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Address (street, city, state, zip)	From (mm/dd/yy)	To (mm/dd/yy)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employers during 2018:

Taxpayer (T), Spouse (S)

T/S	Employer:	Occupation	From	To	Where worked (state or country)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Dependents

(Do not list spouse)			Date of Birth	Relationship to You	Childcare Expenses While You Are At Work*
First Name, Initial, Last Name	SSN or ITIN		(mm/dd/yy)		(incurred & paid in 2018)

Dependent Childcare Expenses Incurred while you [and spouse] were working or looking for work

Care Provider's Name	Care Provider's Address	SSN or EIN	Amount Paid

Check to indicate that you have been claimed as a dependent on **someone else's** tax return this year.

If you have a dependent child for whom you paid **college/university tuition**, please refer to the [education worksheet](#)

Direct Deposit & Electronic Funds Withdrawal

Name of US Bank (must be a US bank)
 Checking Savings
 Routing Number (9-digit number on the bottom left of a check)
 Account Number

OR Voided Check Attached

Electronic Withdrawal of any Tax Balance Due

Please select a withdrawal date.

Note: If no date is selected, you will have to mail in a check for any tax balance due

April 15 The date the tax return is e-filed

IRA Contributions

Tax Year 2018, maximum contribution is \$5,500 per person (to age 49), and \$6,500 (age 50 and older).
 A 2018 IRA contribution can be made up to April 15, 2019.

	TAXPAYER	SPOUSE
IRA Traditional	\$ <input type="text"/>	\$ <input type="text"/>
or IRA Roth	\$ <input type="text"/>	\$ <input type="text"/>

(Note: please do not list 401K contributions. An IRA is something set up by you personally, not through your work.)

Mortgage Interest & Property Tax

Amounts for up to two residences (can be in the U.S. or abroad) that you lived in during 2018.
 For rental properties, please list separately on the [Rental](#) worksheet.

	TAXPAYER	SPOUSE	JOINT	Reported on Form 1098
Mortgage Interest	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
Primary residence	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
and second home only	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
	0	0	0	<input type="checkbox"/>
Points Paid (if any)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>



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Property Tax (primary residence)	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>
Property Tax (second home)	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>
Property Tax (additional homes)	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>
		0		0		0	

Additional Information: Please check if any of these situations apply to you.

- The total of your mortgage balance(s) was more than \$1,100,000 during 2018 (including primary home plus second home)
- You sold a home during 2018

Charitable Contributions

Must be to a Qualified U.S. Charity

*Charitable contributions must be supported with a donation receipt, letter or bank record.
 Contributions of clothing and household goods must be in good used condition or better.*

	TAXPAYER	SPOUSE	JOINT
Cash, Checks, or Credit Cards	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Noncash	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

*If noncash charity totals more than \$500, please either email or fax us your receipts **OR** provide the following:

Name of Charity	Address of Charity	Goods Donated (clothes, etc.)	Date Donated	Used Value

For values, go to: [Salvation Army Donation Value Guide](#)

Note: Donation of stock/securities is a non-cash donation.

Other Deductions/Expenses

Deductions:	TAXPAYER	SPOUSE	JOINT
Total Medical Expense	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	
Prescription	\$ <input type="text"/>	\$ <input type="text"/>	
Doctor visits	\$ <input type="text"/>	\$ <input type="text"/>	
Hospitals & Nursing homes	\$ <input type="text"/>	\$ <input type="text"/>	
Margin Interest	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Personal Property Taxes	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Adoption Expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Early Withdrawal Penalties	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
HSA Contribution for 2018 <i>(contributed by you, not your employer)</i>	\$ <input type="text"/>	\$ <input type="text"/>	

Student Loan Interest Paid:	TAXPAYER	SPOUSE
	\$ <input type="text"/>	\$ <input type="text"/>

(only interest is deductible, not principal)

If your adjusted gross income is greater than \$80,000 (single) or \$160,000 (married), you cannot claim the deduction.

Tuition & Scholarships

If you or your spouse were a student during 2018, or you paid for your dependent child's college/university tuition, please complete the [Education](#) worksheet.



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Generally, you do not need to fill out income amounts on the questionnaire as we can get them directly from tax forms that you have received from the payers. **Please scan & email, fax, mail or drop off all such forms.** For some items, additional information will be needed, see below.

Check each you received (or should receive) for 2018. You only need to send the form:

	TAXPAYER	SPOUSE	JOINT	
Wages (Form W-2)	<input type="checkbox"/>	<input type="checkbox"/>		
Self-Employment (Form 1099-MISC) *	<input type="checkbox"/>	<input type="checkbox"/>		*Also complete Self Employment worksheet
Interest (1099-INT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Interest Income Statements
Dividends (1099-DIV)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Dividend income statements
Sales of Securities (Form 1099-B) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Also complete Trades worksheet
Unemployment Compensation (1099-G)	<input type="checkbox"/>	<input type="checkbox"/>		
Tax Overpayment (1099-G)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*State and local tax refunds received during 2018
Partnership/S-Corp/Trust/Estate (Sch. K-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement Distributions (1099-R)*	<input type="checkbox"/>	<input type="checkbox"/>		*Pensions and annuities/Retirement plan distribution
Prizes and Awards	<input type="checkbox"/>	<input type="checkbox"/>		
Mortgage Interest (Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student Loan Interest (1098-E)	<input type="checkbox"/>	<input type="checkbox"/>		
Tuition Expense (Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>		
HSA or Archer MSA (5498-SA or 1099-SA)	<input type="checkbox"/>	<input type="checkbox"/>		
2016 and 2017 Tax Return (New Clients Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Form 1099	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify: <input type="text"/>

For these items, please click on the link to provide additional information:

	TAXPAYER	SPOUSE	JOINT
Rental Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Income and/or Accounts*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: Potential fines have increased for not reporting foreign accounts with combined balances in excess of \$10K.

Tax Credits

Check all that apply:

- | | |
|--|--|
| Elderly Credit <input type="checkbox"/> | Child Tax Credit <input type="checkbox"/> |
| Education Credit <input type="checkbox"/> | Child & Dependant Care <input type="checkbox"/> |
| Retirement Savings Contribution <input type="checkbox"/> | Adoption Credit <input type="checkbox"/> |
| Electric vehicle <input type="checkbox"/> | Other <input type="checkbox"/> Specify: <input type="text"/> |

State Sales and Use Tax

Total amount of sales tax you owe from out of state purchases: \$

For example, you are an Ohio resident and lived in Akron all year which has a 6.75% sales tax rate. In 2018, you purchased, tax free, goods online or out of state totaling about \$1,000 (excluding the shipping and handling charges). You would report \$67.50 of sales tax.



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Estimated Tax Payments

Prepayments of tax that you sent in during the year, usually by check along with a voucher (e.g., Form 1040-ES for federal estimated tax payments). Do not enter taxes withheld here.

TAXPAYER

SPOUSE

FEDERAL PAYMENTS:

Date paid if

FEDERAL PAYMENTS:

Date paid if

QTR	Due Date	later than due date	Amount
1	04/18/18		\$
2	06/15/18		\$
3	09/15/18		\$
4	01/15/19		\$

QTR	Due Date	later than due date	Amount
1	04/18/18		\$
2	06/15/18		\$
3	09/15/18		\$
4	01/15/19		\$

STATE:

QTR	Due Date	later than due date	Amount
1	04/18/18		\$
2	06/15/18		\$
3	09/15/18		\$
4	01/15/19		\$

STATE:

QTR	Due Date	later than due date	Amount
1	04/18/18		\$
2	06/15/18		\$
3	09/15/18		\$
4	01/15/19		\$

Locality:

QTR	Due Date	later than due date	Amount
1	04/18/18		\$
2	06/15/18		\$
3	09/15/18		\$
4	01/15/19		\$

Locality:

QTR	Due Date	later than due date	Amount
1	04/18/18		\$
2	06/15/18		\$
3	09/15/18		\$
4	01/15/19		\$

Special Situations

If any of these apply, please indicate which ones and provide additional information:

- You received a notice in 2018 of a tax adjustment or audit, or settled an audit.
- You gave a gift of more than \$15,000 to any one donee during 2018(in this case, you may need to complete a gift return).
- You paid or received alimony.
- You had income not otherwise indicated on the questionnaire
- You installed property run by solar in your home.
- You employed a nanny or other household employee during 2018 to whom you paid more than \$1,600
- You contribute to Ohio's 529 College Savings Program
- You had Gambling and/or lottery winnings in 2018
- You had farm-related expenses (please provide receipts, your records, and any other documents)

If you have other situations or questions, list them here, call, or send an email:

Note: To start a new line, press ALT-ENTER.



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PLEASE SAVE THIS QUESTIONNAIRE, THEN SEND IT AS AN E-MAIL ATTACHMENT

Thank you for completing the questionnaire. Please send your tax documents by email (.pdf or jpeg), fax to 888.404.7029 (this is an e-fax #), or mail. Paper items received by other means will be scanned and then returned to you with your completed return. If you're a new client, we also need a copy of your 2016 and 2017 tax returns, if filed. Please do not send expense receipts; only provide the totals for each type of expense which you should have already entered on the questionnaire.

Reminder: Your tax return cannot be filed without your signature.

Davis, Nagy & Company LLCs
Certified Public Accounting Firm

1270 S Cleveland Massillon Rd Unit A, Copley, OH 44321
Tel: 330.665.9405; Fax: 888.404.7029

ken@davisnagycpa.com

2018 Capital Gains and Losses (Schedule D)

Name:

SSN: 000-00-0000

SHORT TERM Capital Gains and Losses - Assets Held One Year or Less

Part I, Line 1

T/S/J	<u>Number of Shares</u>	<u>Name of Security</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Cost Basis</u>	<u>Gain/Loss</u>
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
					\$0	\$0	\$0

LONG TERM Capital Gains and Losses - Assets Held More Than One Year

Part II, Line 8

T/S/J	<u>Number of Shares</u>	<u>Name of Security</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Cost Basis</u>	<u>Gain/Loss</u>
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
							0.00
					\$0	\$0	\$0

Total from Form 1099-B's: \$0

[Click here to go back to questionnaire](#)

2018 Self-Employment Information

Please fill in all fields that apply to you.

Taxpayer:

Spouse:

Type of Business:
(please be specific, e.g., if consultant, in what field?)

Type of Business:

Business Address:
(if different from home)

Business Address:

Business Name:
(if not your own name)

Business Name:
(if not your own name)

EIN Number:
(if applicable)

EIN Number:
(if applicable)

Self-Employment Income

TAXPAYER

SPOUSE

Reported on Form 1099-MISC

Payer	Amount
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
Cash Income	\$ <input style="width: 80%; height: 20px;" type="text"/>

Payer	Amount
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 80%; height: 20px;" type="text"/>
Cash Income	\$ <input style="width: 80%; height: 20px;" type="text"/>

Self Employment Expenses

TAXPAYER

SPOUSE

	Amount
Advertising	\$ <input style="width: 80%; height: 20px;" type="text"/>
Health Insurance	\$ <input style="width: 80%; height: 20px;" type="text"/>
Other Insurance	\$ <input style="width: 80%; height: 20px;" type="text"/>
Tax Preparation Fee Paid in 2018	\$ <input style="width: 80%; height: 20px;" type="text"/>
Other Legal/Professional Fees	\$ <input style="width: 80%; height: 20px;" type="text"/>
Computer Equipment	\$ <input style="width: 80%; height: 20px;" type="text"/>
Office Supplies	\$ <input style="width: 80%; height: 20px;" type="text"/>
Office Rent (other than home)	\$ <input style="width: 80%; height: 20px;" type="text"/>
Repairs	\$ <input style="width: 80%; height: 20px;" type="text"/>
Supplies (other than office)	\$ <input style="width: 80%; height: 20px;" type="text"/>
Travel & Lodging	\$ <input style="width: 80%; height: 20px;" type="text"/>
Meals & Entertainment	\$ <input style="width: 80%; height: 20px;" type="text"/>
Research	\$ <input style="width: 80%; height: 20px;" type="text"/>
Telephone	\$ <input style="width: 80%; height: 20px;" type="text"/>
Internet	\$ <input style="width: 80%; height: 20px;" type="text"/>
Dues & Fees	\$ <input style="width: 80%; height: 20px;" type="text"/>
Client Gifts (limit \$25 each)	\$ <input style="width: 80%; height: 20px;" type="text"/>
Education & Seminars	\$ <input style="width: 80%; height: 20px;" type="text"/>
Postage	\$ <input style="width: 80%; height: 20px;" type="text"/>
Local Transportation	\$ <input style="width: 80%; height: 20px;" type="text"/>
Trade Publications	\$ <input style="width: 80%; height: 20px;" type="text"/>

	Amount
Advertising	\$ <input style="width: 80%; height: 20px;" type="text"/>
Health Insurance	\$ <input style="width: 80%; height: 20px;" type="text"/>
Other Insurance	\$ <input style="width: 80%; height: 20px;" type="text"/>
Tax Preparation Fee Paid in 2018	\$ <input style="width: 80%; height: 20px;" type="text"/>
Computer Equipment	\$ <input style="width: 80%; height: 20px;" type="text"/>
Other Legal/Professional Fees	\$ <input style="width: 80%; height: 20px;" type="text"/>
Office Supplies	\$ <input style="width: 80%; height: 20px;" type="text"/>
Office Rent (other than home)	\$ <input style="width: 80%; height: 20px;" type="text"/>
Repairs	\$ <input style="width: 80%; height: 20px;" type="text"/>
Supplies (other than office)	\$ <input style="width: 80%; height: 20px;" type="text"/>
Travel & Lodging	\$ <input style="width: 80%; height: 20px;" type="text"/>
Meals & Entertainment	\$ <input style="width: 80%; height: 20px;" type="text"/>
Research	\$ <input style="width: 80%; height: 20px;" type="text"/>
Telephone	\$ <input style="width: 80%; height: 20px;" type="text"/>
Internet	\$ <input style="width: 80%; height: 20px;" type="text"/>
Dues & Fees	\$ <input style="width: 80%; height: 20px;" type="text"/>
Client Gifts (limit \$25 each)	\$ <input style="width: 80%; height: 20px;" type="text"/>
Education & Seminars	\$ <input style="width: 80%; height: 20px;" type="text"/>
Postage	\$ <input style="width: 80%; height: 20px;" type="text"/>
Local Transportation	\$ <input style="width: 80%; height: 20px;" type="text"/>
Trade Publications	\$ <input style="width: 80%; height: 20px;" type="text"/>

LIST OTHER SELF-EMPLOYMENT BUSINESS EXPENSES:

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Self-Employed Retirement Plan (Keogh and SEP)

If you've already contributed to a SEP or Keogh:

2018 SEP contribution	\$	<input type="text"/>
2018 Keogh contribution	\$	<input type="text"/>

2018 SEP contribution	\$	<input type="text"/>
2018 Keogh contribution	\$	<input type="text"/>

If not, do you want us to calculate your maximum 2018 SEP contribution?

Taxpayer: Yes No

Spouse: Yes No

Home Office

General Rules:

To qualify, a portion of your home or a separate structure must be used exclusively on a regular basis:

- (1) As the principal place of your business (this includes a place where you conduct administrative or management activities of the business if there is no other fixed location to conduct them), or
- (2) as a place where you meet clients in the normal course of business.

Note: Do not fill in an amount for rent if you own your home.

If you lived at more than one location during the year, please complete expenses separately:

TAXPAYER

SPOUSE

Location 1: Address

Location 1: Address

<input type="text"/>	
Dates worked: From	<input type="text"/>
	to <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>	
Area used exclusively for business (sq. ft.) <input type="text"/>	
Rent \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Utilities \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Repairs and maintenance expense	\$ <input type="text"/>
Home insurance (total for year)	\$ <input type="text"/>

<input type="text"/>	
Dates worked: From	<input type="text"/>
	to <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>	
Area used exclusively for business (sq. ft.) <input type="text"/>	
Rent \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Utilities \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Repairs and maintenance expense	\$ <input type="text"/>
Home insurance (total for year)	\$ <input type="text"/>

Location 2: (If you moved during the year)

Location 2: (If you moved during the year)

<input type="text"/>	
Dates worked: From	<input type="text"/>
	to <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>	
Area used exclusively for business (sq. ft.) <input type="text"/>	
Rent \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Utilities \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Repairs and maintenance expense	\$ <input type="text"/>
Home insurance (total for year)	\$ <input type="text"/>

<input type="text"/>	
Dates worked: From	<input type="text"/>
	to <input type="text"/>
Total area of home (sq. ft.) <input type="text"/>	
Area used exclusively for business (sq. ft.) <input type="text"/>	
Rent \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Utilities \$ <input type="text"/> X <input type="text"/> months =	\$ <input type="text"/>
Repairs and maintenance expense	\$ <input type="text"/>
Home insurance (total for year)	\$ <input type="text"/>

Home Owners:

If you own your home and you wish to claim depreciation of the office portion, please complete the following (*unless you previously provided this information*):

Adjusted Basis of Property:

\$	<input type="text"/>	Purchase Price of Property
\$	<input type="text"/>	Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
\$	<input type="text"/>	Capital Improvements made to property before it was made available for rent:
\$	<input type="text" value="0"/>	= TOTAL ADJUSTED BASIS

Value of land in price of property:

\$ (Note: Land is not a depreciable asset)

Vehicle Expenses

List only vehicle expenses that apply to self-employment (see Employee Expenses tab for W-2 related vehicle use)

Note: If you used more than one vehicle during the year, I will need the expenses listed separately for each vehicle.

Vehicle 1:

Year, make and model

Dates used: From to

Total miles for year (personal & business)

Total business miles

Is another vehicle available for personal use: Yes No

Is your vehicle leased? Yes No

If owned, purchase price of vehicle \$

Date of purchase

Tolls (business) \$

Parking (business) \$

Vehicle 2:

Year, make and model

Dates used: From to

Total miles for year (personal & business)

Total business miles

Is another vehicle available for personal use: Yes No

Is your vehicle leased? Yes No

If owned, purchase price of vehicle \$

Date of purchase

Tolls (business) \$

Parking (business) \$

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
 (I will calculate the business percentage)

From	<input type="text" value="1/1/18"/>	to	<input type="text" value="12/31/18"/>
Gas & oil	\$	<input type="text"/>	
Repairs/tires	\$	<input type="text"/>	
Lease payments	\$	<input type="text"/>	
Auto Insurance	\$	<input type="text"/>	
Garage rent	\$	<input type="text"/>	
Auto Club (AAA)	\$	<input type="text"/>	

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
 (I will calculate the business percentage)

From	<input type="text" value="1/1/18"/>	to	<input type="text" value="12/31/18"/>
Gas & oil	\$	<input type="text"/>	
Repairs/tires	\$	<input type="text"/>	
Lease payments	\$	<input type="text"/>	
Auto Insurance	\$	<input type="text"/>	
Garage rent	\$	<input type="text"/>	
Auto Club (AAA)	\$	<input type="text"/>	

Estimated Tax Payments

Please complete on the main section of the questionnaire.

2018 Foreign Income & Accounts

Foreign Income

All tax residents filing Form 1040 are required to report worldwide income.

Please do not include any foreign income & foreign tax payments that are reported on Form 1099-DIV

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Type of Income: (wages, interest, etc.)	Name of Payer	Currency (euro, etc.)	Gross Income (foreign currency)	Income Converted to US Dollars*	Gross Tax Paid (foreign currency)	Tax Converted to US Dollars*
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$

Foreign Accounts

If you had, in all foreign accounts combined, over \$10,000 at any time during 2018, please provide information below for each account. This is required to be reported to the Treasury Department. **Noncompliance could result in severe penalties.**

Taxpayer (T), Spouse (S), Joint (J)

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
<input type="text"/>	<input type="checkbox"/> Bank	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Security	Maximum Acct Value in 2018	Address of Financial Institution
	<input type="checkbox"/> Other <input type="text"/>	US \$ <input type="text"/>	<input type="text"/>
			<input type="text"/>
T/S/J	Type of Account:	Account Number:	Name of Financial Institution
<input type="text"/>	<input type="checkbox"/> Bank	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Security	Maximum Acct Value in 2018	Address of Financial Institution
	<input type="checkbox"/> Other <input type="text"/>	US \$ <input type="text"/>	<input type="text"/>
			<input type="text"/>

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2018	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2018	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

T/S/J	Type of Account:	Account Number:	Name of Financial Institution
	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Security	Maximum Acct Value in 2018	Address of Financial Institution
	<input type="checkbox"/> Other	US \$	

Information for Foreign Earned Income Exclusion

Please only complete this section if you:

- 1 Are a U.S. citizen or greencard holder
- 2 Were based living and working in a foreign country for any part of the year
- 3 Have entered the foreign income you earned in the section above.

Foreign Address during 2018	From (mm/dd/yy)	To (mm/dd/yy)
		Present

TAXPAYER

Principal Foreign Employer during 2018:

Employer's Name: _____

Employer's US Address (if any): _____

Employer's Foreign Address: _____

Type of Company:

- Foreign Entity
- U.S. Company
- Self
- Foreign Affiliate of a U.S. Company
- Other (specify) _____

Date you moved outside the U.S.: _____

SPOUSE

Principal Foreign Employer during 2018:

Employer's Name: _____

Employer's US Address (if any): _____

Employer's Foreign Address: _____

Type of Company:

- Foreign Entity
- U.S. Company
- Self
- Foreign Affiliate of a U.S. Company
- Other (specify) _____

Date you moved outside the U.S.: _____

Living Quarters Abroad:

- Purchased home
- Rented house or apartment
- Rented room
- Quarters furnished by Employer

If renting, what were your total housing costs for the year (while working abroad)?

*(Include rent, utilities (except phone), insurance, parking, repairs, furniture rental)

Foreign Currency Amount	US Dollar Conversion

Are you required to pay income taxes in the foreign country in which you reside? Yes No

Dates of trips to the U.S. during 2018:

T/S/J	Date Entered US (mm/dd/yy)	Date Left US (mm/dd/yy)	Number of business days working for your employer in the US	Full	US
					-1
				-1	1
				-1	1
				-1	1
				-1	1
				-1	1
				-1	1
				-1	1
				-1	1
				-9	9

356 Number of full days in foreign countries

What type of visa do you hold in the foreign country?

Taxpayer: Spouse:

If your visa limits your length of stay or employment, what are the conditions?

Taxpayer: Spouse:

Did you maintain a home in the United States? Yes No

If yes, was it rented out? Yes No

If rented out:

1 Names of Occupants

2 Occupants relationship to you

3 Please complete the [Rental](#) worksheet.

2018 Rental Property Worksheet

General Information:

Taxpayer: Spouse:

If married, is the house owned jointly? Yes No → If not, who is the owner? Taxpayer Spouse
 Do you [and spouse] own 100% of the property? Yes No → If not, list ownership percentage

Address of property:

Date property was placed in service (made available for rent). This can be in a past year:

Date, if any, property was no longer available for rent:

Is the entire property available for rental use? Yes No → If not, percentage rented out

Rental Income and Expenses

Rental income for the entire tax year: \$

Rental Expenses:

Amount

Advertising	\$		
Travel	\$		
Cleaning & Maintenance	\$		
Commissions	\$		
Insurance	\$	Rental amount (if not fully rented)	
Legal & Professional Fees	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Management Fees	\$		
HOA Fees	\$		
Mortgage Interest	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Real estate taxes	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Repairs	\$		
Supplies	\$		
Water & Sewer	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Garbage Removal	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Utilities	\$	<input type="text"/> 0%	\$ <input type="text"/> 0
Garden Maintenance	\$	<input type="text"/> 0%	\$ <input type="text"/> 0

Description

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

List any capital improvements made to the property during the tax year:

These are improvements made to your home that add to its value, prolong its useful life, or adapt it to new uses. (Examples include replacements or additions such as roof, carpet, boiler, rooms, patio, driveway, central air, windows, etc.)

Type of Improvement	Cost	Date
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Cost Basis of Property

Only provide if you are a new client or have a new rental property.

Adjusted Basis of Property:

\$ Purchase Price of Property
\$ Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
\$ Capital Improvements made to property before it was made available for rent:

\$ = TOTAL ADJUSTED BASIS

(Note: If you converted a personal property to a rental property, your basis is the lesser of the fair market value or the adjusted basis of the property).

Value of land in price of property:

\$ (Note: Land is not a depreciable asset)

Depreciation: *(new clients only)*

\$ Total depreciation claimed in prior years, if known

For more information, see [IRS Publication 527: Residential Rental Property](#)

2018 Higher Education

Degree/Program Study at Eligible Educational Institution during 2018

TAXPAYER Freshman or Sophomore Undergraduate - Other Graduate - MBA Graduate - Other Other*

SPOUSE Freshman or Sophomore Undergraduate - Other Graduate - MBA Graduate - Other Other*

* Other, Specify:

Name of college or university attended:

Tuition & Fees Paid in 2018

	TAXPAYER	SPOUSE
Total amount of tuition & fees	\$ <input type="text"/>	\$ <input type="text"/>
Required books & supplies	\$ <input type="text"/>	\$ <input type="text"/>

The expenses above may qualify for you for the hope credit, lifetime learning credit, or tuition deduction.

Scholarship and Fellowship Income Received in 2018

- \$ **1** Total amount of scholarship/fellowship grants received
- \$ **2** Amt of line 1 received for performing services (e.g., teaching, research, or any other service).
This should be reported on a Form W2 or Form 1042-S (income codes 16-19). It is taxable as wages.
- \$ **3** (Amt of scholarship received for which no services were performed.)
- \$ **4** Enter the amount from line 3 that your scholarship or fellowship **required** you to use for anything other than tuition, fees, books & supplies (e.g., room & board, travel, etc.)
- \$ **5**
- \$ **6** Enter the amount from line 5 that was used for tuition, fees & required books, supplies.
(This is the tax-free part of your scholarship)
- \$ **7**
- \$ **8** (This is the taxable part of your scholarship)

Did you participate in an employer provided educational assistance program? Yes No

Claiming a credit for your dependent child's tuition

Amount of tuition and fees you paid for your child's college/university education during 2018: \$

Child must be:

- 1 Claimed as a dependent on your tax return
- 2 Between the ages of 18 and 23 during 2018
- 3 A full-time student

Name of child:

College Attended: Freshman or Sophomore Undergraduate - Other Graduate

[Click here to go back to questionnaire](#)

List of Possible Deductions by Category

The list below is not all-inclusive and not all items are deductible all of the time. Many are subject to limitations and many only apply in certain situations or are governed by other rules. Please keep careful records and save your receipts for 3 years in case of audit.

The following are links to each section:

[Business Expenses](#)

[Expenses you Cannot Deduct](#)

[Miscellaneous Schedule A Expenses](#)

[Medical Expenses](#)

Business Expenses

Employees:

After 2017, no longer a deduction

Self-Employed:

You are allowed to deduct most business expenses in full.

Advertising and Promotion Expenses (Self-employed)

Books and Publications

Books, trade journals, newspapers and publications for your trade or profession

Dues and Fees:

Dues to a professional organization for people in your profession

Union dues, initiation fees, and assessments for benefit payments to unemployed union members.

Regulatory fees for your profession

Dues to chambers of commerce and similar organizations if the membership helps you carry out your job duties.

Licenses paid to state or local governments

Education and Research

Educational expenses related to your present work that maintains or improves your skills.

Research expenses

Equipment and Supplies

Business use of computer.

Employees: Must be for the convenience of your employer and required as a condition of your employment.

Supplies and tools you use in your work

Home Office

Expenses for an office in your home IF part of the home is used regularly and exclusively for your work.

Internet

Self employed business deduction if used for business

Meals and Entertainment

Meals (only 50% of the cost is deductible). Entertainment is no longer deductible. Keep a record of the date, place, amount of expenses, people present, business purpose, and business discussed. Also keep receipts for expenses in excess of \$75.

Telephone Charges

Business use of cellular phone

Cost of long-distance business calls charged to home phone

Separate business telephone (home phone line is not deductible)

Travel and Transportation

Traveling costs incurred while away from home on business

Traveling costs paid in connection with a temporary work assignment

Transportation between your home and a temporary work location if you have no regular place of work but you ordinarily work in the metropolitan area where you live and the temporary work location is outside that area

Transportation between your home and a temporary work location if you have at least one regular workplace for this employment. It

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doesn't matter how far away the temporary location is in this case.

Transportation from one job to another if you work two places in one day

If you are self-employed and your home is your principal place of business, all business travel is deductible.

Uniforms and Gear

Protective clothing and gear

Uniforms (except if you're full-time active duty in the armed forces)

Dry cleaning costs for your uniforms or protective clothing (not for your everyday clothing, though)

Specialized clothing designed for your job, as long as it's not suitable for everyday wear

Safety equipment, such as hard hats, safety glasses, safety boots, and gloves

Miscellaneous

Gifts, but only up to \$25 per recipient

Passport for business travel

Postage

Office supplies

Printing and copying

Legal and professional services (tax preparation fee)

Medical exams required by your employer

Occupational taxes if they're charged at a flat rate by your city or other local government for the privilege of working in that area

Business liability insurance premiums

Job dismissal insurance premiums

Damages you pay to a former employer for a breach of employment contract

Employee contributions to state disability funds

Self-Employed Only

Interest on business loans

Self-Employed health insurance (partial)

Commissions and fees

Business insurance

Keogh or SEP contributions

Rental of business property

Office rent and utilities

Repairs and maintenance

Business taxes and licenses

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Expenses You Cannot Deduct

People commonly hope to deduct some of the following expenses, but unfortunately they are not deductible.

Non-Deductible Expenses:

Expenses that were reimbursed or unreimbursed by your employer.

Apartment Rent, unless qualified to claim away from home expenses for a business trip expected to last one year or less (Temporary Living Expenses), or if a portion is used as a home office (special rules apply to both cases). Also, may be deductible if maintained for the sole purpose of going to school if your education expenses qualify for the business deduction.

Clothing that is adaptable to everyday wear (this includes suits, evening wear, etc.).

Commuting costs (subways and rail fares, and vehicle use including tolls, gasoline, and parking). Exception if qualified as being away from home on business or as part of Temporary Living Expenses.

Dues to country clubs, golf and athletic clubs, and airline and hotel clubs.

Home phone line

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[Medical Expenses](#)

Job hunting expenses
Dry cleaning and laundry (unless you're on a business trip)
Legal fees and closing costs involved in purchasing a property (unless it is for a rental or investment property)
Fees for taking an exam to qualify you in a profession (e.g., Bar Exam, GRE, etc.)
Immigration visa expenses, such as for obtaining a Green Card or H-1B visa.
Moving expenses of any kind beginning in 2018
Moving expenses if you are claiming temporary living expenses.
Meals, unless for business meetings, or while away from home on business. Also, allowable as part of Temporary Living Expenses.
Lunch on the job.
Personal expenses, such as grooming and maintenance (gym membership) unless they are directly related to your business (e.g. models, actors).
Any other personal expenses for which there is no provision for a deduction in the Tax Code.
Interest on personal loans.
Support of family members, unless they qualify as your dependents.
Personal vacations.
Cosmetic surgery to improve personal appearance
Contributions made to individuals or foreign charities.
Student loan interest if adjusted gross income is greater than \$75,000 (single) or \$150,000 (married).
Student loan principal.

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Miscellaneous Schedule A Expenses

Real estate expenses:

- Mortgage interest
- Mortgage prepayment penalties
- Penalties of early withdrawals
- Points on principal residence financing
- Real estate taxes

Auto registration fees

Charitable contributions (cash and non-cash) made to qualified U.S. charities.

Taxes - Up to \$10,000

- Ad valorem tax
- Certain special assessments
- Condo or coop maintenance (property tax portion)
- Disability insurance tax (some states)
- Foreign taxes
- Income tax (state and local)
- Occupational taxes
- Personal property tax
- Real property tax
- State transfer tax
- Withholding taxes

Qualified Medical Expenses

Generally, you can only deduct the excess over 7.5% of Adjusted Gross Income, and then only if you can itemize on Schedule A. This means that if you make \$100,000, you can only deduct the amount of medical expenses you spent over \$7,500. Please also refer to IRS Publication 502: Medical Expenses.

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Acupuncture
Air conditioner necessary for relief from allergies or other respiratory problems
Alcoholism treatment
Analysis
Artificial limbs
Artificial teeth
Birth control pills prescribed by a doctor
Braille books and magazines used by a visually-impaired person
A clarinet and lessons to treat the improper alignment of a child's upper and lower teeth
Contact lenses
Cosmetic surgery to improve a deformity
Dental fees and supplies
Diet, special. When prescribed by a doctor, you can deduct the extra cost of purchasing special food to alleviate a specific medical condition.
Doctor or physician expenses
Drug addiction treatment
Elastic hosiery to treat blood circulation problems
Exercise program if recommended by doctor to treat a specific condition
Extra rent/utilities for a larger apartment required in order to provide space for a nurse/attendant
Eye surgery, when it is not for cosmetic purposes only
Fertility treatment: Limited to procedures such as *in vitro* fertilization (including temporary storage of eggs or sperm) and surgery, including an operation to reverse prior surgery that prevented the person operated on from having children.
Guide dog
Hospital care
Household help for nursing care services only
Insurance premiums for medical care coverage
Laboratory fees
Lead-based paint removal where a child has or had lead poisoning
Legal fees paid to authorize treatment for mental illness
Lifetime care advance payments
Lodging expenses while away from home to receive medical care in a hospital or medical facility
Long-term care insurance and long term care expenses (with limitations)
Mattresses and boards bought specifically to alleviate an arthritic condition
Medical aids. This includes wheelchairs, hearing aids and batteries, eyeglasses, contact lenses, crutches, braces, and guide dogs (including costs paid for their care).
Medical conference admission costs and travel expenses for a chronically ill person or a parent of a chronically ill child to learn about new medical treatments.
Medicines and prescription drugs
Nursing care.
Nursing home expenses if the there to obtain medical care.
Oxygen and oxygen equipment.
Reclining chair bought on a doctor's advice by a person with a cardiac condition.
Special education tuition of mentally impaired or physically disabled person.
Smoking cessation programs.
Swimming costs, if therapeutic and prescribed by a physician.
Telephone cost, repair and equipment for a hearing-impaired person.
Television equipment to display the audio part of a TV program for hearing-impaired persons.
Transplants of an organ, but not hair transplants.
Transportation costs for obtaining medical care.

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Travel expenses for parents visiting their child in a special school for children with drug problems, where the visits are part of the medical treatment.

Weight loss program, if it is recommended by a doctor to treat a specific medical condition or to cure any specific ailment or disease

Whirlpool baths prescribed by a doctor.

Wig for the mental health of a patient who lost his or her hair due to a disease.

X-ray services.

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