

 **THE TAX PROFESSIONALS, INC**

 **32 LINCOLN WAY W**

 **MASSILLON, OH 44647**

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By completing this form you will expedite the completion of your tax return, help avoid missing important deductions and help keep tax preparation fees down. Please answer the following questions by circling yes or no. If you circle no to any questions, please enter the revised information as applicable in the space provided.

1. Is your address the same as entered on last year’s return? Yes

|  |  |  |
| --- | --- | --- |
|  **New Address** |  **New City & State** |  **New Zip** |

2. Do you have the same dependents as listed on last year’s tax return? Yes

| **Add New**  |  |
| --- | --- |

| **Please delete** |  |
| --- | --- |

3. Did you have a change in marital status as compared to last year? Yes

4. Do you have the same occupation as entered on last year’s return? Yes Spouse Yes

| **Your New**  |  |
| --- | --- |

| **Spouse New** |  |
| --- | --- |

5. Was either you or your spouse 65 or older on December 31 of the year just ended? Yes

6. Did you pay any estimated tax payments? Yes No (If yes have the information at hand.) Yes

7. Were you claimed as a dependent on another taxpayer’s return? Yes

**PLEASE CHECK IF YOU OR YOUR SPOUSE RECEIVED ANY INCOME FROM THE FOLLOWING SOURCES:**

Wages or Salary Yes Pension Income Yes Interest Received Yes Pension Rollover Yes

Rental Income Yes State Tax Refund Yes Estate/Trust Income Yes Alimony Yes

Sale of Stock Yes Bonds Yes Prizes/Bonus Yes 1099 Income Yes

Farm Income Yes Other Source Yes Gambling Yes Sale of Estate Yes

Sale of Principal Residence Yes Tax-exempt Dividend Income Unemployment Income Yes

Did You Itemize Your Deductions on Last Year’s Tax Return Yes

If you checked any of the above income items, please bring W-2(s), bank statements or other available records that indicated amounts received.

**ITEMIZED DEDUCTIONS MEDICAL EXPENSES (MUST EXCEED 7.5%) CHARITABLE CONTRIBUTIONS**

| **Medical/Dental Insurance Premiums** |  |  | **Church Donation(s)** |  |
| --- | --- | --- | --- | --- |
| **Medical Insurance Withheld from SS** |  |  | **Payroll deduction** |  |
| **Prescription Drugs** |  |  | **Cancer** |  |
| **Doctor/Dentists** |  |  | **Scouts** |  |
| **Hospital/Nursing home or care** |  |  | **Others** |  |
| **Psychotherapy, psychology counseling** |  |  | **Others** |  |
| **Glasses, hearing aids** |  |  | **Others** |  |
| **Auto travel & parking** **(medical purposes)** |  |  | **Others** |  |
| **Insurance reimbursement (for amounts listed above)** |  |  | **Travel for charitable purposes** |  |

**TAXES PAID MISCELLANEOUS DEDUCTIONS**

| **Real estate - home & other property** |  |  | **Attorney Fees** |  |
| --- | --- | --- | --- | --- |
| **State income tax paid** |  |  | **State income tax balance due from last year** |  |
| **Dues: Unions & Professional** |  |  | **Employment related education** |  |

| **HOME MORTGAGE INTEREST PAID**  |  |
| --- | --- |

**TO A FINANCIAL INSTITUTION**:

| **Job seeking expenses** |  |  | **Licenses, fees, etc.** |  |
| --- | --- | --- | --- | --- |
| **Primary residence - 1st mortgage** |  |  | **Safe deposit box** |  |
| **Primary residence - 2nd mortgage** |  |  | **Tax prep fees** |  |
| **Second home - 1st mortgage** |  |  | **Second home - 2nd mortgage** |  |
| **Uniforms** |  |  | **Professional books** |  |

**CHILD CARE EXPENSES OFFICE-IN-HOME**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Square footage of Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total square footage of home \_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE INFORMATION ON THIS TWO PAGE QUESTIONNAIRE IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.**