

2022 Personal Income Tax Return Questionnaire

GENERAL INFORMATION

1. Full legal name: Taxpayer _____ Spouse _____
 2. Telephone: Home _____ Work _____ Cell _____
 3. E-mail address (es): _____
 4. Has your address changed? N Y List new address: _____
 5. What is your occupation: Taxpayer _____ Spouse _____
 6. Has your marital status changed? N Y Describe _____
 7. Date of birth: Taxpayer _____ Spouse _____
 8. If you or your spouse received an Identity Protection Personal Identification Number (IP PIN) from the IRS, enter the 6-digit IP PIN: Taxpayer _____ Spouse _____
 9. Check for direct deposit of any refund to Checking Savings (Enclose voided check/Account information)
 10. Do you have any dependents? N Y (list full name, date of birth, social security number, relationship and how many months lived in your home during the year) _____
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11. Check if any of your children have investment income over \$1,150 who are (1) under age 18 as of 12/31/2022 or (2) under age 24 as of 12/31/2022 and are full time students. _____

INCOME

12. Check if you received the following income: if checked, please provide documents:

a. Salaries & Wages	W-2 Forms
b. Taxable or tax-exempt interest income	1099-Int or list payer and amounts
c. Dividend Income	1099-Div or list payer and amounts
d. Capital gains or losses	1099-B Brokerage statement (please review for costs basis)
e. Business or rent income	Provide income and list of expenses
f. Real estate sale	1099-S, provide settlement statement, cost basis
g. Pension or annuity	1099-R
h. Traditional IRA or Roth IRA	1099-R, if applicable, indicate the total Qualified Charitable Distributions paid directly from the IRA.
i. Social Security	SSA-1099
j. State income tax refund (s) and/or State unemployment Compensation	1099-G

	k. Alimony received	Provide amount received & date of divorce agreement
	l. 529 College Savings Plan Distribution	1099-Q; indicate the amount used for Qualified Higher Education expenses
	m. Health Savings Account Distributions	1099-SA; indicate the amount used for Qualified Medical Expenses
	n. E-bay, Venmo, Bank transfers	1099-K's
	o. Business – other investments	K-1's
	p. Other	Provide details

13. Do you have an interest in or signature authority over a foreign bank account, foreign securities account, or other foreign financial account? N Y Do you have any foreign trusts? N Y , details _____
14. At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) Sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? N Y

DEDUCTIONS

15. Did you make, or will you be making, any payments to an individual Retirement Account (IRA), Simplified Employee Pension (SEP), or other qualified retirement plan?
 N Y , If Yes \$ _____
 Type of plan: _____ Date of payment _____
16. Medical and dental expenses – Doctors, dentists, nurses, nursing homes, hospitals, eyeglasses, & prescriptions: \$ _____ Medical transportation \$ _____ or auto mileage _____
 Health Savings Account Contributions (Enclose 5498-SA Form) \$ _____ Self _____ Family _____
 Long-Term care insurance: Taxpayer \$ _____ Spouse \$ _____
17. Taxes – State income tax \$ _____ OR State Sales Tax \$ _____
 Real Estate taxes \$ _____ Personal Property (excise) Tax \$ _____
18. Interest expense (Enclose 1098 Forms, If applicable)
 Check if total residential mortgage and home equity outstanding principal balances exceed \$750,000
 Home mortgage paid to: Financial Institutions \$ _____ Individuals: \$ _____ (list name, address and social security number)
 Check if you did NOT use all of your home mortgage or home equity loans to buy, build, or improve your home. _____
 Home equity loan: \$ _____ Points paid: \$ _____ Student Loan Interest: \$ _____
 Mortgage insurance premium: \$ _____ Investment (margin, etc): \$ _____
19. Charitable contributions – Cash or check: \$ _____ Other than cash: \$ _____ list details:

20. Deductions/Credits (Provide an attachment with details for any figures listed below:
- (a) Loss by casualty or theft related to a federally-declared disaster only \$ _____
 - (b) Military-related moving expenses \$ _____
 - (c) Adoption expenses \$ _____
 - (d) Alimony paid \$ _____ Recipient's SSN _____ Date of original divorce agreement _____
 - (e) College or vocational school tuition: \$ _____ Provide 1098-Tuition statement or student loan Interest?
 - (f) Childcare: \$ _____ (provide the Care Provider's name, address, SSN or EIN#
 - (g) Elementary & secondary school teacher unreimbursed classroom supply expenses: \$ _____
 - (h) Check if geothermal, solar, small wind energy property, or a high-efficiency biomass fuel stove was installed in home _____
 - (i) Check if a new plug-in electric drive vehicle was acquired during the year _____
Enclose all supporting documents
 - (j) For business-related vehicle expense deductions, provide (a) vehicle description, (b) date purchased, (c) mileage for business, commuting, and other personal, and (d) indicate if you have written evidence: _____

HEALTH CARE

21. Did you, your spouse, and any dependents have health insurance coverage from the Health Insurance Marketplace (Exchange)? N Y , If yes, enclose all 1095-A Forms

ESTIMATED TAX PAYMENTS

22. List the dates and amounts of estimated tax payments

	Federal:		State:	
	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
Paid with extension of 2021 tax return	_____	_____	_____	_____
Balance due on 2021 tax return	_____	_____	_____	_____
4 th quarter 2021 estimate due 1-15-22	_____	_____	_____	_____
1 st quarter 2022 estimate due 4-15-22	_____	_____	_____	_____
2 nd quarter 2022 estimate due 6-15-22	_____	_____	_____	_____
3 rd quarter 2022 estimate due 9-15-22	_____	_____	_____	_____
4 th quarter 2022 estimate due 1-15-23	_____	_____	_____	_____

23. Do you want us to prepare estimated tax payments for next year? N Y
If yes, do you expect a large fluctuation in your income, deductions, or withholdings next year? N Y



With offices in New York, NY and Long Island, NY

OTHER MATTERS

24. Check if you received a federal or state tax notice: _____ (enclose copy of notice)
25. Check if you made any gifts this year to any one individual in excess of \$16,000 or to a trust in any amount____
List details _____
26. Check if you paid any cash wages during the year to a household employee: _____
27. Please describe any other matters which you believe affect your income tax (use a separate sheet if necessary)
- _____