

BURKHARDT TAX & CONSULTING

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TAX QUESTIONNAIRE

Tax Year _____

Documents I will need:

- 1) All wage statements and records of income earned income (W-2's, K-1's, all 1099's, W-2G, Unemployment, etc.)
- 2) Receipts and records of all contributions.
- 3) Mortgage Interest/taxes, closing statement on any property purchase/sold/refinanced last year (1098/HUD 1).
- 4) Your final pay stub if claiming deductions from work.
- 5) For new clients, a copy of you prior year tax return.
- 6) If you are claiming and new dependent, please bring name, birthday, and social security number.
- 7) If you are self-employed, fill out separate self-employed worksheet.
- 8) **If you had Covered CA: YOU MUST BRING US YOUR 1095-A FORM!**
- 9) **If you had private/employer insurance: YOU MUST BRING US, YOUR 1095-B or C FORM!**

Please check any of the following that may apply to you:

- Any births, adoptions, marriages, divorces, or deaths in your household last year?
- Did you support anyone other than your immediate family? Did they live with you?
- Does everyone in your household have Health Insurance?
- Are you an employer who pays Health Insurance to your employees?
- Did you buy or sell a house or property last year?
- Did you start a new business, LLC, Partnership, or Corporation last year or close one?
- Did you/spouse/dependent attend college? If so, please form 1098-T if applicable and receipts for book/supplies?
- Did you receive any letters for the IRS or FTB regarding changes to your return?
- If you are due a refund, would you like to have it directly deposited into your bank account?
- If you owe money, would you like to have it directly debited from your bank account?
- Do you pay alimony due to agreement prior to 2019? \$ _____ To: _____ SSN: _____
- Did you pay interest on a student loan? TP \$ _____ SP \$ _____

BANK ACCOUNT INFORMATION

Name of Bank _____ Routing # _____ Acct # _____

PERSONAL INFORMATION

Home or Primary Phone Number: _____

Street Address _____ City: _____ St: _____ Zip: _____

Taxpayer:

Spouse:

| | | |
|--------------------|--|--|
| Name | | |
| Occupation: | | |
| Social Security #: | | |
| Birthdate: | | |
| Cell Phone: | | |
| E-mail Address: | | |

Children and Dependents:

| <u>Full Name:</u> | <u>Date of Birth</u> | <u>Social Security #:</u> | <u>Relationship:</u> | <u>Mo @ Home</u> | <u>Income:</u> |
|-------------------|----------------------|---------------------------|----------------------|------------------|----------------|
| | | | NONE | | |
| | | | NONE | | |
| | | | NONE | | |
| | | | NONE | | |

Estimated Taxes Paid: Prior years refund applied Federal \$ _____ State \$ _____

| Date Paid | Federal | State | Date Paid | Federal | State |
|-----------------------------|---------|-------|-------------------------|---------|-------|
| 1 st Quarter | | | 3 rd Quarter | | |
| 2 nd Quarter | | | 4 th Quarter | | |
| Paid with Extension by 4/15 | | | Total Paid for Tax Year | | |

Individual Retirement Account Contributions:

Taxpayer's IRA Traditional Roth SEP/Simple HSA Contributed \$ _____
 Spouse's IRA Traditional Roth SEP/Simple HSA Contributed \$ _____

(Contributions can be made until Tax Day for the previous year's taxes for IRA & Roth and until the extension due date for SEP IRA's)

| WAGE INCOME (Bring all W-2's) | | TP | SP | NON-EMPLOYEE INCOME (Bring all 1099's) | | TP | SP |
|--------------------------------------|--|----|----|---|--|----|----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| INTEREST INCOME (Bring all 1099's) | Amount | DIVIDEND INCOME (Bring all 1099's) | Ordinary | Qualified | Cap Gain |
|---|--------|---|----------|-----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OTHER INCOME and/or ADJUSTMENTS

| | Taxpayer | Spouse |
|--|----------|--------|
| State tax Refund | | |
| Alimony received | | |
| Unemployment Compensation (Must bring 1099G) | | |
| Social Security Received (Must bring SSA-1099) | | |
| Partnerships/Retirement/IRA Distributions (Must bring all 1099R's K-1, Etc.) | | |
| Stock Sales (Must bring all 1099's and all Stock Basis Info) | | |
| Gambling Winnings (Must bring W-2G) | | |
| Health Savings Account: HSA Distributions (Must Bring 1099-SA) | | |
| Cancellation of Debt (Must bring 1099C) | | |
| Other Income not Listed Above; Please Specify | | |

CHILD AND DEPENDENT CARE EXPENSES

| | |
|--------------------|--------------------|
| Provider: | Provider: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| SSN/EIN: | SSN/EIN: |
| Phone #: Amt Paid: | Phone #: Amt Paid: |

SCHEDULE A

MEDICAL EXPENSES

| | | | | | |
|--|--|---------------------------|----|-----------------------|------------------------|
| Prescriptions | | Health Insurance Premiums | | Lab fees/hearing aids | |
| Doctors/Dentist | | Long Term Care Ins | TP | SP | Glasses/Contacts/Lasik |
| Hospitals/Clinics | | Ins Reimbursed | (|) | Medical Miles |
| Other Medical Equipment: (Please list) | | | | | |

TAXES PAID

| | | | | | |
|------------------------|----|---------------------------------|----|----------------------------|-------|
| Real Estate Taxes Paid | | Land or Other Property | | Previous Year's Taxes Paid | |
| Vehicle License Paid | #1 | #2 | #3 | #4 | #5 |
| | | | | | Total |
| Luxury Tax (Boat Reg) | | Sales Tax on Autos, Boats, etc. | #1 | #2 | |
| | | Total | | | |

HOME MORTGAGE LOAN INTEREST

| | | | | | |
|-------------------------------------|-------|----|------|---------------------------------|-----------------------------|
| #1 | | #2 | | Points Paid on New Home or Refi | Mortgage Insurance Premiums |
| #3 | | #4 | | | |
| Mortgage Interest paid to a Person: | Name: | | SSN: | | |
| Address, City, St, ZIP | | | | Amt Paid: | |

CONTRIBUTIONS (Bring a detailed list along with donation receipts, appraisals, and/or letters from charities)

| | Name: | Amt: | Name: | Amt: |
|-------------------------|-------|------|-------|------|
| Cash/Check Please List: | | | | |
| | | | | |
| | | | | |
| Non-Cash Please List: | | | | |
| | | | | |

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES FOR "CALIFORNIA SCH A":

| | | | |
|---|--|-------------------------------|--|
| Professional/Union Dues | | Schooling/Cont'd Education | |
| Potlucks, etc. | | Professional Books & Journals | |
| Cell Phone | | License/Credentials | |
| Internet | | Business Gifts | |
| AAA/Costco/Sam's/Amazon Prime/Annual Credit Card Fees | | Office Supplies | |
| Small Tools | | Malpractice Insurance | |
| Safety: Shoes, Boots, Glasses, Lotions, Gloves | | Physical Required | |
| Job Supplies, Uniform | | Uniform Laundry/Cleaning | |

Sales Representatives, Law Enforcement, Fire Fighters/Paramedics, Educators, Medical Professionals, and Self-Employed: Please fill out industry specific worksheets.

MISC DEDUCTION EXPENSES FOR "CALIFORNIA SCH A":

| | | | | | | | |
|-------------------------------|--|--------------------|--|---------------------------|--|---|--|
| Timeshare | | Alarm/Permit | | Tax Prep Fees | | Locks, Latches, Gates, Keys, Doors, Windows | |
| Storage Fees | | Safe | | Safety Deposit Box/PO Box | | Shed/Shelving | |
| HOA Dues | | Boat/Trailer Ins | | Attorney Fees | | Investment Fees | |
| Investment Subscriptions/Pubs | | Boat/Trailer Cover | | Cameras/Outdoor Lighting | | Investment Travel | |

