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LANDELS TAX SERVICE

TAX QUESTIONNAIRE

Tax Year _____

Thank you for choosing Randels Tax Service. We look forward to seeing you. Please remember to bring the following to your appointment:

- 1) All wage statements and records of income earned income (W-2's, K-1's, all 1099's, 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) Any questions you may have.
- 7) **If you have or had Covered CA the previous year: YOU MUST BRING US YOUR 1095-A 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 legal separation or divorce \$_____ 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:

Full Name:	Date of Birth	Social Security #:	Relationship:	Mo @ Home	Income:
			Child	12	
			Child	12	
			Child	12	
			Child	12	

Estimated Taxes Paid: Overpayment of State taxes paid \$ _____

	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 years taxes for IRA & Roth and until the extension due date for SEP IRA's)

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

OTHER INCOME and/or ADJUSTMENTS

	Taxpayer	Spouse
Alimony received		
Unemployment Compensation		
Social Security Received		
Partnerships/Retirement/IRA Distributions (Bring all 1099R's K-1, etc)		
Stock Sales (Bring all 1099's and all Stock Basis Info)		
Gambling Winnings (W-2G)		
Health Savings Account: HSA Distributions (1099-SA)		

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	Heath Ins Premiums	Lab fees/hearing aids
Doctors/Denist	Long Term Care Ins	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 Lic 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/Sams/Amazon		Office Supplies	
Small Tools		Malpractice Insurance	
Safety: Shoes, Boots, Glasses, Lotions		Physical Required	

Sales Representatives, Law Enforcement, Fire Fighters/Paramedics, Educators, and Medical Professionals:
Please see additional Questionnaires.

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		
HOA Dues		Boat/Trailer Ins		Attorney Fees		

OFFICE IN THE HOME ONLY (For Employees Only)

Business use Area (sq ft)		Real Estate Taxes		Repairs/Maintenance	
Total Area of Home (Sq ft)		Rent		Lawn/Pool/Spa Service	
Mortgage Interest		Insurance		Gas/Electric/Water/Cable	

Vehicle Mileage (For Employees Only)

	Vehicle 1	Vehicle 2	Vehicle 3
Description of Vehicle			
Date placed in Service			
Total Miles			
Total Business			
Total Commuting Miles			

Notes for your Preparer
