



TROY W. GRIFFITHS, LLC
 CERTIFIED PUBLIC ACCOUNTANTS

INDIVIDUAL INCOME TAX QUESTIONNAIRE

Date of Birth	Name	Social Security #	Occupation
Taxpayer _____	_____	_____	_____
Spouse _____	_____	_____	_____
Dependent _____	_____	_____	_____
Dependent _____	_____	_____	_____
Address _____	_____	_____	_____
Street	City	State	Zip
Home Phone _____	Cell Phone _____		
E-Mail Address _____			
Preferred Communication Method _____			

Did you or do you plan to make IRA contributions for 2019? Yes ____ No ____

Contributor	Account Type	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Did you have interest in or signatory authority over a financial account in a foreign country?
 Yes _____ No _____

Did you pay \$1,900 or more to one household employee during the year? Yes ____ No ____

Did you have a theft or casualty loss over 10% of your gross income? Yes _____ No _____

If yes, please explain: _____

Did you make gifts of more than \$14,000 to any one individual during the year? Yes ____ No ____

If yes, please provide a list of recipient with name, tax ID, address and amounts: _____

Did you receive any correspondence from the State or IRS during the year? Yes _____ No _____

If yes, please explain and provide copies of the correspondence: _____

11104 Front Street Unit 1A
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 Fax: (708)589-9040
 troy@twgriffiths.com



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Do you foresee any significant changes to your financial situation that will affect your tax liability for 2019 or 2020? Yes _____ No _____

If yes, please explain: _____

WAGE INFORMATION

Please attach all W-2s received.

Employer	Gross Wages	Federal Tax	State Tax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT INCOME

Please attach all related 1099s received.

	Gross Distributions	Taxable Distribution	Federal Tax	State Tax
Social Security	_____	_____	_____	_____
Social Security Spouse	_____	_____	_____	_____
IRA's	_____	_____	_____	_____
401k Plans	_____	_____	_____	_____
Pensions	_____	_____	_____	_____

INTEREST INCOME

Please attach all related 1099s received including all tax-exempt interest received. If interest is received on a contract for deed, the payers name, address and federal tax ID are required.

Payer _____	Amount _____
Payer _____	Amount _____
Payer _____	Amount _____
Payer _____	Amount _____



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DIVIDEND INCOME

Please attach all related 1099s received including all tax-exempt dividend.

Payor	Dividends	Qualified Dividends	Capital Gain	Tax Exempt	Foreign Tax
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Capital Gains

Please attach all related 1099-Bs received including basis documentation if not on 1099-B.

Broker	Date	Sale Price	Basis	Adjustment	Gain
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MISCELLANEOUS INCOME

Please attach all supporting documents.

Unemployment Comp _____ Estates and Trusts _____

Alimony _____ Royalties _____

VA Pension _____ Welfare Assistance _____

VA Disability _____ Partnership or S-Corp (provide K-1) _____

Tips and Gratuities _____ Lawsuit Recoveries _____

Directors Fees _____ Cancellation of Debt _____

Prizes or Awards _____ Other (Please describe) _____

Worker's Comp _____

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?



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Real Estate Sales

Please include all related tax documents and evidence of basis. Please list here all foreclosures, abandonments, capital losses and property transaction.

Description	Date Bought	Date Sold	Sales Price	Cost	Expenses
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Out of Pocket Medical and Dental Expenses

Please provide related receipts.

Medical Insurance _____ Ambulance _____

Medicare Insurance _____ Medical Transportation Miles _____

Long Term Care Insurance _____ Parking, Bus, Taxi _____

Long Term Care Insurance _____ Motels _____

Long Term Care Insurance _____ Motels _____

Prescription Drugs _____ Other Medical Travel Expenses _____

Glasses or Contacts _____

Hearing Aids _____

Doctors, Dentists, Hospitals and Clinics: _____

HSA Contributions _____ HSA Reimbursements _____

Insurance Reimbursements _____

Interest Paid

Deductible Home Mortgage:	Financial Institution	Amount Paid
Interest Paid to Banks and Other Financial Institutions:	_____	_____
<i>List all mortgages and Equity Loans.</i>	_____	_____
<i>Please attach all 1098s received.</i>	_____	_____



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Deductible Mortgage Insurance: _____

Points paid on purchase or refinance: _____

Include copies of statements.

Interest paid to individuals on a contract for deed: Payees Information Amount Paid

Name _____

Address _____

Tax Identification Number _____

Student Loan Interest: Students Name _____ Interest Paid _____

Investment Interest: Payees Information Amount Paid

Brokerage margin account _____

Other (describe) _____

Contributions

Only amounts given to qualified charitable organizations qualify. Examples of NON-DEDUCTIBLE amounts are to political organizations and candidates, dues and fees paid to lodges and fraternal orders, raffles, bingo, and other charitable contests.

Cash Contributions:

Non-Cash Contributions:

Organization Amount

You must have a receipt stating the amount received by the organization from the sale of donated vehicle, boat, etc.

If TOTAL Non-Cash Contributions are

Less than \$250: Receipt not required if impractical.



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_____ **More than \$250:** Receipts required

Volunteer mileage: _____ miles

**The IRS requires proof for ALL cash contributions to qualified charitable organizations.
(receipt, cancelled check, bank statement, credit card statement, etc.)**

Taxes Paid

Auto Licenses (list separately):

Real Estate Taxes:

Home _____

M-1 refund received _____

Second home/vacation home _____

Land _____

Sales tax on **major** purchases (vehicle, boat, home building materials, etc.):

Income Taxes:

Date Paid

Federal

State

1st installment due April 15, 2019 _____

2nd installment due June 15, 2019 _____

3rd installment due Sept 15, 2019 _____

4th installment due Jan 15, 2020 _____

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Health Insurance

What (if any) health insurance did you or your dependents have in 2019? (Attach a copy of your insurance card or bring it to your appointment)

1. ___ Medicare
2. ___ Medicaid
3. ___ Private employer group insurance
4. ___ Private individual insurance
5. ___ Government marketplace
6. ___ Other (Such as Veterans Affairs) _____

List all members of the family. For each member list the months (if any) he or she did not have health insurance (if a member had health insurance for one day during the month, he or she is treated as having insurance for the entire month).

Family member	Months not covered
_____	_____
_____	_____
_____	_____
_____	_____

Did you receive a Form 1095?

Yes ___

No ___

(If yes, attach a copy or bring it to your appointment)

If you have insurance from the Government Marketplace:

- a. How many children are your dependents? ___
(Attach a copy of their tax return(s) if they filed or bring it to your appointment)
- b. How many children are dependents of another taxpayer? ___
- c. Did you receive a subsidy from the Marketplace that reduced the monthly premium for your insurance (also called an Advance Premium Tax Credit)?

Yes ___ No ___ If yes, what was the monthly subsidy? _____



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Other Deductions

Alimony Paid _____
 Name and Social Security # of Recipient _____

Tax Preparation Fee _____
 Safe Deposit Box _____
 Investment Fees and Expenses _____
 IRA Maintenance Fees _____
 Adoption Expenses _____

Work or Job Related Expenses:
 Union and Professional Dues _____
 Work Supplies _____
 Tools and Safety Equipment _____
 Required Uniforms and Laundry _____

Moving Expenses (over 50 miles):
 Explain _____
 Mileage _____

Trade Journals and Subscriptions _____

Your Continuing Education _____
 Tuition and Fees _____
 Travel or Miles _____

Job Hunting Expenses _____
 Books and Supplies _____

Other Items: _____

Please Provide the Following Documents with this Information

- | | |
|--|-----------------------------|
| W-2 Forms | 1099 Forms |
| K-1 Forms | 1098 Forms |
| SSA Forms | RRB Forms |
| Real Estates Sales/Purchase Closing Statement | Contract for Deed |
| Refinancing Closing Statement | All Tax Notices |
| Mortgage Interest Information | Real Estate Tax Information |
| Receipts for School Books | Receipts for Energy Credit |
| Receipts for Qualifying Adoption Expenses | |
| Receipts for Qualifying Child or Dependent Care Credit | |
| Receipts and Documentation for All Other Tax Positions | |

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