

# John S. La Tour, CPA Questionnaire

Date \_\_\_/\_\_\_/\_\_\_

	<u>Taxpayer</u>	<u>Spouse</u>
First Name		
Last Name		
Social Security		
Birth Date		
Work Phone		
Occupation		

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

1. Marital Status as of December 31. Married  Single
2. If married, were you separated for the last 6 months of the year? Yes  No
3. Is someone else, like your parents, claiming you as a dependent? Yes  No
4. Are you a widow(er)? Yes  No  If so, what was the date of death? \_\_\_\_\_
5. Last year's: State Refund \_\_\_\_\_

<u>Federal Payment(s)</u>		<u>State Payment(s)</u>	
Date _____	Payment _____	Date _____	Payment _____
Date _____	Payment _____	Date _____	Payment _____
Date _____	Payment _____	Date _____	Payment _____
Date _____	Payment _____	Date _____	Payment _____

6. Did you pay for post-secondary education (College or a Technical School) for yourself or your dependent? Yes  No

If so, what year of school was the student in (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)? \_\_\_\_\_  
 How much did you pay? \_\_\_\_\_  
 Student's Name \_\_\_\_\_  
 School's Name \_\_\_\_\_

<u>7. Dependents</u>					
<u>Name</u>	<u>D.O.B.</u> <small>(MM/DD/YYYY)</small>	<u>SSN</u>	<u>Relationship</u>	<u>Months in Home</u> <u>During Tax Year</u>	<u>Months Had</u> <u>Health Care Coverage</u> <u>During Tax Year</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. What states did you live in last year and for what months?

<u>State</u>	<u>From:</u>	<u>To:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did you and each person listed on p.1 on this Questionnaire have health insurance coverage the entire year (2015)?

Yes  No

Was this coverage through your employer? Yes  No

11. Check any items that apply to you and enter the appropriate amount or fill out the appropriate form.

<u>Item</u>	Check Here	<u>Amount - or - Schedule Needed</u>
Are you self-employed or do you own a small business?		Form C
Did you receive Unemployment Compensation?		\$ _____
Did you have Disability Income?		\$ _____
Did you have income from Pensions or Annuities		Client Should have 1099 Forms
Social Security Received		\$ _____
Dividends Income		Form B – Interest and Dividend
Interest Income		Form B – Interest and Dividend
Mutual Funds Income		Form B – Interest and Dividend
Sale of Capital Assets (Stock, Land, Bonds)		Form D – Sale of Capital Assets
Income from Installment Sales Contracts		\$ _____
Alimony Received		\$ _____
Rental Property Income		Form E – Income From Rental
Tip Income Not Reported to Employer		\$ _____
Personal Residence Sold		\$ _____
Worthless Securities or Uncollectible Debts		
Moving Expenses Incurred For Change of Job Location		Form 3903 – Moving Expenses
Child Care Expenses		Form 2441 – Child Care Expenses
Interest Paid on Student Loans		\$ _____
Did you pay alimony?		\$ _____
Did you receive alimony?		\$ _____
Did you use your vehicle for your job or business?		Form 2106 – Business Use of Vehicle

I, the taxpayer, state that all of the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the tax proctor, have no reason to believe that the above information is not true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_