# Christopher Dillon C.P.A.

(410) 956-0125

*Print this form and take some time to fill it out. Drop it off at our office along with your tax documents before your appointment.*

*This will save you time and money, and help us serve you more effectively.*

Tax Return Questionnaire – 2017 Tax Year

| | |
|---|---|
| Name(s) (Last): | Taxpayer: |
| | Spouse (if different from Taxpayer): |
| Name(s) (First) | Taxpayer: |
| | Spouse: |
| Address: | Street Address: |
| | City, State ZIP: |
| Social Security Number(s) | Taxpayer: |
| | Spouse: |
| Occupation(s): | Taxpayer: |
| | Spouse: |
| Phone Number(s): | |
| Work: | |
| Home: | |
| Cell: | |
| Email Address(s): | Taxpayer: |
| | Spouse: |

Do you wish $3 to go to the Presidential Election Campaign (Tax amount <u>not</u> affected):

☐ Yes ☐ No

<u>Filing Status (Check one)</u>:

☐ Single ☐ Married

☐ Head of Household ☐ Qualifying Widow(er)

<u>Birth Date</u>: (Month, Day, Year)

Yourself: ______/______/______

Spouse: ______/______/______

## DEPENDENTS:

Name (First, Middle Initial, Last) – List All, Date(s) of Birth, Social Security Number(s), and Relationship:

1. Name: ______________________________________________

   DOB: ______________________________________________

   Social Security Number: ______________________________

   Relationship: ________________________________________

2. Name: ______________________________________________

   DOB: ______________________________________________

   Social Security Number: ______________________________

   Relationship: ________________________________________

3. Name: ______________________________________________

   DOB: ______________________________________________

   Social Security Number: ______________________________

   Relationship: ________________________________________

4. Name: ______________________________________________

   DOB: ______________________________________________

   Social Security Number: ______________________________

   Relationship: ________________________________________

   Did any dependents earn
   income over $1,700.00?: ☐ Yes ☐ No

# INCOME:

1. Wages and Salaries (Attach W2's)

    Name of Payer: ______________________________

    Gross Wages: ______________________________

    Federal Income Tax (withheld): ______________________________

    State Income Tax (withheld): ______________________________

2. Interest Income (Attach 1099's) (*List non-taxable Interest Income as well – identify as nontaxable)*

    Name and Address of Payer: ______________________________

    Amount: ______________________________

    Name and Address of Payer: ______________________________

    Amount: ______________________________

3. If you received any interest from a "Seller Financed" mortgage, provide:

    Name and Address of Payer: ______________________________

    Social Security Number: ______________________________

    Amount: ______________________________

4. Dividend Income (Attach 1099's)

Name of Payer: ______________________________

Amount: ______________________________

Name of Payer: ______________________________

Amount: ______________________________

5. Capital Gains and Losses (Attach Brokerage Statement)

6. Other Gains and Losses *(Include details of dispositions of any business/rental/farm assets):*

Investment: ______________________________

Date Acquired: ______________________________

Cost/Other Basis: ______________________________

Date Sold: ______________________________

Sale Proceeds: ______________________________

7. Pensions, IRA Distributions, Annuities, and Rollovers (Attach all 1099's or other related papers)

Total Received: ______________________________

Taxable Amount: ______________________________

8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts
*(Attach K-1's for all Partnerships/S Corporations/Fiduciaries) (Attach separate schedule(s) showing receipts and expenses for each rental property)*

9. Unemployment Compensation Received: ___________________________

10. Social Security Benefits Received (Attach Annual Statement)

11. State/Local Tax Refund(s) ___________________________

12. Other Income:

Description: ___________________________

Amount: ___________________________

13. Self-Employment Income:___________________________

Attach or list related self-employment expenses:

Office Expenses ___________________________

Auto/Truck Expenses ___________________________

Travel ___________________________

Meals/Entertainment ___________________________

Telephone ___________________________

Other Expenses ___________________________

# CREDITS:

## Child and Dependent Care:

Number of Qualifying Individuals (under 13 years of age): ______________________

Name, address and identification number of each provider:

Name & ID #: ______________________________________________

Address: ______________________________________________

Amount Paid: ______________________________________________

If payments were made to an individual, were the services performed in your home?

☐ Yes ☐ No

If "Yes", have payroll reports been filed?

☐ Yes ☐ No

"Special Needs" child?

☐ Yes ☐ No

**Tuition & Fees paid for higher education** *(Am. Opp. and Lifetime Learning Credits)*
(Attach forms 1098T):______________________________________________

**Foreign Tax Credits:** ______________________________________________

## 2017 Estimated Tax Payments:

Federal Amount ______________________________________________

State Amount ______________________________________________

## Other Payments:

Date ____________________________________________

Amount __________________________________________

Date ____________________________________________

Amount __________________________________________

Other payments or credits – Attach schedule and explain.

# ITEMIZED DEDUCTIONS:

## Medical and Dental:

Amount:__________________________________________

1. Out of pocket costs for prescription medications, drugs, doctors, dentists, nurses, and medical and dental premiums (including Medicare B) paid in 2017 (reduce by any insurance reimbursements).
2. Transportation and lodging incurred in order to obtain medical care
3. Other – hearing aids, eyeglasses, medical services, etc.

## Taxes Paid in 2017:

1. State and local income taxes not listed elsewhere ____________________
2. Real estate taxes not listed elsewhere ________________________________
3. Personal property taxes (includes owners tax on auto registration)

   ______________________________________________________________________

## Interest Paid in 2017:

1. Home mortgage interest paid to financial institutions ________________
2. Home mortgage interest paid to individuals __________________________

   Name & Social Security Number ______________________________________

   Address __________________________________________________________
3. Points paid on purchase refinance (include form HUD1):

   ______________________________________________________________________
4. Investment Interest ____________________________________________________
5. Student Loan Interest __________________________________________________

**Contributions:** (Written documentation is required for all gifts of $500 or more – not just cancelled checks)

1. Cash – Less than $500 paid to any one organization
2. Cash - $500 or more to any one organization – show name of organization

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

3. Other than cash (clothes, furniture, etc.) – Attach details: (Please see Salvation Army Valuation Guide on our website)

______________________________________________

**Casualty and Theft Losses –** Attach Details:

______________________________________________

# MISCELLANEOUS DEDUCTIONS:

**Employee business expenses –** Attach details

1. Amount ______________________________
2. Reimbursed______________________________
3. Not reimbursed ______________________________
4. Job hunting expenses (list) ______________________________

## Other Expenses:

1. Tax Preparation ______________________________
2. Union Dues ______________________________
3. Business Publications ______________________________
4. Professional Dues/Fees ______________________________
5. Safety Deposit Box Rental______________________________

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