

Christopher Dillon C.P.A.

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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 – 2018 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 not affected):

Yes No

Filing Status (Check one):

Single

Married

Head of Household

Qualifying Widow(er)

Birth Date: (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: _____

2018 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 2018 (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 2018:

- 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 2018:

- 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:

Other Expenses:

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

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