

TOP NOTCH TAX PREP

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Marlborough, MA 01752

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Income Tax Questionnaire

Personal Information

Full Name		Spouse Full Name	
Social Security Number		Social Security Number	
Date of Birth		Date of Birth	
Home Address		Home Address	
Occupation		Occupation	
Home Phone #		Home Phone #	
Work Phone #		Work Phone #	
Mobile Phone #		Mobile Phone #	
Email Address:		Email Address:	

- ▶ Did you receive, sell, exchange, gift or dispose of a "digital asset" during the tax year?
(i.e. virtual currency such as BitCoin) Yes No
- ▶ During the tax year, did you have an interest or signature authority over a financial account located in a foreign country? (i.e., bank account, brokerage account, or securities account) Yes No
- ▶ Did you move during the tax year? Yes No

If yes, please provide the former address, date of move, and complete below:

Former address:			
Moving expenses:		Date of Move:	
Real Estate taxes paid on former residence:			

- ▶ **Banking Information.** Please provide your banking information for direct deposit of your refund, or electronic debit payment of your tax balance due.
(if you prefer you can still pay by check, or receive a check in the mail, but your returns must be filed electronically)

Bank Name		Account Owner	
Bank Routing Number		Bank Account Number	

(9 digits bottom left of check)

Name on Account:		Acc't Type:	⇒ <input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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Driver's License #	State	Date Lic. Was Issued	Expiration Date	Other I.D.?
H:				
W:				

CHILDREN AND OTHER DEPENDENTS

Name	Son Daughter Other (specify:)	Social Sec. No.	Date of Birth	Student?	U.S. Citizen?	Full Custody ?
1						
2						
3						
4						
5						

Child #	School / College attended, grade, anticipated graduation date

- ▶ Were any of the above dependents arrested or convicted of a crime? Yes No
- ▶ Did any dependent file a tax return of their own claiming themselves as an exemption? Yes No

EDUCATION EXPENSES

School or College	Amount paid	For whom / purpose

CHILD CARE EXPENSES (i.e. daycare, nannies, etc.)

Name of Provider	Address	Tax I.D.Number	Amount Paid

QUARTERLY ESTIMATED TAX PAYMENTS (Checks mailed to IRS or DOR, not withholdings)

	Due Date	Actual Payment Date	Federal	State
First Quarter	April 15th			
Second Quarter	June 15th			
Third Quarter	September 15th			
Fourth Quarter	January 15th			

IRA / Roth / Keogh / SEP / SIMPLE Contributions (not 401(k), 403(b)'s etc.)

	Traditional IRA	Roth IRA	Keogh, SEP or SIMPLE
You			
Spouse			

Rent paid to a landlord for your residence:

Name of Landlord		Amount of rent paid:	
Name of Landlord		Amount of rent paid:	

GIFTS AND CHARITABLE CONTRIBUTIONS

Name of Church, charity, etc.	Cash or Check Amount	Clothing / Property Donated *

* aprox. Thrift Shop value, if more than \$500 in agregate, provide receipts from charites

MISCELLANEOUS ITEMIZED DEDUCTIONS

Prescription medicine costs:	
Fees to doctors, dentists, etc.	
Fees to hospitals, clinics, etc.	
Lab, x-ray, MRI, etc. fees:	
Medical aids (eyeglasses, contact lenses, hearing aids, braces, crutches, wheelchairs, etc.	
Medical travel, lodging, mileage, tolls, parking, etc.	
Health insurance premiums:	
Real Estate Taxes paid on your residence:	
Auto Excise taxes:	
Personal property taxes paid:	
Sales taxes paid (on significant purchases, i.e., new car, etc):	
Interest paid on home mortgage: (provide form 1098)	
Points paid on new home mortgage:	
Casualty or Theft losses	
Other expenses paid for preservation of income (investment management fees, attorneys fees, estate planning fees, safe deposit box, etc.):	
Unreimbursed employee expenses (job travel, union dues, work clothes, etc)	
If over 65 by 12/31: Water and Sewer fees paid:	
Other:	
Other:	

ADJUSTMENTS TO INCOME DEDUCTIONS	
Student Loan Interest Paid	
College or Post-High School tuition (provide form 1098-T)	
Educator Expenses (Teachers)	
Self-Employed Health Insurance Premiums	

CHECKLIST OF DOCUMENTS TO BRING		
	Document	✓
1	Previous year's Federal and State tax returns (if you are a new client)	
2	W-2's from all employers	
3	Forms 1099-R if you received distributions from pensions, annuities, IRA's, or other retirement accounts	
4	Forms 1099-INT from all banks and brokerages if you received interest income	
5	Forms 1099-DIV from all banks and brokerages if you received Dividend Income	
6	Form 1099-G for prior year's tax refunds, gambling winnings, or unemployment compensation	
7	Form 1099-SSA if you received Social Security	
8	Forms 1099-B if you had capital gains or losses from the sale of securities (stocks or mutual funds) (if you sold securities, provide the date the security was purchased and the cost basis)	
9	Forms 1099-S and the "Closing Disclosure" or Real Estate Settlement Statement if you sold real estate	
10	If you bought a home and paid points, the Closing Disclosure or closing settlement statement	
11	Form K-1 if you received partnership, S-Corp, LLC or Trust income	
12	Form 1099-HC (Mass.); 1095A, 1095B or 1095C or similar proof of health insurance	
13	Account of alimony received (not child support)	
14	Divorced parents with minor children: Signed copy of Form 8332	
15	If you had Business Income and Expenses call us for a Business Income Schedule C worksheet or download from our website www.topnotchtaxprep.com	
16	If you had Rental Income and Expenses call us for a Rental Income Schedule E worksheet or download from our website www.topnotchtaxprep.com	
17	If you had capital gains or losses from the sale of securities (stocks, bonds, mutual funds, etc.), call us for a Capital Gain Schedule D worksheet or download from our website www.topnotchtaxprep.com	
18	If you used your car in business, call us for an Auto Expense worksheet or download from our website www.topnotchtaxprep.com	
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