

Ameri Tax Service Tax Return Questionnaire

Print this form out, take some time to fill it out, and upload it to the portal or bring it with you when you come to the office. This will save you time and money and help us help you more effectively.

Name and Address:	Occupation	
Taxpayer:		
Address:		
Spouse:		
Address:		
Phone Numbers	Home:	Work:
Email Address:		

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected) **Yes** **No**

Filing Status: Single Married Head of Household Qualifying Widow

Birth Date: Month, Day, Year **Yourself:** ___/___/___ **Spouse:** ___/___/___

VIRTUAL CURRENCY:

At any time during the current year, did you receive, sell, send, exchange, or otherwise dispose of any financial interest in any virtual currency? **Yes** **No**

HEALTH INSURANCE COVERAGE:

Starting with the 2019 plan year, the Federal Shared Responsibility Payment no longer applies.

Some states, however, have their own individual health insurance mandate, requiring you to have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your "tax family."

1. If you had health care coverage with a government Marketplace (Exchange) during 2022. Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.
2. If you are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, then you will also need a copy of that taxpayer's 1095-A.
3. If a dependent filed a return. Provide a copy of the return.
4. If you had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.
5. If you were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.
6. Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month.

Please indicate any months that a member of your "tax family" was **NOT** insured.

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

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

Name and Address of Payor	Amount

4. Dividend Income (Attach 1099's)

Name of Payor	Amount	Name of Payer	Amount

5. Capital Gains and Losses:

Investment	Date Acquired	Cost or Other Basis	Date Sold	Net Sale Proceeds

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

Total Received _____
Taxable Amount (Attach all 1099's or other related papers) _____

8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts _____

*(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)
(Attach separate schedule(s) showing receipts & 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

CREDITS:

Child and Dependent Care:

(1) Number of Qualifying Individuals _____

(2) Name, address and identification number of each provider:

Name	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

Expenses incurred in connection with adoption.

"Special Needs" child Yes No

Tuition & Fees paid for higher education *(American Opportunity & Lifetime Learning Credits)...* _____

Foreign Tax Credits _____

Attach detail of type foreign tax, country, and whether "withheld" or paid direct.

Estimated Tax Payments

Federal	Amount	State	Amount

Other Payments: (Enter Advanced Child Credit Payment Here)

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 medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other - hearing aids, eyeglasses, medical devices, etc.	

Taxes Paid

Amount

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

Amount

1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals	
Name:	
Address:	
3. Points paid on [] purchase [] refinance (include details)	
4. Investment Interest	
5. Student Loan Interest	

Contributions: *(Written documentation is required for all gifts of \$250 or more)*

Amount

1. Cash - Less than \$3,000 paid to any one organization	
2. Cash - \$3,000 or more to any one organization -- show name of organization	
3. Other than cash - Attach details	

Automobile Use for California State Return

To deduct mileage for auto expenses on a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

Car #1

Make	
Model	
Year	
<i>If the vehicle is being used by the owner, please provide the following information</i>	
Date of Purchase	
Purchase Price	

For the Period of Jan. 1 to June 30

Amount

Business Mileage*	
Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station	
Charitable Mileage	
Total Mileage	

For the Period of July 1 to Dec. 31

Amount

Business Mileage*	
Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station	
Charitable Mileage	
Total Mileage	

Car #2

Make	
Model	
Year	
<i>If the vehicle is being used by the owner, please provide the following information</i>	
Date of Purchase	
Purchase Price	

For the Period of Jan. 1 to June 30

Amount

Business Mileage*	
Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station	
Charitable Mileage	
Total Mileage	

For the Period of July 1 to Dec. 31**Amount**

Business Mileage*	
Moving Mileage – only members of the Armed Forces on active duty who moved because of a permanent change of station	
Charitable Mileage	
Total Mileage	

*Commuting mileage must not be added to business mileage.

Miscellaneous Business Deductions for California State Return

Employee business expenses - attach details	Amount
Cell Phone	
Uniforms / Cleaning	
Job hunting expenses (list)	
Meals / Entertainment	
Professional Dues and Fees	
Union Dues	
Training / Continuing Ed	
Tools	
Business Publications	
Other Expenses	
Tax Preparation	
Safety Deposit	

Adjustments to Income:

	Maximize?	Amount
1. Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse's IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Keogh SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Penalty for early withdrawal of savings.		
5. Alimony paid - List name		
6. Self-employed health insurance premiums		

If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

Note: If we did not prepare your 2019 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation.

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns? Yes No

(If yes, please provide copy of notices, settlement reports, etc.)

Did you sell your primary residence during the year? Yes No

If "Yes," provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of Form 2119 from your tax return for the year of sale.

Did you change your state residency during the year? Yes No

If "Yes" **AND** you were a member of the Armed Forces on active duty who moved because of a permanent change of station, please provide the following:

Previous address:	
Date of move:	
Distance:	miles
Costs of move:	
(describe)	

If you would like your tax refund (if any) deposited directly into your bank:

Account Type:	Your Account Number:	Bank Routing Number:
Checking [] Savings []		

For the year: (Provide details for any "Yes" response)

Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence?.....Yes No

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$750,000?... Yes No

Did you exercise any stock options?... Yes No

Did you purchase, sell, or own any bonds you paid more or less than the face amount? Yes No

Did you sustain any non-business bad debts?... Yes No

Did you or your spouse make any gifts in excess of \$15,000 to any one individual?..... Yes No

Were you the recipient of, or did you make a "below-market" or "interest-free" loan?.. Yes No

Do you have a child under the age of 18 as of December 31, 2022 who has earned an income (interest, dividends, etc.) of more than \$1,100?..... Yes No

Rental & Royalty Income and Expense

Property Type: Residential Commercial

Location:

--

If Vacation Home:

<i>Number of days rented</i>	
<i>Number of days used personally</i>	

Property is owned by: Taxpayer Spouse Joint

Percentage ownership of not 100%: _____%

(Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property?.....Yes No

If yes, what percentage did you occupy as a tenant? _____%

Check if rented to a related party. Explain relation _____

Business Income & Expenses (Sole Proprietorship)

Principle business or profession: _____

Business name: _____

Employer ID number _____

Business address: _____

City _____ State _____ Zip Code _____

Business is owned by: Taxpayer Spouse

Accounting Method: Cash Accrual

Inventory method: Cost Lower cost or market Other N/A

Did you materially participate in the business? Yes No

Check if this is the first year of the business.

Income	Amount	Cost of Goods Sold	Amount
1. Gross receipts or sales		1. Beginning of year inventory	
2. Returns and allowances.		2. Purchases	
3. Other income.		3. Cost of items used personally	
		4. Cost of labor	
		5. Materials and supplies	
		6. Other costs	
		7. End of year inventory	

Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions and fees		23. Travel	
4. Employee benefits		24. Meals and entertainment	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage interest		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal and accounting fees		29. Payroll service	
10. Allocation of tax preparation fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	

Business Use of Home

Do you use any part of your home regularly and exclusively for business? Yes No

Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%).....

Description of work done in home office _____

Description of work done outside of work office _____

Total area of home

Total area of home used regularly for business

	Direct costs (benefit only business portion of home)	Indirect costs (other)
Home insurance		
Repairs and maintenance		
Utilities		
Rent		
Other.		

If Daycare Facility:

Days used as a daycare facility.	
Prior year carryover of unallowed losses	

Household Employees: (Nanny Tax)

Did you pay a household employee at least \$2,300 this year? Yes No
(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)

If yes, please provide the following information for each:

Name		Federal Income tax withheld	
		Social Sec. tax withheld	
Wages paid		Medicare tax withheld	
		State income tax withheld	

Employer Identification Number (you can no longer use your Social Security number):

Has W-2 been filed?	Yes []	No []
Have the necessary state employment returns been filed? If	Yes []	No []
Was the household employee under eighteen years of age and a student?	Yes []	No []

If we have not previously prepared your return - please provide a copy of your last 2 years of tax returns.

