

INCOME TAX QUESTIONNAIRE

**Due to electronic filing no original documents are now required from you to file your return. Your tax return can be handled much more efficiently if you fax your documents instead of mailing them. Please fax all your tax documents to 866-754-3288. Please indicate number of pages faxed to ensure completeness.**

Please provide as much information on the questionnaire itself. Attach extra sheets only if you need to provide additional information. Please provide exact amounts when filling out the questionnaire. Rounded numbers give a perception of inaccurate amounts.

We will prepare your income tax returns based on the information you provide us. We will not audit or otherwise verify the information you provide to us. Please ensure that the information you provide us is accurate, complete and that your claimed expenses are supported by records as required by law. Please ensure you have the copies of checks and the receipts for all the donations you claim in the tax return. You can only claim donations made to U.S. 501(c)3 organizations. These records are required in case you need to substantiate your deductions to a taxing authority. The law requires you to be responsible for the information contained in your tax return. You should review your return carefully before approving it for filing purposes.

Information regarding automobile use:

Your auto deduction is based on number of miles you use it for business/ professional purposes. Business/ professional use includes mileage for seminars and conferences, job search and driving between work locations. Mileage you drive from home to work and back as well as personal usage is not deductible. However mileage from home to work and back on a temporary work assignment is deductible. A temporary work assignment is one that lasts less than one year. Please note that you are required to keep a log of auto usage. Log books are commonly available in office supply stores.

Checklist for your tax return:

Please go thru the following checklist before sending your documents to ensure you have enclosed all the relevant tax documents:

- Copy of Form W-2
- Copy of Form 1099 from Interest, Dividends, Moonlighting & other
- Copy of Form 1098 from mortgage lenders, universities & other
- Copy of Form 1095-A Statement for Health Insurance purchased from Federal or State Exchange
- Cancelled check (If you prefer a direct deposit of refund in your bank account)
- Copy of your last year's tax return, if we did not prepare it
- Any other any item relevant to your tax return that you have not mentioned in the questionnaire
- Do not send any receipts unless specifically requested.
- Provide information regarding foreign bank accounts with deposits more than \$10,000 any time during the year.
- Provide information regarding foreign assets totaling more than \$50,000 (single) or \$100,000 (Married).
- Due to identity thefts IRS requires identity verification. Please include a copy of you and your spouse **DRIVERS LICENSE** for identity verification.

Communication and Coordination:

Feel free to communicate via email as I regularly check my email throughout the day and respond promptly. You can email your questions or concerns to nusrat@alicpa.com.

If due to certain urgency you need to get the tax return done by a certain date then provide the following info:

Nature of urgency: \_\_\_\_\_

Date that you need the tax return filed: \_\_\_\_\_

Other comments or reminders about tax return:

**ALI AND COMPANY, CPA, P.C.**

2260 Woodhaven Court, Ann Arbor, MI 48105

[nusrat@alicpa.com](mailto:nusrat@alicpa.com)

Phone: (734) 975-9390

Fax: (866) 754-3288

**Personal Information:**  Check this box if the info in this section is same as last year. New clients should fill all fields.

**Taxpayer:**

Last Name..... \_\_\_\_\_  
 First Name..... \_\_\_\_\_  
 Middle Name..... \_\_\_\_\_  
 Social Security #.. \_\_\_\_\_  
 Occupation..... \_\_\_\_\_  
 Date of Birth..... \_\_\_\_\_  
 U.S. Visa Status \_\_\_\_\_  
 Date Entered U.S. \_\_\_\_\_  
 Mobile Phone.... \_\_\_\_\_  
 Work Phone..... \_\_\_\_\_ I.D. # \_\_\_\_\_

**Spouse:**

Last Name..... \_\_\_\_\_  
 First Name..... \_\_\_\_\_  
 Middle Name..... \_\_\_\_\_  
 Social Security #.. \_\_\_\_\_  
 Occupation..... \_\_\_\_\_  
 Date of Birth..... \_\_\_\_\_  
 U.S. Visa Status \_\_\_\_\_  
 Date Entered U.S. \_\_\_\_\_  
 Mobile Phone.... \_\_\_\_\_  
 Work Phone..... \_\_\_\_\_ I.D.# \_\_\_\_\_

Address..... \_\_\_\_\_ Apt # \_\_\_\_\_  
 City..... \_\_\_\_\_ County..... \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone.. \_\_\_\_\_ Referred by.. \_\_\_\_\_ Email .. \_\_\_\_\_  
 Medical College \_\_\_\_\_ Graduation Year \_\_\_\_\_ Specialization field \_\_\_\_\_

**Dependents:**  Check this box if the info in this section is same as last year. New clients should fill all fields.

First Name	MI	Last Name	Social Security	Relationship	Date of Birth

**Income:**

**Wages:** Enclose copies of Form W-2 received from employer. Number of Form W-2's you are enclosing.....

**Other Earned Income:** Enclose copies Form 1099-MISC. Number of Form 1099-MISC's you are enclosing.....

**Interest and Dividends:** Enclose copies of Form 1099-Int or 1099-Div. # of 1099-Int/ Div you are enclosing.....

**Capital Gain/ Loss:** Enclose copies of Form 1099-B. Number of Form 1099-B you are enclosing.....

**S Corporation/ Partnership/ Rental Income:** Enclose Form K-1 received from S Corp. or Partnerships.

**Foreign assets and bank accounts:** Did you have a foreign bank account with more than \$10,000 deposit anytime or had foreign assets totaling more \$100,000 (MFJ) during last year. If yes, please provide info and check the box

**Personal Deductions:**

**IRA:** Contributions for the year: Taxpayer  Regular  Roth \$ \_\_\_\_\_, Spouse  Regular  Roth \$ \_\_\_\_\_

**Education IRA/ Sec. 529** contributions and Plan Name \$ \_\_\_\_\_, **SEP IRA** contributions \_\_\_\_\_

**Moving Expenses:** Date Moved \_\_\_\_\_ Moved from \_\_\_\_\_ to \_\_\_\_\_

Check this box if this move is due to the change in job locations.

How many miles you drove personal auto to move family members or personal effects \_\_\_\_\_

Air Fare \$ \_\_\_\_\_ Truck Rental \$ \_\_\_\_\_ Fuel \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_

**Medical Expenses:** Insurance \$ \_\_\_\_\_ Out of pocket medical expenses \$ \_\_\_\_\_

**Health Insurance:** Were you covered by health insurance for all 12 months?  Yes  No (Please enclose Form 1095)

**Taxes:** Real Estate Tax \$ \_\_\_\_\_ Auto Registration fees \$ \_\_\_\_\_ Sales Tax paid on car purchase \$ \_\_\_\_\_

**Interest:** Mortgage Interest \$ \_\_\_\_\_ Home Equity Interest \$ \_\_\_\_\_ Student Loan Interest \$ \_\_\_\_\_

Investment loan interest \$ \_\_\_\_\_

**Charity:** Cash or Check \$ \_\_\_\_\_ (Each donation > \$250.00 requires receipt **and** copy of check if IRS audits)  
 Non cash (Clothes, shoes etc) \$ \_\_\_\_\_ (Total donation of > \$500.00 require details of donation)

**Miscellaneous Expenses:** Tax preparation Fees \$ \_\_\_\_\_ Investment Fees \$ \_\_\_\_\_ Safe Deposit Box Fees \$ \_\_\_\_\_

**Professional Deductions:**

General:	Taxpayer	Spouse	Educational & job search Exp:	Taxpayer	Spouse
Dues-Prof. Associations.....	-	-	Continuing Education.....	-	-
Subscriptions-Prof. Journals...	-	-	Seminars and Conferences.....	-	-
Internet access fees.....	-	-	Legal Fees.....	-	-
Prof. Licenses.....	-	-	Recruiting Fees.....	-	-
Prof. Books & Review courses	-	-	Air/ Auto/ Cab Fare.....	-	-
Prof. Examinations .....	-	-	Lodging.....	-	-
Medical Instruments.....	-	-	Meals.....	-	-
Hospital privilege fees.....	-	-	Printing and Supplies .....	-	-
Malpractice Insurance.....	-	-	Postage .....	-	-
Long distance/ Cellular.....	-	-	Computer (Cost and purchase date)	-	-

**Auto Usage: (Taxpayer)**

Education miles.....  
 Job search miles.....  
 One job location to another miles.. \_\_\_\_\_  
 Total deductible miles \_\_\_\_\_  
 Home to work and back miles....  
 Other personal miles.....  
 Parking fee/tolls.....  
 Vehicle bought or leased?.....  
 Date automobile was acquired ...  
 Cost of purchase (if purchased)...  
 Down payment.....  
 Monthly payment.....  
 Insurance and Maintenance.....

**Auto Usage: (Spouse)**

Education miles.....  
 Job search miles  
 One job location to another miles.. \_\_\_\_\_  
 Total deductible miles \_\_\_\_\_  
 Home to work and back miles....  
 Other personal miles.....  
 Parking fee/tolls.....  
 Vehicle bought or leased?.....  
 Date automobile was acquired....  
 Cost of purchase (if purchased)...  
 Down payment.....  
 Monthly payment.....  
 Insurance and Maintenance.....

Tax code requires you respond to the following questions regd auto usage:

	<b>Taxpayer</b>	<b>Spouse</b>
Do you or your spouse have another vehicle for personal use.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your vehicle available for personal use during off duty hours.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support your deduction.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is this evidence written.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Credits:**

**Dependent Care Credit:** Name of Care Provider \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Address of Provider \_\_\_\_\_ Tax I.D. # or SS# \_\_\_\_\_

**Tuition Credit:** Tuition paid for self, spouse or dependents for graduate or undergraduate courses \$ \_\_\_\_\_

**Tax Payments and Refund:**

Please list any estimated tax payments that you have mailed: **(Do not include any prior year credits)**

Federal: 1<sup>st</sup> Quarter \$ \_\_\_\_\_ 2<sup>nd</sup> Quarter \$ \_\_\_\_\_ 3<sup>rd</sup> Quarter \$ \_\_\_\_\_ 4<sup>th</sup> Quarter \$ \_\_\_\_\_  
 State: 1<sup>st</sup> Quarter \$ \_\_\_\_\_ 2<sup>nd</sup> Quarter \$ \_\_\_\_\_ 3<sup>rd</sup> Quarter \$ \_\_\_\_\_ 4<sup>th</sup> Quarter \$ \_\_\_\_\_

- Check the box if you would like federal and state income tax refund to be deposited directly into your checking account.
- Check this box if the direct deposit information is same as last year otherwise please enclose a voided check for account information. Direct deposit of refund is relatively quick and secure.