



TAXSTAR INCOME TAX SERVICE 5-MINUTE TAX QUESTIONNAIRE



INSTRUCTIONS

- ❶ The 5-Minute Tax Questionnaire is the simple way to collect and report the information needed for us to prepare your federal and state income tax returns. Please include the following:
 - Form(s) W-2 (Wage and Tax Statement)
 - Form(s) 1099 - If you received certain types of income, you may receive a Form 1099. For example, if you received taxable interest, the payer generally must give you a Form 1099-INT, and if you received stock dividends or distributions, you may receive a 1099-DIV
 - Form(s) 1098, reporting mortgage interest paid and copies of real estate tax bills relating to your home
 - All other information and notices you have received that may affect your taxes
 - A valid copy of your driver's license
 - A valid copy of your social security card and those of your spouse and dependents
 - (See Complete *Tax Information Checklist* on reverse side)
- ❷ Complete the **5-Minute Tax Questionnaire**. Print clearly all the information that applies to you. Also complete any Supplemental Questionnaire that may apply to you, such as the 'Itemized Deductions Supplemental Questionnaire'. If a question does not apply to you, put "N/A" (Not Applicable) to show you read it. If you do not understand a question, insert a question mark (?) and go on. A tax preparer will call you to clarify any areas that are not clear.
- ❸ Check the appropriate box in SECTION 7 if you also want your state return prepared. Electronic filing is available for most state returns.
- ❹ Sign and date at the end of SECTION 7. If a joint return, both spouses must sign.
- ❺ Send the completed **Tax Questionnaire** and attachments by fax, e-mail, US mail, or express service, to our Central Processing Center, or drop off at any **Taxspot Tax Center**. Your return will be prepared and faxed or e-mailed back to you or to a local **Taxspot Tax Center**. Once you have reviewed the Return and are satisfied, sign and date all forms as directed on the accompanying **Final Instructions and Check List**, and fax or e-mail them back to us, or drop off at a local **Taxspot Tax Center**. Keep a copy of the Return for your records.
- ❻ Once we receive the signed documents, we will electronically transmit the return to the IRS and the state tax authority. Within 12 to 24 hours, the IRS will electronically verify receipt and acceptance of your return. We will notify you if additional information or clarification is required.
- ❼ Your tax refund will normally be sent directly from the IRS to a Participating Bank, where the tax preparation fees can be deducted and your refund will be available by check or automatic deposit into your bank account. You will receive an itemized statement explaining the fee deductions with your completed return. Your Refund Check can be mailed to you or picked up at a local **Taxspot Tax Center**, if you choose this option in SECTION 7 of the **Tax Questionnaire**.
- ❽ For questions about the status of your refund, call our toll free CHECK INFO LINE at: 1-877-649-9952, or the IRS Refund Line at: 1-800-829-1954, or for other questions, call our Customer Service Center at 1-888-844-8267. Our toll free fax number is: 1-866-411-6651.

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Tax Information Checklist

To assist us in finding every allowable deduction and credit you are entitled to, use the following list to help you organize your tax documents and information. Then send or bring them to us, along with your completed **TAXSTAR 5-Minute Tax Questionnaire**.

- Driver's License(s)
- Social Security Card(s)
- Dependent's Social Security Card(s) and Dates of Birth
- Form W-2 (Wage Statements)
- Form 1099-MISC (Self-Employed Business or Farm Income and Expenses)
- Form 1099-R (Pension and Retirement Income)
- Form 1099-INT (Interest Income)
- Form 1099-DIV (Dividend Income)
- Form 1099-G (State Income Tax Refund)
- Form 1099 G (Unemployment Income)
- Form 1099-B (Sales of Stocks or Bonds) {Include dates and purchase price and sale price of stocks and bonds}
- Form SSA-1099 (Social Security Income)
- Form W-2G (Lottery or Gambling Winnings)
- Schedule K-1 (Income from Partnerships, S Corporations, Trusts, and Estates)
- Income and Expenses from Rentals
- Alimony Paid or Received
- Commissions Received
- Commissions Paid
- Lottery or Gambling Losses
- IRA Contributions
- Form 1098 (Mortgage or Home Equity Loan Interest Paid)
- Real Estate and Personal Property Taxes Paid
- Record of Purchase or Sale of Real Residence
- Casualty or Theft Losses
- Child Care Expenses and Provider Information
- Medical, Eye Care, and Dental Expenses
- Cash and Non-cash Charitable Donations
- Un-reimbursed Employment-Related Expenses
- Job-Related Educational Expenses
- Form 1098-T (Tuition and Education Fees)
- Form 1099-E (Student Loan Interest)
- Educator Expenses (For Teachers)
- Estimated Taxes Paid
- Foreign Taxes Paid
- Copy of Last Year's Federal and State Tax Return (If available)

TAXSTAR

5-Minute Tax Questionnaire

Income Tax Preparation Client Information Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. For Joint Filings, put a "T" before taxpayer's information and an "S" before spouse's information. Today's date _____
 If more space is needed, use the space below or attach blank pages.

SECTION 1 PERSONAL INFORMATION

1	Taxpayer's First Name	MI	Last
2	Social Security Number	_____ - _____ - _____	
3	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>		
4	Street Address		Apt#
5	City	State	Zip
6	Home Phone	Work Phone	
7	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: month _____ day _____ year _____	
8	Occupation	\$3 to Presidential Campaign Fund Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Can you be claimed as a dependent on another's return Yes <input type="checkbox"/> No <input type="checkbox"/>		

10	Spouse's First Name	MI	Last
11	Social Security Number	_____ - _____ - _____	
12	Street Address		Apt#
13	City	State	Zip
14	Home Phone	Work Phone	
15	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: month _____ day _____ year _____	
16	Occupation	\$3 to Presidential Campaign Fund Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Can you be claimed as a dependent on another's return Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION 2 FILING STATUS

18	Single <input type="checkbox"/> (Never married, unmarried as of December 31, 2004, or legally separated)		
19	Married Filing Jointly <input type="checkbox"/> (Married as of December 31, 2004)		
20	Married Filing Separately <input type="checkbox"/>	Spouse's Name and SS#	
21	Head of Household <input type="checkbox"/> (Leave blank if you do not know if you qualify)		
22	Qualifying Widow(er) <input type="checkbox"/> (Leave blank if you do not know if you qualify)		
23	Did your spouse die in 2002, 2003 or 2004 Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, did you remarry Yes <input type="checkbox"/> No <input type="checkbox"/>	

If additional space is needed, number and insert below.

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Client Information Sheet (continued)

SECTION 3 DEPENDENT INFORMATION

24	1 st Dependent's First Name	MI	Last
25	Social Security Number	_____ - _____ - _____	Date of birth
26	Relationship (son, daughter, etc.)	Dependent's gross income in 2004	
27	Number of months they lived in your home in 2004	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
28	2 nd Dependent's First Name	MI	Last
29	Social Security Number	_____ - _____ - _____	Date of birth
30	Relationship (son, daughter, etc.)	Dependent's gross income in 2004	
31	Number of months they lived in your home in 2004	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
32	3 rd Dependent's First Name	MI	Last
33	Social Security Number	_____ - _____ - _____	Date of birth
34	Relationship (son, daughter, etc.)	Dependent's gross income in 2004	
35	Number of months they lived in your home in 2004	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
36	4 th Dependent's First Name	MI	Last
37	Social Security Number	_____ - _____ - _____	Date of birth
38	Relationship (son, daughter, etc.)	Dependent's gross income in 2004	
39	Number of months they lived in your home in 2004	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 4 INCOME

40	Do you have any Social Security Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
41	Do you have any interest income NOT listed on a 1099INT? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
42	Do you have any dividends from stocks NOT listed on a 1099DIV? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
43	Do you have any income from a business you own? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
44	Did you sell any stocks or bonds in 2004? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
45	Did you have any rental income from property you owned? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
46	Any other income such as prizes, gambling winnings, jury duty, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$

If additional space is needed, number and insert below.

Client Information Sheet (continued)

SECTION 5 DEDUCTIONS

47	Do you have any child care expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ Name of Care Provider _____ Phone _____ Address _____ Address _____ Employer I D # or Social Security # _____
48	Do you have any student loan interest deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
49	Do you have any IRA deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
50	Did you pay interest and property taxes on your home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
51	Did you pay any alimony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
52	Did you have un-reimbursed medical and dental expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
52a	Did you move in 2004? No <input type="checkbox"/> Yes <input type="checkbox"/> How many miles from your old home to your new home:
52b	

SECTION 6 GENERAL QUESTIONS

53	Are any dependents listed in SECTION 3 permanently disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
54	Were you a student at any time during 2004? Yes <input type="checkbox"/> No <input type="checkbox"/> How long? How much did you pay for tuition, fees, books and other school supplies? If Yes, Amount: \$
55	Did you file a federal tax return last year? Yes <input type="checkbox"/> No <input type="checkbox"/> A state tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>
56	Did you itemize your deductions last year? Yes <input type="checkbox"/> No <input type="checkbox"/>
57	* Items 58,59,60 and 61 must be completed:
58	* Do you owe any back taxes? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
59	* Do you owe any back child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
60	* Do you owe any money on a defaulted student loan? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
61	* Did you receive a federal tax refund last year? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
62	If you are in the following occupations, special deductions may apply: Teacher <input type="checkbox"/> Fire fighter <input type="checkbox"/> Police <input type="checkbox"/> Long haul trucker <input type="checkbox"/> Clergy <input type="checkbox"/> Actor/ Artist <input type="checkbox"/>
63	Number of Form W2's attached _____ Number of Form 1099R attached _____
64	Number of Form 1099 INT attached _____ Number of Form 1099G attached _____
65	Number of Form 1099 DIV attached _____ Number of <u>other</u> Forms attached _____

If additional space is needed, number and insert below

SECTION 7 REFUND INFORMATION

66	Please prepare the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State (Name of state or states) :
67	Please electronically file the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State(s)

