Mirto CPA, PLLC

TAX RETURN QUESTIONNAIRE FOR TAX YEAR 2015

CHECK BOX IF YOU ARE A NEW CLIENT ☐

For more information access our website at:

REFFERED BY:

WWW.MIRTOCPA.COM

MAILING address to send back tax documents (if different from tax return)

TAX RETURN address. This address will appear on the tax return

☐ **DIRECT DEPOSIT** Check if you want a faster and more secure refund sent to your account. Provide us with a void check or write info below. If the account info is not provided you will receive a paper check

☐ Same as last year

☐ Void check enclosed

Routing#: ____

Account#:____

Type of Account (ex. Checking or savings):________________

TAXPAYER		**SPOUSE**	
NAME:	**Disabled** ☐ **Blind** ☐	NAME	**Disabled** ☐ **Blind** ☐
Social Security No.	**Date of Birth**	**Social Security No.**	**Date of Birth**
Occupation		**Occupation**	
Home #	Work#	Home#	Work #
Cell#		Cell#	
E-Mail		E-Mail	

School District **County**

FILING STATUS on 12/31/15

☐ MARRIED If MARRIED & prefer to file married filing separately ☐

☐ SINGLE If SINGLE & provided a home for another person check box ☐

☐ HEAD OF HOUSEHOLD

If divorced or legally separated enter date

PROVIDE COPY OF DECREE

Date of Death if Deceased: Taxpayer Spouse

DEPENDENTS

Check if New	Name	Social Security #	Date of Birth	Relationship Daughter Son etc.	During 2015 No. Of months lived in tax-payers home	Dependent had income over $2,000 Yes/No	Taxpayer provided more than 1/2 of dep support	Attends College Yes/No
☐								
☐								
☐								
☐								

☐ Check if you are a noncustodial parent claiming a child because the custodial parent released the exemption to you. **Provide a signed form 8332**

2015 ESTIMATED INCOME TAX YOU PAID QUARTERLY BY CHECK OR ELECTRONICALLY

Federal Payment Record

Date Due	Amount	Check #	Date Sent

State Payment Record

Date Due	Amount	Check#	Date Sent

CHECK IF BOX APPLIES

INCOME ITEMS

SALARIES, WAGE, TIPS & OTHER COMPENSATION
Taxpayer ☐ Spouse ☐ # of W-2's enclosed
W-2's

PENSIONS, ANNUITIES, IRA DISTRIBUTIONS/CONVERSIONS ☐ Check box if had a Roth IRA conversion
Taxpayer ☐ Spouse ☐ # of 1099-R's enclosed
1099 - R
If first year of retirement you must enclose a final pay stuff before retirement. For IRA distributions & conversions provide basis in all IRA accounts

SOCIAL SECURITY INCOME
Taxpayer ☐ Spouse ☐
SSA-1

☐ **SELF EMPLOYED INDIVIDUALS**
Check box if involved in a business as a sole proprietor or a Single Member LLC. Complete enclosed self-employment worksheet
1099-MISC

☐ **PARTNERSHIPS, LLCS, S CORPORATIONS, ESTATES & TRUSTS**
# of K-1 forms enclosed________ Enter date if receiving K-1 form Late________
K-1'S

☐ **RENTAL INCOME & ROYALTIES**
Check box if you own or are involved in rental property and complete the enclosed rental worksheet
1099-MISC

☐ **INTEREST INCOME**
Include interest from Banks, Bonds, Credit Unions, Financial Institutions, Seller Financed Mortgages. (Do not include IRA's)
# of 1099-INT's Enclosed________
1099 - INT

☐ **TAX-EXEMPT INTEREST**
Check box if you have interest income from State and Local box. Enclose brokerage statement.

☐ **DIVIDEND INCOME**
From stocks, mutual funds, etc. (do not include IRA's) # of 1099-DIV's Enclosed ________
1099 - DIV

☐ **STOCKS, MUTUAL FINDS AND OTHER INVESTMENT GAINS (LOSSES)**
1099 - B
Check box if you sold stock, mutual funds or other securities outside of the retirement plan. Include worthless securities, calls puts & sale of stock options. Do not include transactions within an IRA account.
MUST include cost basis information. Transaction summaries from brokerage accounts are preferable. Otherwise complete the "Worksheet for Sale of Stock, Mutual Funds & Other Investments" available on our website
☐ **Stock Options** Granted or Exercised in 2015. Submit detail of the options & send any 1099-B for the sale of exercised optio

☐ **FOREIGN BANK ACCOUNT** ☐ **OTHER FOREIGN ASSETS** See foreign reporting requirement insert for more info
Include highest value of the account in 2015, country location, account number, name & address of the financial institution on a separate worksheet

☐ **INCOME FROM OTHER SOURCES**

$	☐ Alimony received - if checked, include payer's name and SS# :
$	☐ Awards, grants & prizes - if checks include type:
$	☐ Cancellation of debt - 1099-A or 1099-C - if checked enter source of debt:
$	☐ Distributions from 529 plan or education savings account - 1099-Q - if checked, was money used for college?: Yes or No No
$	☐ Farm income - if checked, provide info on farm worksheet available on our website
$	☐ Gambling & lottery winning - W-2G & 1099-G - if checked, include losses: $
$	☐ Health savings account withdrawals - 1099-SA
$	☐ Lawsuit proceeds - 1099-MISC- if checked, include detail of lawsuit & legal fees incurred: $
$	☐ Sell or transfer of rental or investment property. Submit closing statement and figures
$	☐ State and local income tax refunds - 1099-G- if checked, indicate state or locality:
$	☐ Unemployment compensation - 1099-G - if checked, indicate state:
$	☐ Other - please specify: (ex. Jury duty)

DEDUCTIONS & CREDITS

MOVING COSTS (Please indicate any detailed schedule given to your by your employer.) NOTE Temporary quarters & house hunting trips are NOT deductible)

DATE OF TRANSFER ______ (Use reporting date if the move if a work transfer)

Reason for the move (job transfer, retirement, etc.):			
Transportation of belongings	$	Storage fees while overseas	$
Travel, room & board	$	30 days storage for domestic moves	$

ADJUSTMENTS TO INCOME

Note: for Roth IRAs: if income exceeds for MFJ/ for Single then your Roth IRA contribution is limited

		Taxpayer	Spouse
Alimony paid - include recipient's name & SS# :		$	$
IRA contributions - TRADITIONAL		$	$
IRA contributions- ROTH	Note for Roth IRAs: if income exceeds 183k for MFJ/ $116k for Single then your Roth IRA contribution is limited	$	$
Student loan interest - enclose form 1098-E		$	$
Health savings account contributions		$	$
Penalty from an early withdrawal of savings from a CD, etc.		$	$

MEDICAL & DENTAL EXPENSES PAID (Long-term care & health insurance & exp, co-payments, prescriptions, dental, eyecare, etc.) (see checklist)

	$		$
	$		$
	$		$
Medical miles incurred	miles	Less insurance reimbursement for above expenses	($)

STATE & LOCAL TAXES paid in 2015 due to tax notices or revised tax returns (do NOT include withholding or estimated tax pmt) $

SALES TAX

Provide combined state & county sales tax rate ______ %

Sales tax for the purchase of new or used vehicle, board, plane, & home building materials bought anytime in 2015	$
Other sales tax if not using IRS table (we will use tables if greater than total you provide in other sales tax)	$

PERSONAL PROPERTY TAX on vehicles $

REAL ESTATE TAXES & MORTGAGE INTEREST

Send 1098 form: Property Address (include loan interest from boats & Rvs)	Type of Property (ex. Primary res, rental, vacation, 2nd home)	Real estate taxes	Mortgage Interest (if paid to an individual provide name & DD#)

Points paid (include HUD-1 closing statement or 1098 if applicable) ☐ Purchase ☐ Refinance	$	☐ Bought or sold a home in 2015 (include HUD-1 closing statements) ☐ Refinanced home mortgage during 2015 (include HUD-1 closing docs)

CONTRIBUTIONS

List cash donations below

Cash/Check/Credit Card Requirement from IRS: (in order to claim, you must retain bank record or written acknowledgement from charitable organization)

Name of Organization	Donation Amount	Name of Organization	Donation amount
	$		$
	$		$
	$		$

Clothing & other than cash The condition of item must be good used or better AND must be signed written acknowledgement from organization.

Name of organization & Date of donation	Value amount	Name of organization & Date of donation	Value amount
	$		$
	$		$
	$		$

☐ **CASUALTY LOSS DEDUCTION** (Check box if you had a loss from a fire, storm, or theft, etc.)

Provide an attachment that includes a description of the loss, fair market value of asset before and after casualty & insurance reimbursement.

MISCELLANEAOUS DEDUCTIONS (Do not duplicate amounts from attached sheets or schedules) (See checklist & work expense schedules)

Tax return preparation fee paid in 2015	$	Job search expenses	$
Investment interest - margin interest	$	Safe deposit box	$
investment publication & expenses	$		$
Legal fees (related to income generation)	$		$

☐ **ADOPTION CREDIT** (Check box if you adopted a child or are in the process of adoption in 2015)

Indicate if the child is special needs or a foreign child. Provide a list of qualified expenses. Indicate when the adoption is expected to be final.

AUTO ENERGY CREDIT (Purchase of a NEW electric or plug-in hybrid vehicle in year 2015)

Make Model, & Year of Vehicle	Date of purchase	Cost	VIN#
		$	
Purchase of charging equipment & installation		$	

HOME ENERGY CREDIT (For primary residences) Provide copies of receipts and certification from manufacturer, if available. Eligible purchases must meet certain energy efficiency requirements. Refer to website www.energystar.gov and search "tax credit for energy efficiency" for additional information.

Windows/Skylights & certain metal and asphalt roofs	$	Natural gas, propane or oil furnace	$
Exterior doors & insulation systems	$	Advanced main air circulating fan	$
CAC, water heaters, electric heat pumps & biomass stoves	$	Solar & fuel cell & geothermal & wind sys	$

COLLEGE EXPENSES (PLEASE ENCLOSE FORM 1098-T

	Student (1)	Student (2)	Student (3)
Student Name			
College Name			
Tuition & Fees paid	$	$	$
Books, supplies, & equipment	$	$	$
Transportation costs	$	$	$
Year of study (please pick one)	Graduate	Graduate	Graduate

529 COLLEGE SAVINGS PLAN CONTRIBUTIONS (Include child's name/state/plan/amount) (Send documentation of plan)

Child's Name	Name of Plan	State Plan	Amount
			$
			$

CHILD CARE AND DEPENDENT CARE CREDIT (Must request a SS# or EIN# from the caretaker to claim the credit)

☐ Check box if you or your spouse participate in a dependent care benefit program through an employer. (must include daycare info below)

☐ Check box if you and spouse paid for daycare to attend school full time or due to a disability. Child must be 13 years o age or younger.

Provider	Address	Identification # (SSN or EIN)	Amount Paid	Childs name being cared for
			$	
			$	

ADDITIONAL INFORMATION (CHECK IF APPLIES)

☐ $3 to go to Presidential Election Fund
☐ Live in Foreign country: Name of country — Include a schedule of days overseas:
☐ Rent paid for a primary residence. Include amount paid & # of months:
☐ National Guard member or arms forces reservist and traveled more than 100 miles & stayed overnight. Provide a detailed expense worksheet

IF YOU PREFER TO HAVE US BILL YOUR CREDIT CARD UPON COMPLETION OF YOUR RETURNS PLEASE INCLUDE YOUR CC INFO BELOW

Name: Account#: Exp date: Type of card:

Security Code: Signature of cardholder