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RETURN SERVICE REQUESTED

▼

IMPORTANT

YOUR

TAX QUESTIONNAIRE

IS ENCLOSED!



INSTRUCTIONS FOR HAVING YOUR RETURN PREPARED BY MAIL

Please carefully read and complete this *entire* questionnaire before mailing it to us. The more information that we handle by correspondence and the less we handle by phone or office interview, the more prompt our service will be.

Please check if any of the following apply:

- My tax situation has changed significantly from last year, and/or there is further information that would help you prepare my return. I am enclosing an explanation on a separate sheet of paper.
- Some of my tax information is not available. File an extension for me. I am enclosing a separate sheet, describing in as much detail as possible what is missing and the estimated figures.
- Call me: _____
Hours Available _____
- I have some questions to discuss with you
- I want to do some tax planning

When you have completed this questionnaire, please mail it to us - along with the other documents and records requested. It would be wise to mail the package by certified mail. We cannot guarantee that your return will be completed by April 15, unless we receive all necessary information in our office by April 1.

PLEASE NOTE: As a matter of policy, and for future reference, this completed questionnaire will be kept on file in our office. If you want a photocopy for your records, please ask for one.

Thank you.....

READ THIS FIRST

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE."

The "ALERT FLAGS" designate certain special conditions as follows:



Indicates areas that **MUST** be completed by new clients and only need to be filled in by existing clients when the information has changed.



The most important flag of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this flag.

TAXPAYER INFORMATION

Name		Social Security Number*		Birth Date	
You					
Spouse					
Occupation		Home Phone		<input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone	
You					
Spouse					

* Caution - If you have been a victim of identity theft, please contact this office immediately.

ADDRESS & STATUS

Street Address _____

City _____ State _____ ZIP _____

Email _____

Status Changes This Year - Enter Dates

Married	Spouse Deceased	Sold Home
Separated	Dependent Dec'd.	Sold Property
Divorced	Moved	Legally Blind <input type="checkbox"/> You <input type="checkbox"/> Spouse

DEPENDENTS

Soc. Sec. numbers are **MANDATORY**

Name (Include last name if different)	Soc. Sec. #	**	Mo. In Home During Year	Birth Date	If over age of 18	
					Income	<input type="checkbox"/> If Student

** S = Son, D = Daughter, R = Relative, O = Other

Note: For children of divorced or separated parents, the dependency generally goes to the parent with whom the child resided for the longer period of time during the year.

PLEASE PROVIDE THE FOLLOWING

- ✓ LAST YEAR'S TAX RETURN (only if you are a new client)
- ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s*)
*If available. They are not required but speed processing of your returns.

SPECIAL INFORMATION

Employer Pension Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> Spouse Yes
Traditional IRA, Keogh & SEP Plans:		
Contributions		
Withdrawals (1099-R) (1)		
Rollovers (2) or Conversions (3)		
Roth IRA:		
Contributions		
Withdrawals (1099-R) (1)		
Rollovers (2) or Conversions (3)		
<small>(1) If under age 59½ show reason (2) Must be reported even if not taxable unless "transferred" (3) Conversions (rollovers) from a Traditional IRA or other Qualified Plan to a Roth IRA are generally taxable.</small>		
State Tax Refund (1099-G)		
Social Security or RR (SSA-1099/RRB-1099)		
Alimony Received - matched with payer		
Tips Received		
Unemployment Received (1099-G)		
Other: _____		
Alimony paid (provide information below)		
Paid to: _____	SS#: _____	
Salaries, Pensions, & Misc. Income	Provide W-2s and 1099s	
Partnership & Trust Income	Provide K-1s	
Gambling Winnings \$ _____	Student Loan Interest \$ _____	
Coverdell Contribution \$ _____	Sec. 529 Plan Contribution \$ _____	
<input type="checkbox"/> If you have been denied earned income credit by the IRS. If so, have you been re-certified?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required.		
<input type="checkbox"/> If you incurred any adoption expenses this year. If so, enter amount.		

ESTIMATED TAXES PAID

Please provide canceled checks if available.

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund				
First Quarter	April			
Second Quarter	June			
Third Quarter	Sept.			
Fourth Quarter	THIS Jan.			

INTEREST INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.

	Name of Payer (Please provide all forms 1099-INT & 1099-OID)	Banks, Credit Unions, Bonds, etc.	Home State Municipal Bonds (Generally tax free)	Other State Municipal Bonds (Federal tax free)	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax free)
1					
2					
3					
4					
5	Seller Financed Mortgage (Payer name, address & SS# req'd.)		Name, Address & SS#:		
6	FORFEITED INTEREST (early withdrawals)		FEDERAL WITHHOLDING ON INT & DIV:		
7	Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
8	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? <input type="checkbox"/> Yes <input type="checkbox"/> No				

REFUND DIRECT DEPOSIT

Bank Routing Number:

Account Number:

Checking or Savings

Note: If you wish to direct deposit in up to three accounts (including IRA accounts), please provide the above information for the additional accounts and specify the refund allocations, on a separate sheet.

DIVIDEND INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.

	Name of Payer (Please provide all forms 1099-DIV)	Foreign Taxes Paid	Ordinary Dividends	Qualified Portion*	Capital Gains Dividends	Source U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Taxable to State Only	Nontaxable State and Federal
1								
2								
3								

*The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Portion" column. The portion of ordinary dividends that are qualified receive special tax treatment.

QUESTIONS YOU MAY HAVE

MEDICAL EXPENSES PAID

To be deductible, medical expenses must exceed 10% of your adjusted gross income, and then, only the amount that exceeds the 10% floor is deductible. Where a taxpayer or one spouse of a joint filing couple is age 65 or over, the AGI threshold is 7-1/2% through 2016. For AMT purposes, the limit is 10% for all taxpayers. Example: You are over 65, and your income is \$40,000 for the year - your medical expenses must exceed \$3,000 (7.5% of \$40,000) before the first dollar is deductible. Do not include medical expenses that were reimbursed by insurance or paid for with pretax funds.

Hospital, Medical, Dental, Medicare* & Insurance Premiums	
Doctors, Dentists, Psychotherapy & Psychological Counseling	
Hospitals, Nursing Home, Nursing Care, Lodging, etc.	
Prescription Drugs (no "over-the-counter" drugs)	
Glasses, Hearing Aids, Batteries, etc.	Auto Travel mi
Lab & X-Ray	Parking Fees
Supplies, Rentals, etc.:	Phone (toll charges)
Other:	
Insurance Reimbursement (only for amounts listed above)	{ }

*Do not include Medicare withheld from Form W-2, box 6.

TAXES PAID

Real Estate - Home & 2nd Home ONLY (not rental)	
Real Estate - Investment Property (land, etc.) (not rental)	
Vehicle License Fees: (1) (2) (3) (4)	
Personal Property Tax (boat, plane, etc.)	
State Income Tax Paid (provide cancelled checks)	
Balance Due on Last Year's Return	Prior Year's Tax or adjustment
Extension Payment Last Year's Return	Last Year's 4th Quarter paid Jan. of this year

HOME MORTGAGE INTEREST PAID

Provide 1098s Enter Rental Interest in Rental section.		Primary Home	Second Home
1st TD	Paid to a Bank, S & L, etc.*		
	(must list name, address & SSN below**)		
2nd TD	Paid to a Bank, S & L, etc.*		
	(must list name, address & SSN below**)		
Home Equity Loan			
Individual's Name:		SS#:	
Address:			
*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> If Form 1098 was issued in another's social security number, enter that person's name and Social Security number here.			
Name:		SS#:	
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
		YES	NO
Did you refinance during the year? If so, provide final escrow statement		<input type="checkbox"/>	<input type="checkbox"/>
Does your home equity loan exceed \$100,000?.....		<input type="checkbox"/>	<input type="checkbox"/>
Does the sum of all home mortgages exceed \$1,100,000?.....		<input type="checkbox"/>	<input type="checkbox"/>

INVESTMENT INTEREST PAID

Vacant Land	Interest paid for investments, such as land, stocks, etc.
Other:	Brokerage Margin Accounts

CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#.

If employer provides dependent care benefits.

PROVIDER INFORMATION		Payments must be allocated by Child		
Payee SS# or EID# MANDATORY unless exempt organizations.		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				

CHARITABLE CONTRIBUTIONS

CASH

All cash contributions must be documented with either a bank record or written verification from the charity.

House of Worship	Red Cross
Payroll Deduction	Other: _____
Cancer	Other: _____

NON-CASH - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.

Fair Market Value of Clothing & Household Items Contributed	
Automobile Travel for Charitable Purposes	mi
Expenses in connection with a charitable organization	
Explain:	
Vehicle Donation (provide 1098-C)	

MISCELLANEOUS DEDUCTIONS

List all travel expenses including auto, out of town meals, hotel, air fare, etc., in sections for business mileage, and away-from-home expenses (next page).

Do not enter expenses you have listed elsewhere	You	Spouse
Attorney Fees (to protect taxable income)		
Business Gifts (see business expense instructions on next page)		
Dues: Union & Professional		
Employment & Resumé Fees		
Entertainment & Meals (see business expense instructions on next page) enter 100%		
Gambling Losses (limited to taxable winnings)		
Insurance - Business (E & O, malpractice, etc.)		
Investment Expenses		
Publications & Journals		
Other: _____		
IRA or SE Plan Fees Paid by You (not deducted from plan)		
Licenses, Fees, Credentials, etc.		
Publications, Books, etc., used in Business		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Telephone (business calls only)		
Tools, Supplies, Equipment (provide list of items with a useful life of over one year)		
Uniforms - Purchase		
Uniforms - Cleaning		
Other:		

EDUCATION EXPENSES

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family.

STUDENT:	THIS COLUMN IS DESIGNATED FOR:		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR TUITION CREDIT ONLY - Qualified Educational Instruction			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary - First 4 years			
After First 4 years			
Fees - Enrollment/Attendance Only			
Other Expenses - DO NOT COMPLETE Unless qualifying for tax or penalty-free Coverdell Account distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.			
Tuition K - 12 (for Coverdell Distributions only)			
Books/Supplies			
Room/Board			
CONTINUING EDUCATION EXPENSES - Education for the taxpayer & spouse only & ONLY if job related			
Tuition & Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel			(list in appropriate area opposite page)

BUSINESS VEHICLE INSTRUCTIONS

Miles Driven section MUST be completed for every vehicle that is used for business. Actual expenses are NOT required if you are using the government's "standard mileage rate." However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to and from work and for personal travel.	Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Check if Vehicle Provided (<i>owned</i>) by Employer	<input type="checkbox"/>	<input type="checkbox"/>	
Enter Reimbursement Provided by Employer			
Check if the Reimbursement Included in W-2	<input type="checkbox"/>	<input type="checkbox"/>	
Description of Vehicle (<i>make/model</i>)			
Date Originally Acquired			
Parking - Business only (<i>do not include parking at place of employment</i>)			
BUSINESS MILES DRIVEN	Total Miles Auto Driven, Personal & Business (<i>required</i>)	mi	mi
	For Employer	mi	mi
	To Professional Meetings/From Job to School	mi	mi
	Between 1st & 2nd Job	mi	mi
	Jobseeking/Temporary Job Sites	mi	mi
	Investment/Tax Preparation	mi	mi
	Rental	mi	mi
	Self-employed Business	mi	mi
	Other: _____	mi	mi
	Average Round Trip Distance to Work (<i>required</i>)	mi	mi
Total Commuting for the Year (<i>required</i>)	mi	mi	

BUSINESS VEHICLE EXPENSES

Complete only if vehicle used for business.

Gasoline, Oil, Lubrication		
Repairs & Maintenance		
Tires, Batteries, etc.		
Insurance (<i>DO NOT DUPLICATE ELSEWHERE</i>)		
License & Taxes (<i>DO NOT DUPLICATE ELSEWHERE</i>)		
Interest (<i>DO NOT DUPLICATE ELSEWHERE</i>)		
Wash & Wax		
Lease Payments		
Other: _____		

AWAY-FROM-HOME EXPENSES

You Spouse

Airfare		
Auto Rental, Taxi, etc.		
Meals & Tips (<i>enter 100% of expense</i>)		
Lodging & Tips (<i>do not include meals</i>)		
Laundry		
Other: _____		

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office use must also be for the convenience of the employer. If you qualify, you have the option of deducting \$5 per square foot (300 square feet maximum) or itemizing your office expenses. If you choose not to itemize your expenses, only complete the square footage entries.

Total Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Management Fees	Other: _____		
Maintenance & Repairs:	Office	Home in General**	

*If you own your home, provide purchase settlement statement and list of improvements to office.
**Roof, outside painting OK; not lawn care.

SECURITIES & PROPERTY SOLD

IRS matches gross proceeds from sale using the 1099-B. Many brokerage houses use substitute forms. All transactions must be reported even if there is no profit. IRS computer matches sales price.

IRS MATCH

Description	✓If Inher.	Date Acquired	Date Sold	Selling Price	Cost or Other Basis Check box if broker reported basis on 1099-B
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement with statement and county tax bill. List business vehicle expenses and travel expenses in Business Mileage, Rental, this page.

Property	Address	Type Code	1	2	3																	
1																						
2																						
3																						
Property	Income	Advertising	Cleaning & Maintenance	Commissions	Insurance	Legal & Professional Fees	Mortgage Interest Paid to Banks	Other Interest	Repairs: Carpentry, Hardware	Electrical, Plumbing	Paint & Decorating	Supplies	Taxes	Utilities	Wages & Salaries	Condo or Management Fees	Telephone (<i>toll calls only</i>)	Improvements & Replacements	Other:	Number of Days Used Personally	Days Rented at Fair Rental Value	
																			See Instructions Below			

Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.

SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page.

	You	Spouse			
Gross Income					
Returns & Refunds	<	>			
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	You	Spouse	Expense	You	Spouse
Advertising			Rent (<i>other</i>)		
Bank Charges			Repairs		
Commissions			Seminars		
Dues & Pubs.			Supplies		
Entertainment (<i>100%</i>)			Taxes-Payroll		
Freight			Taxes-Sales		
Gifts (<i>see business expense instructions</i>)			Taxes-Property		
Insurance			Telephone		
Interest (<i>mortgage</i>)			Utilities		
Interest (<i>other</i>)			Wages (<i>W-2</i>)		
Legal/Profess.			Other: _____		
Office Expense			Other: _____		
Rent (<i>equip.</i>)			Equipment:		

Provide list including description, purchase date and cost.