

FORM 1040 QUESTIONS

Name: _____ SS#: _____ Home Phone: _____
Spouse: _____ SS#: _____ Work Phone: _____
Dependent: _____ SS#: _____ Work Phone: _____
Dependent: _____ SS#: _____ E-mail: _____
Dependent: _____ SS#: _____ E-mail: _____

Filing Status

- ? Single
- ? Married filing jointly
- ? Married filing separately
- ? Head of household
- ? Qualifying widow(er)

Wages: _____
Taxable interest: _____
Dividends: _____
Taxable refunds: _____
Alimony received: _____
Business income/ loss: _____
Capital gain/ loss: _____
IRA distributions: _____
Pension/ annuities: _____
Rental real estate, royalties, partnerships, etc.:

Expense list for rental income? Y / N

Unemployment compensation: _____
Social Security Benefits: _____
IRA deduction: _____
Student loan interest: _____
Moving expenses: _____
Job Related? Y / N
Self employed SEP, SIMPLE, and qualified plans: _____
Alimony paid: _____
Recipient's SS#: _____
Credit for child and dependent care expenses:

Education credit: _____
Child tax credit: _____
Estimated Tax Payments: _____

Do not write here - For WSBS use only
Special notes:

Quoted: \$ _____ **Final: \$** _____ **Invoice: #** _____

SCHEDULE A & B QUESTIONS

Medical and Dental Expenses

Doctor: _____
Dental: _____
Insurance: _____
Co pays: _____

Taxes Paid

State and local income taxes: _____
Real estate taxes: _____
Personal property taxes: _____

Interest Paid

Home mortgage interest and points: _____
Home mortgage interest not reported to you: _____
Points not reported to you: _____
Do you have a 2nd or 3rd on the home? Y / N

Gifts to Charity

Gifts by cash or check: _____
Gifts made other than cash or check: _____

Casualty and theft loss(es) : _____

Job Expenses and Most Other Miscellaneous Deductions

Unreimbursed employee expenses: _____
Tax preparation fees: _____
Other: _____

SCHEDULE B QUESTIONS

Interest Received: _____

Dividends Received: _____

SCHEDULE D QUESTIONS (STOCK)

Description	Date Acquired	Date Sold	Sales Price	Cost or basis

SCHEDULE C QUESTIONS

INCOME

Gross Receipts: _____

Returns and Allowances: _____

Cost of Good Sold: _____

EXPENSES

Advertising: _____

Bad Debts: _____

Auto Expenses

 Total miles _____

 Business miles _____

 Commuting miles: _____

 Parking & tolls: _____

Commissions/ Fees: _____

Insurance (E&O, Business): _____

Insurance Medical: _____

Business Mortgage: _____

Legal and Professional: _____

Office Expense (postage, paper, supplies, etc.):

Pension and Profit Sharing Plans: _____

Rent or lease

 Vehicles, machinery, and equipment:

 Other business property: _____

Repairs and Maintenance: _____

Supplies: _____

Taxes and Licenses: _____

Travel Expenses

 Travel: _____

 Meals: _____

 Entertainment: _____

Utilities

 Telephone: _____

 Cellular: _____

 Electricity: _____

 Gas: _____

 Water: _____

 Garbage: _____

COST OF GOODS SOLD

Inventory at beginning of year: _____

Cost of labor: _____

Materials and Supplies: _____

Inventory at end of year: _____