

Foot & Tick
Certified Public Accountants
Tax Return Questionnaire - 2007 Tax Year ©

Name(s) and Address: _____ **Social Security Number(s):** _____ **Occupation** _____
 Taxpayer: _____
 Spouse: _____

Phone: Work: _____ **Home:** _____

Do you wish \$3 to go to the the Presidential Election Campaign Fund? (Tax amount is not affected) Yes No
 Filing Status: Single Married Head of Household Qualifying widow
 Birth Date: Month, Day, Year Yourself: ___/___/___ Spouse: ___/___/___

Dependents:

Name (First, Initial, Last)	Income Over \$850? (Y/N)	Date of Birth	Soc Sec No.	Relationship	No of Months Lived in Home

INCOME:

1. Wages and Salaries (Attach W-2's)

Amounts Withheld

Name of Payor	Gross Wages	Soc Sec	Medicare	Fed Income Tax	St Income Tax

2. Interest Income (Attach 1099's)

(List Non-taxable Interest Income also, but Identify as nontaxable)

Name of Payor:	Amount	Name of Payor:	Amount

3. If you received any interest from a "Seller Financed" Mortgage, Provide:

Name and Address of Payor	Social Security No.	Amount

4. Dividend Income (Attach 1099's)

Name of Payor:	Amount of Ordinary Dividends	Name of Payor:	Amount of Qualified Dividends

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5. Capital Gains or Losses:

<i>Investment</i>	<i>Date Acquired</i>	<i>Cost or Other Basis</i>	<i>Date Sold</i>	<i>Net Sale Proceeds</i>

6. Other Gains and Losses: *(Include details of dispositions of any business/rental/farm assets)*

<i>Investment</i>	<i>Date Acquired</i>	<i>Cost/Other Basis</i>	<i>Date Sold</i>	<i>Sale Proceeds</i>

7. Pensions, IRA distributions, Annuities, and Rollovers

Total Received _____
 Taxable Amount _____
(Attach all 1099's or other related papers)

8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts

(Attach K-1's for Partnerships/S Corporations/Fiduciaries) _____
(Attach separate schedule(s) showing receipts & expenses for each rental property)

10. Unemployment compensation received

11. Nontaxable combat pay (for computing earned income credit) (W2 box 14, Code Q) _____

12. Social Security Benefits received (Attach annual statement) _____

13. State/Local Tax Refund(s) _____

14. Other Income:

<i>Description</i>	<i>Amount</i>

CREDITS:

Child and Dependent Care:

(1) Number of Qualifying Individuals (under 13 years of age) _____
 (2) Name, address and identification number of each provider:

<i>Name:</i>	<i>Address:</i>	<i>Amount Paid</i>

If Payments were made to an individual, were the services performed in your home? Yes [] No []
 If "Yes", have payroll reports been filed? Yes [] No []

Expenses incurred in connection with an adoption ("Special needs" child Y [] No []?) _____

Tuition & Fees paid for higher education

(Deduction/Hope & Lifetime Learning Credits) _____ *(Attach details and/or statement from educational institution)*

Foreign Tax Credits

Attach details of type foreign tax, country, and whether "withheld" or paid direct _____

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2006 Estimated Tax Payments:

	Federal:	<i>Amount</i>	State:	<i>Amount</i>
	<i>Applied from 2006 return</i>	_____	<i>Applied from 2006 return</i>	_____
Other Payments:	<u>Date</u>	_____	<u>Date</u>	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Other payments or credits - Attach schedule and explain _____

ITEMIZED DEDUCTIONS:

Medical and Dental

- 1. Out of pocket costs for prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, and medical and dental insurance premiums (including Medicare B) paid in 2007 (reduce by any insurance reimbursements) _____
 - 2. Transportation and lodging incurred to obtain medical care _____
 - 3. Other - hearing aids, eyeglasses, medical devices, etc. _____
- _____
- _____

Taxes Paid in 2007

- 1. State and local income taxes not listed elsewhere _____
- 2. General sales taxes (List sales taxes paid on autos, boats, etc. on a separate page.) _____
- 3. Real estate taxes not listed elsewhere _____
- 4. Personal property taxes (includes owners tax on auto registration) _____

Interest Paid in 2007

- 1. Home mortgage interest paid to financial institutions _____
- 2. Home mortgage interest paid to individuals _____
- Name: _____
- Address: _____
- 3. Points paid on [] purchase [] refinance (include details) _____
- 4. Investment Interest _____
- 5. Student loan interest _____

Contributions: *(Written documentation is required for all gifts)*

- 1. Cash - Less than \$3,000 paid to any one organization _____
 - 2. Cash - \$3,000 or more to any one organization show name of organization _____
- _____
- _____
- _____

3. Other than cash - attach details _____

Casualty and theft losses - attach details

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Miscellaneous Deductions

Employee business expenses - attach details

Amount

- Reimbursed _____
- Not Reimbursed _____
- Job hunting expenses (list) _____

Other Expenses

- Tax Preparation _____
- Union Dues _____
- Business Publications. _____
- Professional Dues/Fees. _____
- Safety Deposit Box Rental _____
- Small Tools used in your trade or business. _____
- Business telephone _____
- Uniforms & Cleaning _____
- IRA Custodial fees _____
- Investment expenses _____
- Education expenses (attach details) _____
- Business entertainment _____
- Other miscellaneous deductions. _____

Adjustments to income:

Amount

- 1. Educator expenses _____
- 2. Business expenses of reservists, performing artists, & fee-basis government officials. _____
- Maximize?***
- 3. Your IRA deduction. Yes [] No [] _____
- 4. Spouse's IRA deduction. Yes [] No [] _____
- 5. Self-employed SEP, SIMPLE, & qualified plan deduction Yes [] No [] _____
- 6. Student loan interest deduction. _____
- 7. Tuition and fees deduction. _____
- 8. Health savings account deduction. _____
- 9. Moving expenses (attach details including costs & mileages). _____
- 10. Penalty for early withdrawal of savings. _____
- 11. Alimony paid - List Name & social sec no. _____
- 12. Self-employed health insurance premiums _____

Did you or anyone in your family receive a scholarship of any kind during 2007? (This includes athletic scholarships)

Yes [] No []

If "Yes", please provide details

If you have added or disposed of any fixed assets used in a trade or business or rental or farm activities, please provide the following:

Additions: Description, date acquired, cost (& trade-in if any)

Dispositions: Description, date of disposition, amount realized.

(if we did not prepare your 2006 return, also provide the date acquired, acquired, cost, depreciation method used, and accumulated depreciation)

If we have not previously prepared your return - please provide a copy of your 2004, 2005, and 2006 tax returns.

Did you receive any notices from the IRS or state(s) or settle any tax examinations concerning your prior years' tax returns?

If yes, provide copy of notices, settlement reports, etc.

Yes [] No []

Did you receive any payments from a pension or profit sharing plan?

If yes, provide pertinent information or statements from the plan

Yes [] No []

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If you would like your tax refund (if any) deposited directly into your bank, provide:

Account Type: Checking Savings
Your Account Number: _____
Bank Routing Number: _____

Did you sell your primary residence during 2007? Yes No

Did you change your state of residency during 2007? Yes No

If "Yes", please provide the following:

Previous address. _____

Date of Move. _____

Distance. _____ miles

Costs of Move: _____ (Describe) _____

For the year 2007: (Provide details for any "Yes" response)

Did your principal residence (and second residence, if any) loan(s) exceed the fair market value of the residence? Yes No

Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$1,000,000 partly or wholly incurred on your residence after 10/13/87? Yes No

Did you exercise any stock options? Yes No

Did you purchase, sell, or own any bonds for which you paid more or less than the face amount (ie, premium or discount)? Yes No

Did you sustain any nonbusiness bad debts? Yes No

Did you or your spouse make any gifts in excess of \$12,000 to any one donee? Yes No

Were you the recipient of, or did you make a "below-market" or "interest-free" loan? Yes No

Do you have a child under the age of 14 as of December 31, 2007 who has unearned income (interest, dividends, etc) greater than \$1,700? Yes No

Did you cash Series EE U.S. Savings Bonds that were issued after 1989 to pay for qualified higher education expenses during the year for yourself, your spouse, or your dependents? Yes No

Did you lease or rent a car which you used for business purposes? Yes No

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2007, (5) percentage of business use, (6) business or work the car was used in, (7) amount of employee business expenses reported to you by your employer on Form W2

Did you have a bank account(s) in a foreign country that exceeded US\$10,000 in aggregate at any time during the year? If "Yes", provide: Yes No

(1) Name of the bank, (2) Account number, (3) Approximate highest value during the year, (4) Country in which the account was located, and (5) Whether the account was owned by the taxpayer, spouse, or jointly.

Rental & Royalty Income and Expense

Property Type: Residential [] Commercial []

Location: _____

If vacation home:
 Number of days rented _____
 Number of days used personally _____

Property is owned by: Taxpayer [] Spouse [] or Joint []

Percentage ownership if not 100% _____ %
*Please indicate if income and expenses below
 are listed at 100% or your percentage*

Did you live in part of the rental property? Yes [] No []
 If yes, what percentage did you occupy as a tenant? _____ %
 [] Check if rented to related party. (Explain)

Income ***Amount***
 1. Rental income. _____
 2. Royalties received _____

Expenses	<i>Amount</i>
1. Advertising _____	16. Property taxes _____
2. Association dues. _____	17. Utilities. _____
3. Auto expense _____ <i>(Complete schedule on last page)</i>	Other: (Description) _____
4. Travel. _____	18a. _____
5. Cleaning and maintenance. _____	18b. _____
6. Commissions. _____	18c. _____
7. Insurance. _____	18d. _____
8. Legal and professional fees. _____	18e. _____
9. Allocated tax preparation fees _____	18f. _____
10. Licenses and permits _____	18g. _____
11. Management fees. _____	18h. _____
12. Mortgage interest _____ <i>(reported on Form 1098)</i>	18i. _____
13. Other interest _____	18j. _____
14. Repairs. _____	18k. _____
15. Supplies _____	18l. _____
	18m. _____
	18n. _____

Depreciation Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

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Business Income & Expense (Sole Proprietorship)

Principal business or profession _____ Principal business code _____
 Business name _____ Employer ID Number _____
 Business address _____
 City _____ ST _____ ZIP Code _____
 Business is owned by: Taxpayer [] Spouse [] Accounting method: Cash [] Accrual []
 Inventory method: Cost [] Lower or cost or market [] Other [] N/A []
 Did you materially participate in business? Yes [] No []
 Check if this is the first year of the business. []

Income

1. Gross receipts or sales _____
2. Returns and allowances. _____
3. Other income. _____
- _____
- _____
- _____

Cost of Goods Sold

1. Beginning of year inventory _____
2. Purchases _____
3. Cost of items used personally _____
4. Cost of labor _____
5. Materials and supplies _____
6. Other costs _____
7. End of year inventory _____

Expenses

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Advertising _____ 2. Bad debts (N/A cash basis) _____ 3. Car and truck expenses _____
(Complete schedule on last page) 4. Commissions and fees _____ 5. Depletion _____ 6. Depreciation (list below) _____ 7. Employee benefits _____ 8. Employee health insurance _____ 9. Health insurance for you _____
and your family _____ 10. Other insurance _____ 11. Mortgage interest _____ 12. Other interest _____ 13. Legal and accounting fees _____ 14. Allocation of tax prep fees _____ 15. Office expense _____ 16. Pension and profit sh plans _____ 17. Rent, vehicles, mach, & equip _____ 18. Rent, other business property _____ 19. Repairs & maintenance _____ | <ol style="list-style-type: none"> 20. Supplies _____ 21. Payroll taxes _____ 22. Other taxes _____ 23. Licenses _____ 24. Travel _____ 25. Meals and entertainment (in full) _____ 26. Utilities _____ 27. Wages _____ 28. Management fees _____ 29. Consulting expenses _____ 30. Payroll service _____ 31. Employee vehicle expense _____ 32. Employee mileage reimb _____ 33. Client gifts limited to (\$25 each) _____ 34. Education and seminars _____ 35. Other: (Description) _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ |
|---|--|

Depreciation:

Property	Date Acquired	Cost or Other Basis	Depr Method	Prior Depreciation

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Farm Income & Expense

Principal product _____ Product code _____

Employer ID No. _____

Accounting method: Cash [] Accrual []

Check if you materially participated inf farm operations [] Taxpayer [] Spouse []

Income

- 1. Sales of livestock and other resale items _____
- 2. Cost of above. _____
- 3. Sales of livestock, produce, etc. you raised. _____
- 4. Cooperative distributions (1099-PATR) _____
- 5. Cooperative distributions, taxable portion _____
- 6. Agricultural program payments. _____
- 7. Agricultural program payments, taxable portion _____
- 8. Commodity Credit Corporation loans _____
- 9. Crop insurance proceeds _____
- 10. Custom hire _____
- 11. Other: _____

Expenses

- 1. Car and truck expenses _____
- 2. Chemicals _____
- 3. Conservation expense _____
- 4. Custom hire (machine work) _____
- 5. Employee benefit programs _____
- 6. Employee health insurance _____
- 7. Feed purchased _____
- 8. Fertilizers and lime _____
- 9. Freight and trucking _____
- 10. Gasoline, fuel, and oil _____
- 11. Other insurance _____
- 12. Mortgage interest _____
- 13. Other interest _____
- 14. Labor hired _____
- 15. Legal and professional fees _____
- 16. Allocated tax prep fees _____
- 17. Pension and profit sh plans _____
- 18. Vehicle rental _____
- 19. Machinery and equip rental _____
- 20. Land rental _____
- 21. Other _____
- 22. Repairs and maint _____
- 23. Seeds and plants purchased _____
- 24. Storage and warehousing _____
- 25. Supplies purchased _____
- 26. Payroll taxes _____
- 27. Other taxes _____
- 28. Utilities _____
- 29. Veterinary, breeding, & medicine _____
- 30. Other: _____
- 31. _____
- 32. _____
- 33. _____
- 34. _____
- 35. _____
- 36. _____

Depreciation:

<i>Property</i>	<i>Date Acquired</i>	<i>Cost or Other Basis</i>	<i>Depr Method</i>	<i>Prior Depreciation</i>

Telephone: 303-123-4567 Fax: 720-765-4321

Business Use of Home

Do you use any part of your home regularly and exclusively for business? Yes [] No []

Estimated percentage of time spent in home office compared to
total time spent in this business activity (e.g., 10%, 20%) _____

Description of work done in home office. _____

Description of work done outside of home office. _____

Total area of home. _____

Total area of home used regularly for business _____

	Direct costs <i>(benefit only business portion of home)</i>	Indirect Costs <i>(other)</i>
Home insurance.	_____	_____
Repairs and maintenance	_____	_____
Utilities.	_____	_____
Rent	_____	_____
Other.	_____	_____
If daycare facility:		
Days used as daycare facility	_____	
Hours per day used as daycare facility.	_____	
Prior year carryover of unallowed losses		_____
Cost of home and improvements and prior depreciation.		_____
Depreciation of home, improvements, furniture, and equipment:		_____

Property	Date Acquired	Cost or Other Basis	Depr Method	Prior Depreciation

Household Employees: (Nanny Tax)

Did you pay a household employee at least \$1,500 this year? Yes [] No []
(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)

If yes, provide the following information for each:

Name _____	Federal income tax withheld _____
Social Security No _____	Social Security tax withheld _____
Wages paid _____	Medicare tax withheld. _____
	State income tax withheld _____

Your Employer Identification No. (you can no longer use your social security Number) _____

Has a W-2 been filed? Yes [] No []

If no, do you want us to prepare them for you? Yes [] No []

Have the necessary state employment returns been filed? Yes [] No []

If no, do you want us to prepare them for you? Yes [] No []

Was the household employee under eighteen years of age and a student? Yes [] No []

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