

**SPECTRUM
FINANCIAL
RESOURCES**

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Tax Return Questionnaire - 2019 Tax Year

Name(s) and Address: _____ **Social Security Number(s):** _____ **Occupation** _____
 Taxpayer: _____
 Spouse: _____
Address: _____ **Phone: Work:** _____ **Home:** _____
 _____ **Cell :** _____ **Fax :** _____
E-Mail: _____
Existing Client _____ **or Referred By** _____

Do you wish \$3 to go 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:

<i>(First, Initial, Last)</i>	<i>Income Over \$950? (Y/N)</i>	<i>Birth Date</i>	<i>Soc Sec No.</i>	<i>Relationship</i>	<i>No of Months Name Lived in Home</i>

INCOME:

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

<i>Name of Payer</i>	<i>Amounts Withheld</i>					
	<i>Gross Wages</i>	<i>Soc Sec</i>	<i>Med</i>	<i>SDI</i>	<i>Fed Income Tax</i>	<i>St Income Tax</i>

2. Interest Income (Attach 1099's) (List Non-taxable Interest Income also, but Identify as nontaxable)

<i>Name of Payer:</i>	<i>Amount</i>	<i>Name of Payer:</i>	<i>Amount</i>

3. If you had an interest in or authority over a foreign account/investment , Provide:

<i>Name and Address of Institution</i>	<i>Type of Acct.</i>	<i>Amount</i>

4. Dividend Income (Attach 1099's)

<i>Name of Payer:</i>	<i>Amount</i>	<i>Name of Payer:</i>	<i>Amount</i>

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. Social Security Benefits received (Attach annual statement) _____

12. State/Local Tax Refund(s) _____

13. 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 (*American Opportunity, Hope & Lifetime Learning Credits*)

If education maintained/improved your existing skills in your current profession, please complete the Continuing Education Worksheet in the "Tools" section of our website.

Foreign Tax Credits

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

2019 Estimated Tax Payments:

Federal:	<i>Date</i>	<i>Amount</i>	State:	<i>Date</i>	<i>Amount</i>
<i>Applied from 2018 return</i>	_____	_____	<i>Applied from 2018 return</i>	_____	_____
Other Payments:	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____

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 2019 (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 2019

- 1. State and local income taxes not listed elsewhere _____
- 2. Real estate taxes not listed elsewhere _____
- 3. Personal property taxes (includes owners tax on auto registration) _____
- 4. Sales Taxes on the purchase of a motor vehicle, boat, or other large item _____
 Purchase Price of the Vehicle \$ _____

Interest Paid in 2019

- 1. Home mortgage interest paid to financial institutions _____
Loan Balance: _____
- 2. Home mortgage interest paid to individuals _____
Name: _____
Address: _____
Social Security Number: _____
- 3. Points paid on [] purchase [] refinance (include details) _____
- 4. Investment Interest _____
- 5. Student loan interest _____
- 6. Mortgage Insurance Premiums (only for contracts issued after January 1, 2007) _____

Contributions: *(Written documentation is required for all gifts of \$250 or more - not just cancelled checks. Please list out the names of any organizations to which you gave over \$250)*

- 1. Cash - Less than \$250 paid to any one organization _____
- 2. Cash - \$250 or more to any one organization, show name of organization and amount.

- 3. Other than cash - attach details _____

Casualty and theft losses - attach details

Employee business expenses - attach details

	<i>You</i>	<i>Spouse</i>
Reimbursed	_____	_____
Not Reimbursed	_____	_____
Job hunting expenses (list)	_____	_____

Other Expenses

Tax Preparation	_____	_____
Union Dues	_____	_____
Business Publications.	_____	_____
Professional Dues/Fees.	_____	_____
Safety Deposit Box Rental	_____	_____
Supplies	_____	_____
Business telephone	_____	_____
Business Internet Service	_____	_____
Uniforms & Cleaning	_____	_____
IRA Custodial fees	_____	_____
Investment expenses	_____	_____
Education expenses (attach details)	_____	_____
Business Meals and Entertainment	_____	_____
Business Travel	_____	_____
Other miscellaneous deductions.	_____	_____

Adjustments to income:

Amount

1. IRA deduction		_____	_____
	Maximize	Yes [] No []	Yes [] No []
2. Keogh or SEP deduction		_____	_____
	Maximize?	Yes [] No []	Yes [] No []
3. Alimony paid - List Name & social sec no.		_____	_____
4. Self-employed health insurance premiums		_____	_____
5. Contributions to a 529 plan		_____	_____
Beneficiary on Plan		_____	_____
6. Roth IRA		Yes [] No []	Yes [] No []

Did you or anyone in your family receive a scholarship of any kind during 2019? (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 2018 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 2018 Federal and State 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? Yes [] No []
If yes, provide pertinent information or statements from the plan

Please provide the following information so your tax refund (if any) deposited directly into your bank:

Account Type: _____ Bank Name: _____
 [] Checking [] Savings _____ Account Number _____
 Bank Routing Number _____

Did you sell your primary residence during 2019? Yes [] No []
If yes, please provide closing statements from purchase and sale and a list of costs incurred for improvements you made to the property.

Did you change your state of residency during 2019? Yes [] No []
 If "Yes", please provide the following:
 Previous address. _____

Date of Move. _____
 Distance. Miles _____
 Costs of Move: _____ (Describe) _____

For the year 2019:*(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 between 10/13/87 and 12/14/17? Yes No

Did you make a new home purchase on or after 12/15/17 that has total mortgage indebtedness in excess of \$750,000? 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 \$13,000 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 either under the age of 18 as of January 1, 2019, or age 19-23 and is a full time student who has unearned income (interest, dividends, etc) greater than \$1,900? 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 days the car was leased in 2018

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	Amount
1. Advertising _____	16. Property taxes _____
2. Association dues. _____	17. Utilities. _____
3. Auto expense _____ (Complete schedule on last page)	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 _____ (reported on Form 1098)	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

Business Income & Expense (Sole Proprietorship)

(Please fill out one sheet per business)

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 (Do not include personal portion of expenses)

1. Advertising _____
 2. Bad debts (accrual basis only) _____
 3. Car and truck expenses _____
 (Complete schedule on last page)
 4. Commissions and fees _____
 5. Depletion _____
 6. Employee benefits _____
 7. Employee health insurance _____
 8. Health insurance for you _____
 and your family _____
 9. Other insurance _____
 10. Business Mortgage interest _____
 11. Other interest _____
 12. Legal and accounting fees _____
 13. Office expense _____
 14. Pension and profit sh plans _____
 15. Rent, mach, & equip _____
 16. Rent, other business property _____
 17. Repairs & maintenance _____

18. Supplies _____
 19. Payroll taxes _____
 20. Other taxes _____
 21. Licenses _____
 22. Travel _____
 23. Meals and entertainment (in full) _____
 24. Utilities _____
 25. Wages _____
 26. Management fees _____
 27. Consulting expenses _____
 28. Payroll service _____
 29. Employee vehicle expense _____
 30. Employee mileage reimb _____
 31. Client gifts limited to (\$25 each) _____
 32. Education and seminars _____
 33. Other: (Description) _____
 34. Telephone _____
 35. Cable/DSL _____
 36. _____
 37. _____
 38. _____

Depreciation:

Property	Date Acquired	Cost or Other Basis	Depr Method	Prior Depreciation

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>(benefits personal & business portion of home)</i>
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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: _____

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

Household Employees: (Nanny Tax)

Did you pay a household employee at least \$1,800 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 <input type="checkbox"/> No <input type="checkbox"/>
If no, do you want us to prepare them for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the necessary state employment returns been filed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, do you want us to prepare them for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the household employee under eighteen years of age and a student?	Yes <input type="checkbox"/> No <input type="checkbox"/>

