

**SPECTRUM  
FINANCIAL  
RESOURCES**

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**Tax Return Questionnaire - 2018 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*

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**2018 Estimated Tax Payments:**

<b>Federal:</b>	<i>Date</i>	<i>Amount</i>	<b>State:</b>	<i>Date</i>	<i>Amount</i>
<i>Applied from 2017 return</i>	_____	_____	<i>Applied from 2017 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 2018 (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 2018**

- 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 2018**

- 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><b>You</b></i>	<i><b>Spouse</b></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		_____	_____
	<b>Maximize</b>	Yes [ ] No [ ]	Yes [ ] No [ ]
2. Keogh or SEP deduction		_____	_____
	<b>Maximize?</b>	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 2018? (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 2017 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 2017 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 2018?** 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 2018?** Yes [ ] No [ ]  
 If "Yes", please provide the following:  
 Previous address. \_\_\_\_\_

Date of Move. \_\_\_\_\_  
 Distance. Miles \_\_\_\_\_  
 Costs of Move: \_\_\_\_\_ (Describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For the year 2018:***(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, 2018, 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 \_\_\_\_\_

<b>Expenses</b>	<b>Amount</b>	<b>Amount</b>
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. _____

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

## 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 \_\_\_\_\_

	<b>Direct costs</b> <i>(benefit only business portion of home)</i>	<b>Indirect Costs</b> <i>(benefits personal &amp; business portion of home)</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: \_\_\_\_\_

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

**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  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

**Business Use of Automobile(s)**

	<b>You</b>	<b>Spouse</b>
Description of Vehicle (Make/Model)	_____	_____
Is Vehicle > 6,000 lbs?	_____	_____
Date Placed in Service	_____	_____
Total Miles driven during 2018	_____	_____
Business miles driven between: <i>(not including commute)</i> January 1, 2018 – December 31, 2018	_____	_____
Total commuting miles for the year	_____	_____
Parking Fees & Tolls	_____	_____
Out of Pocket Auto Expenses:		
Gasoline	_____	_____
Repairs	_____	_____
Insurance	_____	_____
Licenses & Taxes	_____	_____
Interest	_____	_____
Lease payment	_____	_____
Other	_____	_____

*If this is the first year your non-leased vehicle was used for business, please provide the purchase date and price.* \_\_\_\_\_

*If your vehicle is leased, please provide the following information:*

*Date of Lease Inception:* \_\_\_\_\_

*Fair Market Value of the vehicle at the date of Lease Inception:* \_\_\_\_\_

This vehicle was used in:  My business  My rental property activities  My farming activities

Do you (or your spouse) have another vehicle available for personal use? Yes  No

Was your vehicle available for use during off-duty hours? Yes  No

Do you have evidence to support your deduction? Yes  No  Is it written? Yes  No

**Additional Information**

Please elaborate on any of your tax data, or include other facts and circumstances we should be aware of in order to properly prepare your tax return. Also include any questions you may have.

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