

# LFM INCOME TAX QUESTIONNAIRE TAX YEAR 2011

Please help us help you

Completing the attached Questionnaire will help us get you the tax deductions you deserve

This questionnaire is for personal income and itemized deductions. All business information is recorded on the business questionnaire, record book or Quickbooks records.

- **Returning Clients:** Make any changes or additions to items in 1 and any dependent changes in item 2. Please answer all questions in item 2 and complete the rest of the questionnaire. Cross out or write N/A by questions that do not pertain to you.
- **New Clients:** Complete the entire questionnaire and bring copies of your 2009 and 2010 tax returns. Cross out or write N/A by questions that do not pertain to you.

Note: TP refers to Taxpayer, SP refers to spouse

## Lakeshore Farm Management

401 S Calumet Dr.

P O Box 280

Valders, WI 54245

Phone: 920-775-3900 or 1-800-817-3901

Fax: 920-775-3901



Tax Return Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ PM

Please complete this Organizer before your appointment. Include all statements (W-2s, 1099s, etc.)

1. Personal Information		Taxpayer		Spouse	
First name & initial					
Last name					
Social Security number					
Date of birth					
Occupation					
E-mail address					
Work phone	Cell		Work	Cell	
Home phone	Fax		Home	Fax	
Address					Apt/Suite
City			State	ZIP	

Taxpayer Legally Blind  Yes  No      Spouse Legally Blind  Yes  No  
 Taxpayer Disabled  Yes  No      Spouse Disabled  Yes  No  
 Pres. Campaign Fund (Taxpayer)  Yes  No      Pres. Campaign Fund (Spouse)  Yes  No  
 Filing status: Single  Head of Household  Married filing joint  Married filing separate  Widower  Year of Spouse death? \_\_\_\_\_

**2. Dependents (Children & Others)**

Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

- |   |  |
|---|--|
| <p>1. Did your marital status change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did your address change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Were there any changes in dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did you receive unreported tip income of \$20 or more in any month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did you receive any unemployment or disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you buy or sell any stocks, bonds or other investment property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Could you be claimed as a dependent on another person's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you pay anyone for domestic services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you pay anyone for childcare services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Did you give a gift of more than \$13,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you go through bankruptcy, foreclosure, or repossession proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you incur a loss because of damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Were you notified or audited by either the IRS or State taxing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Did you work from a home office or use your car for business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Were you a citizen of, have income from, or live in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Do you want to electronically file your tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Did you buy any internet merchandise for which you did not pay sales/use tax? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

**Lakeshore Farm Management**  
 401 S Calumet Drive  
 Valders WI 54245  
 Tel: (920) 775-3900 Fax: (920) 775-3901



### 13. Medical/Dental Expenses

Medical insurance premiums (paid by you) \_\_\_\_\_  
Long Term Care insurance TP \_\_\_\_\_ SP \_\_\_\_\_  
Prescription drugs \_\_\_\_\_  
Glasses, contacts \_\_\_\_\_  
Hearing aids, batteries \_\_\_\_\_  
Braces \_\_\_\_\_  
Medical equipment, supplies \_\_\_\_\_  
Nursing care \_\_\_\_\_  
Medical therapy \_\_\_\_\_  
Hospital \_\_\_\_\_  
Doctor/Dental/Orthodontist \_\_\_\_\_  
Mileage (no. of miles) \_\_\_\_\_

### 14. Taxes Paid

Real property tax (attach bills) \_\_\_\_\_  
Personal property tax \_\_\_\_\_  
Other: \_\_\_\_\_

### 15. Interest Expense

Mortgage interest paid (attach 1098's) \_\_\_\_\_  
Interest paid to individual for your home  
(attach amortization schedule) \_\_\_\_\_  
Paid to:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Investment interest \_\_\_\_\_

### 16. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.

Location of property \_\_\_\_\_  
Description of property \_\_\_\_\_  
Amount of damage \_\_\_\_\_  
Insurance reimbursement \_\_\_\_\_  
Repair costs \_\_\_\_\_  
Federal grants received \_\_\_\_\_

### 17. Estimated Tax Payments

Federal Amount	State Amount
LY - Jan 15 _____	LY - Jan 15 _____
Q1 - Apr 15 _____	Q1 - Apr 15 _____
Q2 - Jun 15 _____	Q2 - Jun 15 _____
Q3 - Sep 15 _____	Q3 - Sep 15 _____
Q4 - Jan 15 _____	Q4 - Jan 15 _____

### 18. Charitable Contributions (receipts required)

Church \_\_\_\_\_  
United Way \_\_\_\_\_  
Scouts \_\_\_\_\_  
Telethons \_\_\_\_\_  
University, Public TV/Radio \_\_\_\_\_  
Heart, Lung, Cancer, etc. \_\_\_\_\_  
Wildlife Fund., Humane society \_\_\_\_\_  
Salvation Army, Goodwill \_\_\_\_\_  
Other: \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Value of goods (attach list if more than one) \_\_\_\_\_  
Volunteer mileage \_\_\_\_\_

### 19. Miscellaneous/Unreimbursed Expenses

Dues - union, professional \_\_\_\_\_  
Books, subscriptions, supplies \_\_\_\_\_  
Licenses \_\_\_\_\_  
Tools, equipment, safety equipment \_\_\_\_\_  
Uniforms (including cleaning) \_\_\_\_\_  
Sales expense, gifts \_\_\_\_\_  
Tuition, Books (work related) \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Tax preparation fee \_\_\_\_\_  
Safe deposit box \_\_\_\_\_  
IRA custodial fees \_\_\_\_\_  
Investment periodicals, advisory fees \_\_\_\_\_  
Job search expense \_\_\_\_\_  
Moving of household goods (job related) \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

### 20. Day Care Expense (Form 2441)

Provider #1 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Provider #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
EIN/SS# \_\_\_\_\_ Amt Pd \_\_\_\_\_  
Children cared for \_\_\_\_\_

