

2011 TAX INFORMATION QUESTIONNAIRE

Rev. 12/11

TAXPAYER: _____ Social Security No. _____ Date of Birth _____ Street address _____ County _____ Home phone _____ Your Occupation _____ E-mail address _____	SPOUSE: _____ Social Security No. _____ Date of Birth _____ City _____ State _____ Zip _____ School district _____ Business phone _____ Spouse's Occupation _____ Fax number _____
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Taxpayer		Spouse	
Yes	No	Yes	No

Are you legally blind?
 \$3 of your taxes to the Pres. Election Campaign Fund?
 Are you a widow or widower? If yes, date of death of spouse _____
 Were you separated or divorced during the year?
 Are you single and head of household which includes a child or parent?
 Do you live / work within a city that has an income tax?
 Did you live in a state other than Ohio during any part of the year?

CHILDREN AND/OR OTHER DEPENDENTS:

Name	Birth date	Relationship	Months Resided in Home	Gross Income	Soc. Sec. No.	% Support Received From You

INCOME RECEIVED:

Yes	No	
		Salaries, wages, and commissions
		Did you receive any tips or gratuities during the year? If yes, were all tips reported to your employer?
		Dividends and interest
		Foreign bank or trust account
		Pensions, annuities, or disability income
		Social security benefits
		Alimony income
		Unemployment compensation
		Business - attach income and expense worksheet
		Farm - attach income and expense worksheet
		Rentals and royalties - attach income and expense worksheet
		Did you sell stocks, bonds, mutual funds, other investment securities, or other property?
		Partnership, estate, trust, or S Corporation
		Tax-exempt bonds or securities - attach schedule
		Lottery winnings, prizes, awards
		Installment sales contract or land contract - attach schedule
		Any other income - attach schedule

ATTACH ALL APPLICABLE FORMS W-2, 1099'S, 1099-R, 1099-G, W-2G, SCHEDULE K-1'S

**FROM PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES, ETC.
DEDUCTIONS AND CREDITS YOU CAN TAKE WITHOUT ITEMIZING PERSONAL DEDUCTIONS:**

Yes	No	
		Contributions to a traditional IRA? You \$ _____ Spouse \$ _____.
		Contributions to a Roth IRA? You \$ _____ Spouse \$ _____.
		Did you pay any student loan interest? Amount \$ _____.
		Health savings account deduction - Amount \$ _____ (attach schedule)
		Job related moving expenses - Amount \$ _____.
		Self-employed health insurance premiums paid - Amount \$ _____.
		Contributions to a SEP, SIMPLE or Keogh Plan? - Amount \$ _____; Type of Plan: _____
		Penalty for early withdrawal of your savings - Amount \$ _____.
		Alimony paid to former spouse? (does not include child support) - Amount \$ _____.
		Dependent care expenses so you could work - attach schedule
		Education expenses for American Opportunity Tax Credit or Lifetime Learning credit? - Amount \$ _____.
		Did you pay qualifying adoption expenses? - Amount \$ _____.
		Worthless securities, stocks, or loans - attach schedule
		Did you have an IRS audit for any prior year tax return during the year?
		Did you make gifts of more than \$13,000 to any individual during the year?
		Do you have adequate records to support all amounts shown on your tax return?
		Did you make contributions that qualify for Ohio Pol Camp Contr Credit? \$ _____.
		Did you pay any qualified expenses as an educator? \$ _____.
		Do you qualify for the first time or long time home buyer credit? _____

ESTIMATED TAX PAYMENTS

DATE DUE	DATE PAID	FEDERAL	STATE	CITY	SD
Overpayment					
April payment					
June payment					
September payment					
January payment					

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL	AMOUNT	TAXES	AMOUNT	INTEREST	AMOUNT
Prescriptions drugs/insulin		Real estate taxes		Home mortgage	
Medical insurance prem.		State income tax		Home equity loan	
Long-term care ins. prem.		City income tax		Investment loan	
Medicare premium		Personal property		Points paid	
Hospital		SD income tax			
X-Ray, laboratory fees					
Doctors		CONTRIBUTIONS	AMOUNT	MISCELLANEOUS	AMOUNT
Dentists & orthodontists		Church		Casualty loss	
Eyeglasses, contact lenses		YMCA (no dues)		Safe deposit box	
Hearing aids, batteries		YWCA (no dues)		Tax prep fees	
Orthopedic shoes, braces		United Way		Tools for work	
Therapy treatments		Boy Scouts		Safety shoes, unif.	
Ambulance		Girl Scouts		Union dues	
Nursing home		Red Cross		Education expenses	
Medical miles: _____@ 1.65		Cancer Society		Investment expenses	
Total medical		Heart Association		Employee bus. exp.	
Less: insurance reimb.	()	Salvation Army		IRA custodial fee	
Net medical		Other			
		Charity miles _____			
		@.14 per mile			