

DeafTax.COM™ - Annual Income Tax Checklist 2010

(provided by Schwarz Financial Services LLC)

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Note: For first time tax clients, please bring the previous year tax return copy, i.e., 2009

Schwarz Financial Services LLC, 4405 East-West Highway, Suite 502, Bethesda, MD 20814-4536

PLEASE complete this Questionnaire before your appointment (PLEASE PRINT)

(Fill out which are applicable to yours!)

Filled out by: _____ Date Filled: _____

Vital Information

Personal Information: (Full Details, please)

Taxpayer: _____ Soc Sec # _____ Date of Birth: _____
 Email Address: _____ Occupation: _____ Work Phone: _____
 Pager Address: _____ Home /Video Phone: _____
 IM Screenname: _____

Spouse: _____ Soc Sec # _____ Date of Birth: _____
 Email Address: _____ Occupation: _____ Work Phone: _____
 Pager Address: _____ IM S-name: _____

Street Address: _____ County: _____ Home Fax: _____
 City: _____ State: _____ ZipCode _____

Dependent Information:

First Name	MI	Last Name	Disabled or Full Time Student	Date of Birth	Social Security No.	Relationship	No. of Months Lived in Home
1) _____	_____	_____	_____	____-____-____	____-____-____	_____	_____
2) _____	_____	_____	_____	____-____-____	____-____-____	_____	_____
3) _____	_____	_____	_____	____-____-____	____-____-____	_____	_____
4) _____	_____	_____	_____	____-____-____	____-____-____	_____	_____
5) _____	_____	_____	_____	____-____-____	____-____-____	_____	_____

Income Taxes Paid or Refunded

Balance paid on last year's tax return (or prior years) _____
 Refunds received from last year's return (or prior years) (____) (____) (____)

(Attach State Tax Refund Forms)

Estimated Tax Paid:
 1st Quarter (4/15/10) _____
 2nd Quarter (6/15/10) _____
 3rd Quarter (9/15/10) _____
 4th Quarter (1/17/11) _____

(Attach cancelled checks)

INCOME

Wages / Salaries / W-2 Forms

(Attach W-2's and/or tax statements here)

Miscellaneous Income (Clip any tax statement or Form 1099 if any)

	Taxpayer	Spouse
Alimony (Not Child Support) (only received - not paid)	_____	_____
Jury Duty or Public Service (Paid by Government Agencies)	_____	_____
Tips/Gratuities (not reported on W-2)	_____	_____
Contests / Awards / Lotteries / Gambling Winnings (Attach details)	_____	_____
Commissions / Bonuses (Attach details)	_____	_____
Pensions / Annuities (Attach Form 1099R)	_____	_____
IRA / Keogh (Attach Form 1099R)	_____	_____
Unemployment Compensations (Attach Form 1099G)	_____	_____

	Taxpayer	Spouse
Partnerships / Estates / Trusts (Furnish Form K-1s or details)	_____	_____
Business Corporations / Sub-Chapter S (Furnish K-1 Forms)	_____	_____
Business / Self - Employed (Please fill out Schedule C Form)	(see Schedule C)	
Rental (Please fill out the Rental (Schedule E) Form)	(see Schedule R)	
Farm (Furnish Schedule or Details)		
Other (Explain please)	_____	_____
.....	_____	_____

Non-Taxable Income (Important to list even if not taxable)

Child Support / Payments / Assistance (Not Alimony)	_____	_____
Veterans Benefits / Disability Income	_____	_____
Workmen's Compensation / Loss of Time Payments	_____	_____

Public Income (may be partial taxable)

Social Security Benefits: (Attach Form SSA 1099)	_____	_____
Railroad Retirements: (Attach Form RRB 1099)	_____	_____
Social Security Repayments (Attach Form SSA-1099)	_____	_____

Alimony Paid to Ex-Spouse:
 Name of Ex-Spouse: _____ Social Security: _____
 Amount actually paid during the year 2010 _____

Interest, Dividend, Distributions, and Investments Sold
 (Attach Forms 1099-INT, 1099-DIV, 1099-B, broker statements, and confirmation slips)
 (If you sold any investment, you must provide both purchase and sale receipts;
 those records must show date acquired or sold and cost or sale price)
 (If not, you must contact your broker for copies immediately before you come for this appt!)
(Normally those financial institutions will not report if below \$10.00 earned per account per year)

Sale of Real Property
 (Attach Forms 1099-S and Real Estate closing statements)

	Date Acquired	Costs	Improvements
Personal Residence	_____	_____	_____
Second Personal Residence	_____	_____	_____
Vacation Home	_____	_____	_____

(Provide information on improvements, prior sales of homes, and cost of a new property)

Purchase of Real Property / Home Improvement
 (Please bring properly executed settlement statement "Form HUD-1", receipts for energy efficient improvements, green energy credits)

Child Care Expenses
 (You are responsible to obtain those information, especially the year end statement, at earliest convenience!)

	Which Child	Name of Care Provider	Address	City, State, Zip	Soc Sec No. or Employer ID	Amount Paid in 2010
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____	_____

(Your child care provider must provide the annual summary to you, including the SSN or EIN!)

Taxes Paid (Must have documentation)

	Joint	Taxpayer	Spouse
Real Estate Taxes paid on Principal Residence	_____	_____	_____
Real Estate Taxes paid on Additional Home	_____	_____	_____
Automobile Personal Property Taxes (not DC or MD)	_____	_____	_____
Other Personal Property Taxes	_____	_____	_____
Sales Taxes (paid in 2010-only if more than state)	_____	_____	_____
Other Taxes:	_____	_____	_____

Interest Expenses Paid

(Must have either Form 1098 or mortgage interest documentation)

(Broker's statements showing margin interest paid; loan statements for loans taken out to purchase investment)

Did you acquire a new mortgage or borrow again on your old mortgage during the year 2010? Yes No

	Joint	Taxpayer	Spouse
1) Home Mortgage Interest Paid to Financial Institution	_____	_____	_____
2) Home Mortgage Interest Paid to Financial Institution	_____	_____	_____
3) Home Mortgage Interest Paid to Financial Institution	_____	_____	_____
Home Mortgage Interest Paid to Individual	_____	_____	_____
(Need Name, Address, and Social Security No. for above and each Individual)			
1) Home Equity Interest Paid to Financial Institution	_____	_____	_____
2) Home Equity Interest Paid to Financial Institution	_____	_____	_____
Home Improvement Loan Interest (Form 1098)	_____	_____	_____
Points paid to acquire a new mortgage (if not included above)	_____	_____	_____
Deductible Investment Interest Paid	_____	_____	_____
Margin Account Investment Interest Deducted	_____	_____	_____
Other Allowable Finance Charges Paid	_____	_____	_____

Note: Personal interests from credit cards, department stores, autos, bank loans, etc., are not deductible.

Itemized Deductions (List only amounts that have actually been paid during the year 2010)

(Save all cancelled checks, credit card slips, and receipts for a period of at least 3 years - that is until 4/15/2013)

Medical Expenses	Taxpayer	Spouse	Dependent(s)
Medical Insurance Premiums (paid by you)	_____	_____	_____
Group Health Premiums (Deducted from Salary)	_____	_____	_____
Medicare Premiums (From Social Security Benefits)	_____	_____	_____
Qualified Long-Term Care Premiums	_____	_____	_____
Prescriptions and Drugs (Doctor Prescribed Only)	_____	_____	_____
Insulin	_____	_____	_____
Doctors	_____	_____	_____
Dentists	_____	_____	_____
Therapists	_____	_____	_____
Clinics	_____	_____	_____
Hospitals	_____	_____	_____
Lab / X-Ray Fees	_____	_____	_____
Medical Equipment (Prescribed)	_____	_____	_____
Nursing Home Medical Care	_____	_____	_____
Eye Glasses / Contact Lenses	_____	_____	_____
Hearing Aids, Batteries & Supplies	_____	_____	_____
TTY / TDD Devices / Repairs/ Maintenances	_____	_____	_____
Flashing Light System / Repairs / Maintenances	_____	_____	_____
Hearing Dog Expenses (Food, Vet, Licenses, Etc.)	_____	_____	_____
Assistive Devices Costs, Repairs, Maintenances	_____	_____	_____
Interpreter Costs for Medical visits only	_____	_____	_____
Ambulance / Medical Transportation Costs	_____	_____	_____
Lodging (while away from home)	_____	_____	_____
Total number of miles driven for medical reasons in 2010	_____ miles	_____ miles	_____ miles
Above amounts reimbursed by insurance if any	_____	_____	_____
Medical Savings Account (Account statements, cancelled checks, receipts)	_____	_____	_____

Additional Expenses and Comments: (Be sure to provide details, including dates, amounts, etc.)

Schedule C - Self Employed Income/Expenses

(please limit each business to each Schedule C)

Name of Proprietor: _____ Activity: _____
 Business Name: _____ Product: _____
 Business Address: _____ Federal ID No _____

- 1 Is Business conducted on the cash basis ___ or accrual basis ___ or other: _____?
- 2 Is Inventory, if applicable, based on the cost ___ or other: _____?
- 3 Do you use any part of your home for business? If yes, use the bottom of page 4.
- 4 Did you hire any new employees that may qualify for job credits? Yes ___ No ___
- 5 How many months in business during the year of 2010? _____ months

INCOME

Gross Receipts/Sales _____
 Returns/Allowances _____
 Income Reported on 1099 _____
 Commissions _____
 Other: _____

Cost of Goods Sold, if Applicable

Beginning of the Year Inventory: _____
 End of the Year Inventory: _____
 Purchases in 2010 _____
 Above Purchases for Personal _____
 Cost of Labor _____
 Materials / Supplies _____
 Other: _____

Expenses

(All expenses must be related to business, not personal)

Advertising _____
 Bad Debts if reported _____
 Bank Charges _____
 Car/Truck Expenses (see next column) _____
 Commissions/Fees Paid _____
 Dues / Publications _____
 Employee Benefits _____
 Freight _____
 Insurance _____
 Finance Charges _____
 Laundry / Cleaning _____
 Legal / Professional Services _____
 Office Supplies _____
 Postages _____
 Retirement Plans _____
 Utilities _____
 Rent (Business) _____
 Repairs / Maintenance _____
 Self-Employed Health Insurance _____
 Supplies (Other) _____
 Telephone (Business) _____
 Wages _____
 Other: _____

Payroll Taxes:
 Social Security / Medicare _____
 Unemployment (Fed & State) _____
 Other Taxes:
 Real Estate _____
 Personal Property _____
 Other: _____

Car Expenses (Adequate records required)

	Car # 1	Car #2
Total miles driven in 2010	_____	_____
Business Miles in 2010	_____	_____
Commuting miles driven	_____	_____
Personal miles driven	_____	_____
Vehicle Make / Model / Year	_____	_____
Vehicle Cost	_____	_____
Odometer Reading on 12/31/10	_____	_____
Odometer Reading on 12/31/09	_____	_____
Parking / Toll Expenses	_____	_____
Gasolines / Oils if any	_____	_____
Car Repairs if any	_____	_____
Travel (Out of Town)	_____	_____
Transportation (Alr Fare)	_____	_____
Lodging	_____	_____
Cabs, Bus, Rentals	_____	_____
Others:	_____	_____
Meals & Entertainment (at 100%)	_____	_____
Meals & Tips	_____	_____
Entertainment, Tickets, Ever	_____	_____
Gifts	_____	_____

New Equipment / Capital Improvements

Description	Date purchased	Cost	Date Disposed	Amt Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

