



1040 The Taxstar 5-Minute Tax Questionnaire

TAXSPOT TAX CENTER EDITION

- Fill Out This Questionnaire – Put a question mark in areas you do not understand – We will call you for clarification, if needed.
- Sign and Return completed Questionnaire to the Taxspot Tax Center, along with your W-2, 1099 and other Tax Information and copies of your drivers license and Social Security card for yourself, spouse, and any dependents (See attached *Tax Information Checklist*).
- Your tax information will immediately be transmitted to a TAXSTAR Processing Center.
- Wait about 30-minutes, while a Professional Tax Preparer completes your Tax Return.
- The completed Federal and State (if requested), tax returns will be sent back to the Tax Center, ready for your review and signature.
- Your tax return will then be electronically sent to the IRS and State tax authority.
- Your Tax Refund will be available by cashier's check, or directly deposited into your bank account. You can receive an advance on your refund, called a *Refund Anticipation Loan*, within minutes of signing the completed return. Ask for details.



TAXSTAR INCOME TAX SERVICE

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TaXstar

5-MINUTE TAX QUESTIONNAIRE

Tax Information Checklist

To assist us in finding every allowable deduction and credit you are entitled to, use the following list to help you organize your tax documents and information. Then send or bring them to us, along with your completed **TAXSTAR 5-Minute Tax Questionnaire**.

- Driver's License(s)
- Social Security Card(s)
- Dependent's Social Security Card(s) and Dates of Birth
- Form W-2 (Wage Statements)
- Form 1099-MISC (Self-Employed Business or Farm Income and Expenses)
- Form 1099-R (Pension and Retirement Income)
- Form 1099-INT (Interest Income)
- Form 1099-DIV (Dividend Income)
- Form 1099-G (State Income Tax Refund)
- Form 1099 G (Unemployment Income)
- Form 1099-B (Sales of Stocks or Bonds) {Include dates and purchase price and sale price of stocks and bonds}
- Form SSA-1099 (Social Security Income)
- Form W-2G (Lottery or Gambling Winnings)
- Schedule K-1 (Income from Partnerships, S Corporations, Trusts, and Estates)
- Income and Expenses from Rentals
- Alimony Paid or Received
- Commissions Received
- Commissions Paid
- Lottery or Gambling Losses
- IRA Contributions
- Form 1098 (Mortgage or Home Equity Loan Interest Paid)
- Real Estate and Personal Property Taxes Paid
- Record of Purchase or Sale of Real Residence
- Casualty or Theft Losses
- Child Care Expenses and Provider Information
- Medical, Eye Care, and Dental Expenses
- Cash and Non-cash Charitable Donations
- Un-reimbursed Employment-Related Expenses
- Job-Related Educational Expenses
- Form 1098-T (Tuition and Education Fees)
- Form 1099-E (Student Loan Interest)
- Educator Expenses (For Teachers)
- Estimated Taxes Paid
- Foreign Taxes Paid
- Copy of Last Year's Federal and State Tax Return (If available)

TAXSTAR

5-Minute Tax Questionnaire

Income Tax Preparation Client Information Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. For Joint Filings, put a "T" before taxpayer's information and an "S" before spouse's information. **TODAY'S DATE:** _____
 If more space is needed, use the space below or attach blank pages.

SECTION 1	PERSONAL INFORMATION
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1	Taxpayer's First Name	MI	Last
2	Social Security Number	--	--
3	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>		
4	Street Address		Apt#
5	City	State	Zip
6	Home Phone	Work Phone	
7	E-mail	Date of Birth: month _____ day _____ year _____	
8	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupation	
9	Can you be claimed as a dependent on another's return Yes <input type="checkbox"/> No <input type="checkbox"/>		\$3 to Presidential Campaign Fund Yes <input type="checkbox"/> No <input type="checkbox"/>

10	Spouse's First Name	MI	Last
11	Social Security Number	--	--
12	Street Address		Apt#
13	City	State	Zip
14	Home Phone	Work Phone	
15	Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: month _____ day _____ year _____	
16	Occupation	\$3 to Presidential Campaign Fund Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Can you be claimed as a dependent on another's return Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION 2	FILING STATUS
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18	Single <input type="checkbox"/> (Never married, unmarried as of December 31, 2008, or legally separated)		
19	Married Filing Jointly <input type="checkbox"/> (Married as of December 31, 2008)		
20	Married Filing Separately <input type="checkbox"/>	Spouse's Name and SS#	
21	Head of Household <input type="checkbox"/> (Leave blank if you do not know if you qualify)		
22	Qualifying Widow(er) <input type="checkbox"/> (Leave blank if you do not know if you qualify)		
23	Did your spouse die in 2006, 2007 or 2008 Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, did you remarry Yes <input type="checkbox"/> No <input type="checkbox"/>

If additional space is needed, number and insert below.

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Client Information Sheet (continued)

SECTION 3 DEPENDENT INFORMATION

24	1 st Dependent's First Name	MI	Last
25	Social Security Number		Date of birth
26	Relationship (son, daughter, etc.)	Dependent's gross income in 2008	
27	Number of months they lived in your home in 2008	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
28	2 nd Dependent's First Name	MI	Last
29	Social Security Number		Date of birth
30	Relationship (son, daughter, etc.)	Dependent's gross income in 2008	
31	Number of months they lived in your home in 2008	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
32	3 rd Dependent's First Name	MI	Last
33	Social Security Number		Date of birth
34	Relationship (son, daughter, etc.)	Dependent's gross income in 2008	
35	Number of months they lived in your home in 2008	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	
36	4 th Dependent's First Name	MI	Last
37	Social Security Number		Date of birth
38	Relationship (son, daughter, etc.)	Dependent's gross income in 2008	
39	Number of months they lived in your home in 2008	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 4 INCOME

40	Do you have any Social Security Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
41	Do you have any interest income NOT listed on a 1099INT? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
42	Do you have any dividends from stocks NOT listed on a 1099DIV? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
43	Do you have any income from a business you own? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
44	Did you sell any stocks or bonds in 2008? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
45	Did you have any rental income from property you owned? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
46	Any other income such as prizes, gambling winnings, jury duty, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$

If additional space is needed, number and insert below.

Client Information Sheet (continued)

SECTION 5 DEDUCTIONS

47	Do you have any child care expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ Name of Care Provider _____ Phone _____ Address _____ Address _____ Employer I D # or Social Security # _____
48	Do you have any student loan interest deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
49	Do you have any IRA deductions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
50	Did you pay interest and property taxes on your home? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
51	Did you pay any alimony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
52	Did you have un-reimbursed medical and dental expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$
53	Did you change your job and move in 2008? No <input type="checkbox"/> Yes <input type="checkbox"/> How many miles from your old home to your new home: _____ Amount of moving expense (include travel and lodging) \$ _____
54	

SECTION 6 GENERAL QUESTIONS

55	Are any dependents listed in SECTION 3 permanently disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
56	Were you a student at any time during 2008? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: How long? _____ How much did you pay for tuition and fees only? \$ _____
57	Did you file a federal tax return last year? Yes <input type="checkbox"/> No <input type="checkbox"/> A state tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>
58	Did you itemize your deductions last year? Yes <input type="checkbox"/> No <input type="checkbox"/>
59	* Items 60, 61, 62 and 63 must be completed:
60	* Do you owe any back taxes? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
61	* Do you owe any back child support payments? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
62	* Do you owe any money on a defaulted student loan? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
63	* Did you receive a federal tax refund last year? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount: \$ _____
64	If you are in the following occupations, special deductions may apply: Teacher <input type="checkbox"/> Fire fighter <input type="checkbox"/> Police <input type="checkbox"/> Long-haul trucker <input type="checkbox"/> Clergy <input type="checkbox"/> Actor/ Artist <input type="checkbox"/>
65	Number of Form W2's attached _____ Number of Form 1099R attached _____
66	Number of Form 1099 INT attached _____ Number of Form 1099G attached _____
67	Number of Form 1099 DIV attached _____ Number of <u>other</u> Forms attached _____

If additional space is needed, number and insert below

SECTION 7 REFUND INFORMATION

68	Please prepare the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State (Name of state or states) :
69	Please electronically file the following returns: <input type="checkbox"/> Federal <input type="checkbox"/> State(s)

Client Information Sheet (continued)

If you are due a refund, how do you want to receive the money? (Check one or more of the boxes below):

A. q By Real Time Loan (RTL) (immediately) - Participating bank advances \$975 (\$1,000 minus \$75 fee) until refund or RAL is received (Preparation and bank fees are deducted from refund.)*

B. q By Refund Anticipation Loan (RAL) (1 to 2 Days) - Participating bank advances money until refund is received. (Preparation and bank fees are deducted from refund.)

*The following information must be provided for either **A** or **B**:

*Home Phone _____ *Employer's Phone _____

*Nearest Relative's Name _____ *Relative's Phone _____

C. q By Electronic Refund Deposit (8 to 15 Days) – Refunds are deposited into your bank account after preparation and bank fees are deducted. Please provide the following bank account information:

Your Account Number _____

Name on Account _____ Account Type: **q**Checking **q**Savings **q**Other

Bank Routing Transit Number (RTN) _____ (leave blank if uncertain). (**Please attach a voided check or deposit slip from your account for verification**)

D. q By Electronic Refund Checking (7 to 14 Days) – Preparation and bank fees are deducted from refund and a bank check will be available for pick up, at this location or mailed to your home.

E. q By IRS Direct Deposit to your bank account (12 to 19 Days) – All fees must be paid in advance.

F. q By check mailed from IRS (19 to 26 Days) – All fees must be paid in advance.

G. q Refund to be used as a down payment and deposited into the following business account:
(Name of business): _____

H. q No Refund Due – Will pay by Credit or Debit Card: Charge \$ _____ to my card: **£** VISA **£** MC **£** AMEX

Card # **££££££££££££££££££** Expiration Date _____

Please complete all blanks exactly as shown on card and on billing statements:

Name _____ Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Signature (Required) _____

71 I (We, if filing Jointly) acknowledge that the above information provided by me is true and accurate to the best of my knowledge. I hereby relieve TAXSTAR INCOME TAX SERVICE, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these tax documents. I (we) guarantee payment of the preparation fee and any related charges. An electronic signature has the same legal significance as my written signature.

Primary Taxpayer's Signature _____ Date _____

Print Name _____

Spouse's Signature _____ Date _____

Print Name _____

SECTION 8 ORIGINATING LOCATION INFORMATION

Location Name	Location Number	Contact Name	
Address	City	State	Zip
Phone	Fax	Comments	