

TAXSTAR Tax Questionnaire

Homeowners Association Tax Return Information Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. **TODAY'S DATE:** _____
If more space is needed, use the space below or attach blank pages.

SECTION 1 ASSOCIATION INFORMATION

1	Name of Association:		
2	EIN (Employer Identification Number)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3	Association street address	Suite/Unit#	
4	City	State	Zip
5	Association phone	Cell phone	email
6	Date of formation: month day year	State Entity # (If any):	
7	Check if: <input type="checkbox"/> Final return <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Amended return		
8	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association		

SECTION 2 INCOME, EXPENDITURES and INTEREST

Exempt Function Income

*Exempt function income consists of membership dues, fees, or assessments from (a) owners of condominium housing units, (b) owners of real property in the case of a residential real estate management association, or (c) owners of timeshare rights to use, or timeshare ownership interests in, real property in the case of a timeshare association. This income must come from the members as owners, not as customers, of the association's services.
At least 60% of the association's gross income for the tax year must consist of exempt function income.*

9	Total exempt function income.	\$
<i>At least 90% of the association's expenses for the tax year must consist of expenses to acquire, build, manage, maintain, or care for its property, and, in the case of a timeshare association, for activities provided to, or on behalf of, members of the timeshare association.</i>		
10	Total expenditures made for purposes described in 90% expenditure test.	\$
11	Association's <u>total</u> expenditures for the tax year.	\$
12	Tax-exempt interest received or accrued during the tax year	\$

Gross Income (excluding exempt function income)

13	Dividends	\$
14	Taxable Interest	\$
15	Gross Rents	\$
16	Gross Royalties	\$
17	Capital gain net income	\$
18	Net gain or (loss) from sales or exchange of Business Property	\$

Homeowners Association Tax Questionnaire (continued)		
19	Other income (excluding exempt function income), explain:	\$
Deductions (directly connected to the production of gross income, excluding exempt function income)		
20	Salaries and wages	\$
21	Repairs and maintenance	\$
22	Rents	\$
23	Taxes and licenses	\$
24	Interest	\$
25	Depreciation	\$
26	Other deductions, explain:	\$
Tax Credits		
27	Foreign tax credit (Form 1118).	\$
28	Qualified electric vehicle credit (Form 8834).	\$
29	General business credit (Form 3800).	\$
30	2016 overpayment credited to 2017	\$
31	2017 estimated tax payments	\$
32	Tax deposited with Form 7004	\$
33	Credit for tax paid on undistributed capital gains (attach Form 2439)	\$
34	Credit for federal tax paid on fuels (attach Form 4136)	\$
35	Backup withholding	\$
<i>Check the financial reports and other statements that are attached:</i>		
36	<input type="checkbox"/> Income Statement (Profit and Loss)	
37	<input type="checkbox"/> Balance Sheet	
38	<input type="checkbox"/> Cash Flow Statement	
39	<input type="checkbox"/> Bank Statements	
40	<input type="checkbox"/> Other:	
41	<input type="checkbox"/> Other:	
42	<input type="checkbox"/> Other:	
43	<input type="checkbox"/> Other:	

Homeowners Association Tax Questionnaire (continued)

If additional space is needed, number and insert below.

SECTION 3 PAYMENT INFORMATION

44 Please prepare the following Homeowners Association returns: Federal State (Name of state or states) :

45 Please electronically file the following returns: Federal State(s)

46 How do you want to pay for this return?
 A. Cash
 B. Check or money order
 C. Will pay by Credit or Debit Card: Charge \$ _____ to my card: VISA MC AMEX
 Card # Expiration Date _____
 D. Will pay by electronic transfer: Amount \$ _____ Venmo PayPal

Please complete all blanks exactly as shown on account or billing statements:

Name _____ Address _____ City _____
 _____ State _____ Zip _____
 Telephone () _____ Fax () _____
 Signature (Required) _____

47 I 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.

Officer's Signature	Date
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Print Name	Title
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Officer's Signature	Date
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Print Name	Title
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SECTION 4 ORIGINATING LOCATION INFORMATION

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

PRINT FORM

SUBMIT FORM