



9140 Ustick Rd.
Boise, ID 83704

RETURN SERVICE REQUESTED

TAX QUESTIONNAIRE & NEWSLETTER

LET US HELP YOU PREPARE FOR YOUR TAX APPOINTMENT

Please review this questionnaire before making your appointment.

Check any box that needs a 'yes', then, fill in the amounts. Or, you may use this as a guide to help you get organized. Bring this in along with all your other information when you come in for your appointment.

If you have questions, please don't hesitate to call. Our number is 377-4303. See you soon!

YOURSELF and your FAMILY

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Did your <u>name, address, phone number or marital status</u> change? <input type="checkbox"/> Are you being claimed as a <u>dependent</u> on another tax return? <input type="checkbox"/> Is anyone living with you <u>not a dependent</u> or spouse? <input type="checkbox"/> Are you <u>adopting a child</u> or do you plan to adopt? <input type="checkbox"/> Did you gain or lose any <u>dependents</u>?
<i>Bring date of birth and SSN of new dependents.</i> <input type="checkbox"/> Did you become <u>blind, disabled or turn 65</u> in 2009? <input type="checkbox"/> Did you transact business with <u>family members</u>, i.e. buy real estate, borrow or lend money? | <ul style="list-style-type: none"> <input type="checkbox"/> Did you pay for <u>child care</u> in order to work or go to school? <input type="checkbox"/> Do you have dependents with <u>wages or investment income</u>? <input type="checkbox"/> Are you <u>maintaining a home</u> for a family member who is age 65 or older, or has a developmental disability? <input type="checkbox"/> Did you pay for <u>Personal Care Services</u> (prescribed by a physician) for a family member? <input type="checkbox"/> Did you give anyone <u>gifts</u> with an accumulated valued over \$13,000? |
|--|--|

EARNING A LIVING & OTHER INCOME

- Did you receive wage or salary income? *Bring W-2.*
- Did you receive self employment or non-employee income? *Bring 1099-Misc*
- Did you receive income from any other sources, i.e., *alimony, jury duty, tips, gratuities, contests, awards, gambling, lottery, commissions, bonuses (not reported on W-2), inheritance or sale of personal property (including on Ebay)?*
- Did you receive income from a partnership, trust, estate or corporation? *Bring K-1.*
- Did you receive unemployment? *Bring 1099-G*
- Did you receive social security? *Bring statement*
- Did you start a business? (See SE/business section)
- Did you receive farm income?
- Did you receive child support or public assistance?
- Did you receive disability or veterans benefits?
- Did you receive workers compensation?
- Did you receive an insurance settlement or reimbursement from a prior year casualty, theft loss or medical deduction?
- Did you take money out of a retirement plan in 2009? (distribution, withdrawal, rollover) *Bring 1099R*
- Are you renting out a room in your house?
- Were you compensated for any services or goods or receive any income not listed above or in another section of this questionnaire?

SAVINGS & OTHER INVESTMENTS

- Did you receive interest income? *Bring 1099-INT.*
- Did you receive dividend income? *Bring 1099-DIV.*
- Did you sell stocks or bonds? *Bring 1099-B.*
Purchase date and amount are also needed.
- Do you have any worthless stock or uncollectible bad debts?
- Did you receive any foreign income?
- Do you have foreign bank accounts or property?
- Did you acquire rental property?
Safe deposit box fee paid _____
Investment expense paid ie brokers fee _____
Margin interest paid? _____
Interest paid for the purchase of any other investments? _____

FEDERAL ESTIMATED TAXES PAID

- Did you make state estimated tax payments?
- | | Date Paid | Amt Paid |
|---------------------|-----------|----------|
| Payment due 4/15/09 | _____ | _____ |
| Payment due 6/15/09 | _____ | _____ |
| Payment due 9/15/09 | _____ | _____ |
| Payment due 1/15/10 | _____ | _____ |

STUDENTS

- Did you or any family member pay tuition to an eligible educational institution? *Bring 1098-T NEW THIS YEAR!*
- Books and Materials purchased** _____
- Did you pay student loan interest? *Bring 1098-E.*
- Did you pay school expenses with an IRA, Savings Bond, 529 Plan, etc? *Bring statements*

EDUCATION PLANNING

- Did you contribute to a 529 Plan? *Bring statements*
- Do you have children going to college in 2010?

EMPLOYEE JOB EXPENSES

(DO NOT INCLUDE SELF-EMPLOYED EXPENSES)

- Union/professional dues _____
- Subscriptions/trade journals _____
- Continuing education expense _____
- Tools and uniforms _____
- Safety glasses, shoes, etc. _____
- Job related supplies _____
- Job related meals & entertainment _____
- Gifts to clients _____
- Travel _____
- Vehicle Expenses _____ See Vehicle Expenses
- Lodging _____
- Other _____
- Receive any reimbursement? Amount _____
- Was reimbursement included in W-2?

YOUR HOME

Bring 1098-Mortgage Interest Statement.

- Property taxes paid** (for any property) _____
- Mortgage interest** paid _____
- Points** paid _____
- Personal** property taxes (RV or Boat) _____
- Irrigation** taxes paid _____

- Did you buy, sell or refinance? *Bring in closing statements.*
- Was your house foreclosed upon? *Bring in 1099-C.*
- Are you paying mortgage insurance on a mortgage acquired in 2007 or later?
- Did you acquire energy efficient or alternative energy equipment or make energy efficient improvements to your home?
- Did you pay anyone to work in your home on a regular basis (babysitting, housecleaning, gardening, yard work, or other domestic help)?

GENERAL NOTE:

Health insurance premiums, long term care premiums, and some charitable contributions may be a benefit on your Idaho state tax return even if you DO NOT Itemize.

YOUR HEALTH

Total medical expenses you paid during the tax year for which you were not reimbursed.

- Health Insurance (include Medicare premiums, exclude pretax payments with employer) _____
- Qualified Long term care insurance (you) _____
- Qualified Long term care insurance (spouse) _____
- Doctors, dentists, hospitals, etc. _____
- Prescription medication _____
- Glasses, hearing aides, batteries, etc. _____
- Lodging _____
- Medical miles _____
- Other _____
- Did you contribute to an HSA or MSA?
- Were you reimbursed from a HRA?

CONTRIBUTIONS TO CHARITIES

Cash donations for which you have bank records or written acknowledgement _____

Noncash donations (in good condition or better) *Bring detailed list if noncash donations total more than \$500.*

Educational entities: (Idaho schools, libraries, nonprofit museums, public radio or television, State Historical Society) _____

Youth and Rehab facilities: (Arc, Children’s Home, Hope House, Idaho Youth Ranch, Idaho Elks Rehab Hospital, Gem Youth Services) _____

Other Noncash _____

Charitable Mileage _____

RETIREMENT

- Did you/spouse receive the \$250 stimulus payment?
- Do you/spouse have a retirement account?
i.e., *Pensions, Annuities, IRAs, 401ks, Keoghs, SEPs, SIMPLEs, profit sharing, etc.*
- Did you/spouse make or do you plan to make a contribution? (other than what is shown on your W-2)
- Did you turn 70 1/2 in 2009?
If you are over 70, what was the total balance of your retirement accounts as of 12/31? _____

MISCELLANEOUS but Important

NEW THIS YEAR!

- Did you buy a new car? *Bring sales tax paid.*
- If you will be receiving a refund, would you like it directly deposited into a bank account?
Name of Bank _____
Account Number _____
- Did you buy or sell a house or other real estate?
Bring closing statement(s)
- Did you not live in Idaho for any part of 2009?
- Do you expect any significant changes in income or circumstances in the coming year?
- Did you receive a notice from the IRS or Idaho State Tax Commission? *Bring copy of letter.*
- Did you pay Alimony? Amount _____
Recipient’s name & SSN _____
- Tax preparation fee paid _____
- Did you make a job related move? *Bring receipts for cost of moving, travel and lodging (no meals) and amount reimbursed by employer.*
- Did you make purchases without paying sales tax?
Amount of purchases _____
- Did you incur casualty or theft losses?
- Did you have gambling losses? (Not more than winnings)
- Did you file bankruptcy, have canceled debt, or abandon property?

ADA TAX PROFESSIONALS —PRIVACY POLICY

We collect non-public information about you from the following sources:

- Information we receive from you.
- Information about your transactions with us or others (i.e., financial institutions).

Unless directed by you, we deny access to your personal and account information to anyone other than our staff. Without your permission we do not disclose any non-public personal information about you to anyone, except when legally required or permitted in connection with fraud investigations and litigation.

We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your non-public personal information. Our policy applies to all current and former clients.

Gribskov Inc.

YOUR HOME USED FOR BUSINESS

If the area was used exclusively for business or for daycare or adult care.

Total square feet of home _____
Square feet of office _____
Daycare: hours of use _____
Insurance _____
Utilities (not water) _____
Rent _____
Repairs _____
Maintenance _____

RENTAL PROPERTY

Address _____

Rental Income _____

Expenses

Advertising _____
Cleaning and maintenance _____
Insurance _____
Legal and Professional fees _____
Management fees _____
Mortgage interest paid _____
Repairs _____
Supplies _____
Property Taxes _____
Utilities _____
Vehicle Expense *See Vehicle Expenses*
Irrigation tax _____
Yard maintenance _____
Other _____
Large Purchases and Improvements *See Asset Section*

SELF EMPLOYED / BUSINESS

Fill in or use as a guide. If available bring year-end financial statements and detailed general ledger.

Gross Receipts

Returns and Allowances _____
Beginning inventory _____
Ending inventory _____
Purchases _____

Expenses

Advertising _____
Bank fees _____
Communications _____
Insurance (not health) _____
Insurance (health) _____
Interest paid _____
Legal and Professional fees _____
Office supplies _____
Rent or lease _____
Repairs and maintenance _____
Supplies _____
Taxes and licenses _____
Travel _____
Vehicle Expense *See Vehicle Expenses*
Meals and Entertainment _____
Utilities _____
Wages _____
Other _____
Other _____

Tangible & Intangible Assets Used in the Business
See Asset Purchase Section

Were you involved in barter transactions?

ASSET PURCHASES

For Business or Rental

Description	Cost	Date placed into service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VEHICLE EXPENSES

Separate mileage for each vehicle & activity i.e., Business, Employee Expenses, Rental.

Make and model _____
Total miles driven in 2009 _____
Business miles _____
Commuting miles _____
Vehicle Loan interest _____

If you deduct actual expenses rather than take the standard mileage deduction, bring a list of expenses.