



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 as a guide for your own worksheet and it bring with you along with all your other information.

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"> <li><input type="checkbox"/> Did your <u>name, address, phone number or marital status</u> change?</li> <li><input type="checkbox"/> Are you being claimed as a <u>dependent</u> on another tax return?</li> <li><input type="checkbox"/> Is anyone living with you <u>not a dependent</u> or spouse?</li> <li><input type="checkbox"/> Are you <u>adopting a child</u> or do you plan to adopt?</li> <li><input type="checkbox"/> Did you gain or lose any <u>dependents</u>?<br/><i>Bring date of birth and SSN of new dependents.</i></li> <li><input type="checkbox"/> Did you become <u>blind, disabled or turn 65</u> in 2008?</li> <li><input type="checkbox"/> Did you transact business with <u>family members</u>, i.e. buy real estate, borrow or lend money?</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Did you pay for <u>child care</u> in order to work or go to school?</li> <li><input type="checkbox"/> Do you have dependents with <u>wages or investment income</u>?</li> <li><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?</li> <li><input type="checkbox"/> Did you pay for <u>Personal Care Services</u> (prescribed by a physician) for a family member?</li> <li><input type="checkbox"/> Did you give anyone <u>gifts</u> with an accumulated valued over \$12,000?</li> </ul> |
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**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 2008? (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**

<input type="checkbox"/> Did you make state estimated tax payments?		
	Date Paid	Amt Paid
Payment due 4/15/08	_____	_____
Payment due 6/16/08	_____	_____
Payment due 9/15/08	_____	_____
Payment due 1/15/09	_____	_____

**RETIREMENT**

- 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 2008?  
If you are over 70, what was the total balance of your retirement accounts as of 12/31? \_\_\_\_\_

**STIMULUS PAYMENT**

- Did you receive a Stimulus Payment in 2008  
How much was your payment? \_\_\_\_\_

**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.*
- Mortgage interest paid \_\_\_\_\_
  - Points paid \_\_\_\_\_
  - Property taxes 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 \_\_\_\_\_
- 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 Sec. 125 flex plan or 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 \_\_\_\_\_

**STUDENTS**

- Did you or any family member pay tuition to an eligible educational institution?  
Name of student \_\_\_\_\_
- Tuition/fees paid \_\_\_\_\_ *Bring 1098-T*
- 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 2009?

**MISCELLANEOUS but Important**

- 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 2008?
- 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 buy a qualified Hybrid Car?
- Did you incur casualty or theft losses?
- Did you have gambling losses? (Not more than winnings)

**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*

**ASSET PURCHASES**

<i>For Business or Rental</i>		Date placed
Description	Cost	into service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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?

**VEHICLE EXPENSES**

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

Make and model \_\_\_\_\_  
Total miles driven in 2008 \_\_\_\_\_  
Business miles Jan 1<sup>st</sup> - June 30<sup>th</sup> \_\_\_\_\_  
Business miles July 1<sup>st</sup> - Dec 31<sup>st</sup> \_\_\_\_\_  
Commuting miles \_\_\_\_\_  
Vehicle Loan interest \_\_\_\_\_

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