

DEBOER, GOODYKE, KAHLER & TUTTLE P.C.

certified public accountants and business consultants

2009 Individual Tax Information Questionnaire

Completely fill in all applicable data:

Name (Taxpayer)	Email	Date of Birth	Cell Phone #
Name (Spouse)	Email	Date of Birth	Cell Phone #
Home Address		Contact Person	Home Phone
City, State, Zip		School District	

Financial Advisor	Phone Number	e-mail address
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Please list all dependents you will claim this year. Include DOB and SSN for NEW DEPENDENTS.

Dependent	Date of Birth	Social Security Number	Relationship
1)			
2)			
3)			
4)			

Please review the following and provide documentation if applicable:

- Copy of voided check for direct deposit of refund.
- All copies of W-2, 1099 (stock sales, IRA, gambling, unemployment) and K-1 forms.
- Provide detail of all Quarterly Estimated Tax Payments for Federal and State. Including amount and date paid.

Federal			State		
	Amount Paid	Date Paid		Amount Paid	Date Paid
1 st :	\$ _____	_____	1 st :	\$ _____	_____
2 nd :	\$ _____	_____	2 nd :	\$ _____	_____
3 rd :	\$ _____	_____	3 rd :	\$ _____	_____
4 th :	\$ _____	_____	4 th :	\$ _____	_____

- College education expenses including: tuition and expenses for course materials.
 Student Name: _____ Year in College: Fr. So. Jr. Sr. (*circle one*) Amount Pd: _____
 Student Name: _____ Year in College: Fr. So. Jr. Sr. (*circle one*) Amount Pd: _____

Statements of student loan interest paid. Amount: \$ _____

Health Savings Account (HSA) contributions including plan deductible for 2009.

Contributions: \$ _____
 Distributions: \$ _____
 Plan Deductible: \$ _____

Business Income (Schedule C) - Please provide breakdown of all income, expenses and ending inventory number if applicable. If you would like a worksheet to assist you, please call our office or download from our website.

Total Miles Driven: _____ Business Miles: _____

