

DEBOER, GOODYKE, KAHLER & TUTTLE P.C.

certified public accountants and business consultants

2011 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), 1099-K (new for 2011) 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 2011.

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 @ www.dgkcpa.com

January - June Total Miles Driven: _____ Business Miles: _____
July - December Total Miles Driven: _____ Business Miles: _____

Rental Income - Please provide breakdown of all Income and expenses. If you would like a worksheet to assist you, please call our office or download from our website @ www.dgkcpa.com

Educators with out-of-pocket costs for classroom supplies (maximum deduction of \$250). \$ _____

Retirement Plan Contribution:

Plan Type: IRA Roth IRA SEP Keogh (circle one)
Contribution Amount: Taxpayer: \$ _____ Spouse: \$ _____

Provide summary of all Medical Expenses. (Deduction begins at 7.5% of Adjusted Gross Income)

Medical (Doctor/Dentist): \$ _____
Prescription Expense: \$ _____
Long Term Care Premiums \$ _____
Supplemental Insurance: \$ _____

Medical Miles Driven January - June: _____ Medical Miles Driven July - December: _____

Copy of property tax bills for Winter 2010, Summer 2011 and Winter 2011. **New deduction for non-itemizers.**

Winter 2010: Amount: \$ _____ Date Paid: _____
Summer 2011: Amount: \$ _____ Date Paid: _____
Winter 2011: Amount: \$ _____ Date Paid: _____

Automobile renewal registration (license tab) fees: \$ _____

Mortgage interest statements. Interest Paid: \$ _____ 1st Mortgage
\$ _____ Home Equity
\$ _____ 2nd Mortgage/Other/ Please Specify:

Supporting documentation for **all monetary** charitable contributions is required (no exception).

Church:	\$ _____	Other:	_____	\$ _____
MI Homeless Shelter/Food Bank:	\$ _____	Other:	_____	\$ _____
MI Colleges & Universities:	\$ _____	Other:	_____	\$ _____
MI Community Foundation:	\$ _____	Other:	_____	\$ _____
Other: _____	\$ _____	Other:	_____	\$ _____
Other: _____	\$ _____	Other:	_____	\$ _____
Other: _____	\$ _____	Other:	_____	\$ _____
Other: _____	\$ _____	Other:	_____	\$ _____

Charitable Miles Driven in 2011: _____

Supporting documentation for **all non-cash** charitable contributions is required (no exception).

Goodwill:	\$ _____	Other:	_____	\$ _____
Salvation Army:	\$ _____	Other:	_____	\$ _____
LOVE, Inc.:	\$ _____	Other:	_____	\$ _____

Provide detail of all Non-reimbursed Employee Expenses, Union Dues, Investment Expenses and Tax Preparation Fees.

January - June Total Miles Driven: _____ Business Miles: _____
July - December Total Miles Driven: _____ Business Miles: _____

Child Care Expenses - Please provide detail of all expenses related to child care.

Provider Name: _____
Address: _____
Federal ID or SSN: _____
Amount Paid: _____

Documentation for purchases eligible for Residential Energy Credit (insulation, windows, doors, furnaces, etc)

Worthless Stock - please provide basis and purchase date for any stocks that became worthless in 2011.