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2009 INCOME TAX QUESTIONNAIRE

PERSONAL DATA:

TAXPAYER

SPOUSE

NAME		
DATE OF BIRTH		
SOC SEC #		
OCCUPATION		
HOME ADDRESS		
	Street	City State Zip Code
PHONE	()	
BUSINESS PHONE	()	(Can we call you at work?)
BUSINESS PHONE (SPOUSE)	()	
EMAIL ADDRESS	(Please provide only if you authorize email communications.)	

DEPENDENT CHILDREN:

Name	Social Security Number	Date of Birth	# Months At Home	Check if Full Time Student

OTHER DEPENDENTS:

Name, Relationship and Address	Social Security Number	Income	# Months Resided At Home	% Support You Provide

ELECTRONIC FILING AND DIRECT DEPOSIT ELECTION

Do you want to file your personal income tax return electronically? YES NO

*** *Electronic filing requires that you participate in **direct deposit/ payment**.*

*** *Please provide a **voided check** from the account that you wish to use for the direct deposit/ payment.*

*** *Any refund due to you will be directly deposited into your bank account.*

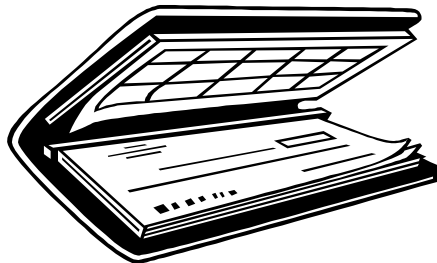
*** *Conversely, any taxes that you owe will be **directly paid from** your account.*

*** *If you choose to fund your IRA with your direct deposit tax refund please provide the account number and routing number for the IRA account.*

Even if you do not file your tax return electronically, you may still choose direct deposit for your refund. Do you want your tax refund (if any) deposited directly to your bank account? YES NO

*** *If yes, attach a **voided check** from the account to which you want your refund deposited. Refunds can be deposited directly into your IRA account, as well.*

PLEASE ATTACH YOUR VOIDED CHECK HERE



ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXPENSES:

Medical Expenses must total more than 7 1/2% of your income before they are deductible.

Prescription Medicines and Drugs Paid By You	\$ _____
Medical Insurance Premiums Paid By You	\$ _____
Doctors, Dentist, Hospital, Etc. Paid By You	\$ _____
Eyeglasses and Contacts Paid By You	\$ _____
Lodging Costs Associated with Medical Care	\$ _____
Number of Miles Driven for Medical Care	\$ _____

TAXES PAID:

Sales Tax paid on autos, boats, RV's, etc.	\$ _____
Real Estate Taxes on Your Home	\$ _____
Other Real Estate Taxes (Other than Rental)	\$ _____
Auto Licenses Fee	\$ _____
Personal Property Tax (Boat, Plane, Etc.)	\$ _____

INTEREST PAID:

Home Mortgage Interest Paid:

To an Institution: First Mortgage	\$ _____
To an Institution: Second Mortgage	\$ _____
To an Individual:	\$ _____
Individual's Name _____	
Social Security Number _____	
Address _____	

INVESTMENT INTEREST PAID \$ _____

CHARITABLE CONTRIBUTIONS BY CASH OR CHECK: You MUST have a receipt or canceled check documenting charitable gifts. Any gifts of \$250 or more must have a RECEIPT FROM THE CHARITY (a canceled check is not sufficient). Please attach these receipts.

CHURCH _____	\$ _____
OTHER _____	\$ _____
_____	\$ _____

CHARITABLE CONTRIBUTIONS OF PROPERTY: Please attach the original receipts from the organization to whom you donated the property and include the value of the property donated.

Name of Organization _____	Dollar Value: _____
_____	\$ _____
_____	\$ _____

NUMBER OF MILES PERSONAL AUTO USED IN CHARITY WORK _____

OTHER MISCELLANEOUS ITEMIZED DEDUCTIONS

IRA Fees Paid	\$ _____
Safety Deposit Box	\$ _____
Safety Equipment Required by Employment	\$ _____
Uniforms: Purchases and Cleaning	\$ _____
Tax Preparation Fee Paid In 2009	\$ _____
Alimony Paid:	\$ _____
To Whom _____	
Social Security No. _____	
Union Dues	\$ _____
Dues to Professional Organizations	\$ _____
Job Tools & Job Supplies Required by Employment	\$ _____
Other Job Expenses (Please List)	\$ _____
_____	\$ _____
_____	\$ _____
 Mortgage Insurance Premium on Principal Residence	 \$ _____
<i>(only for premiums on contracts initiated December 31, 2006 or later)</i>	
 Child Care:	 \$ _____
Paid To Whom _____	
For Whom _____	
Address _____	
Federal ID # or _____	
Social Security # _____	

SALE OF STOCKS, BONDS and MUTUAL FUNDS

Please provide the following information for each sale (the sale should also be documented by a Year-End Brokerage Statement as referenced above)

	Sale #1	Sale #2	Sale #3	Sale #4	Sale # 5
Stock name					
# Shares					
Purchase Date					
Selling Date					
Selling Price					
Purchase Price					

INCOME FROM BUSINESS OR PROFESSION

Business Name _____
Business Address _____
Business Activity _____

Gross Sales Excluding Sales Tax \$ _____
Purchase of Goods \$ _____
Inventory At Cost At Year-End \$ _____
Interest Income \$ _____
Income From Sale of Fixed Assets \$ _____
Other Income \$ _____

EXPENSES FROM BUSINESS OR PROFESSION (not including home office)

Advertising \$ _____
Bad Debts \$ _____
Bank Charges \$ _____
Commissions \$ _____
Dues & Publications \$ _____
Freight \$ _____
Insurance (Other Than Health) \$ _____
Insurance (Health) \$ _____
 (annual premiums to cover your employees) \$ _____
 (annual premiums for covering yourself) \$ _____
 (annual premiums for covering your family) \$ _____
Interest (Other Than For Vehicle) \$ _____
Laundry & Cleaning \$ _____
Legal & Professional \$ _____
Office Supplies \$ _____
Postage \$ _____
Rent on Business Property \$ _____
Repairs \$ _____
Supplies \$ _____
Taxes \$ _____
Telephone \$ _____
Utilities (not including home office) \$ _____
Wages Paid \$ _____

OTHER EXPENSES:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

AUTOMOBILE and TRAVEL EXPENSE

Model and Year of Vehicle _____

Total Miles on Auto for Year _____

Total Business Miles on Auto for Year _____

Do you have written documentation of Business Miles? Yes _____ No _____

Date Placed in Business Use _____

% of Business Use _____

Original Cost of Car \$ _____

Gas, Oil, Lube	\$	
Repairs	\$	
Tires, Supplies	\$	
Insurance	\$	
Licenses	\$	
Interest (vehicle, only)	\$	
Miscellaneous	\$	
Lease Payment	\$	
Parking Fees & Tolls	\$	

Fares for Airplane, Boat, Bus, Taxi	\$	
Lodging While Away From Home	\$	
Meals	\$	
Other Expenses While Away From Home	\$	

EXPENSES OF HOME OFFICE

Do you use your home for business? Yes _____ No _____

If YES, please provide the following information:

Square Footage of Office		
Heated/ Cooled Sq. Ft. of House		
Repairs & Maintenance		
If TV used in business - Cable	\$	
Insurance	\$	
Utilities per year:		
Gas	\$	
Electricity	\$	
Water	\$	
Pest Control	\$	
Garbage	\$	
Maid	\$	
Lawn Care	\$	
Other	\$	

RENTAL INCOME WORKSHEET

Please complete this worksheet showing income and expenses for each rental property you own.

	PROPERTY #1	PROPERTY #2	PROPERTY #3
PROPERTY ADDRESS:			
TOTAL RENTS RECEIVED FOR 2009			
EXPENSES PAID:			
Advertising			
Auto (Number of Miles Driven)			
Commissions			
Contract Labor			
Insurance			
Legal & Accounting			
Major Improvements			
Property Taxes			
Repairs & Maintenance			
Supplies			
Utilities			
Gardening & Landscaping			
Janitor & Trash			
Management Fees			
Interest Paid to Institutions			
Interest Paid to Individuals:			
Individual's Name			
Social Security Number			
Address:			
Other Expenses:			

	YES	NO
Do you have any foreign income or a foreign bank account?	_____	_____
Are you involved with a barter exchange or have any bartering activities?	_____	_____
Were you forgiven any indebtedness during the year?	_____	_____
Pension information: Indicate T axpayer or S pouse and Dollar amount		
Did you receive any lump sum distributions?	_____	_____
Did you contribute to your pension plan?	_____	_____
Did you contribute to your IRA?	_____	_____
Did you contribute to a ROTH IRA?	_____	_____
Did you have any casualty or theft losses during the year?	_____	_____
Did you or your spouse or dependents have any educational expenses during the year?	_____	_____
Did you make any contributions to an educational IRA in 2009?	_____	_____
Did you make any withdrawals from an educational savings IRA in 2009?	_____	_____
Did you have any expenses for higher education during 2009?	_____	_____
Do you have any loans for higher education or plan to get any?	_____	_____
Did you have any expenses in relation to seeking a new job?	_____	_____
Did you move in 2009 because of a job change? Provide Details	_____	_____
Did you adopt a child or have adoption expenses this year?	_____	_____
During the tax year, did you make a gift of \$13,000 or more to any individual?	_____	_____

**PLEASE ATTACH AN EXPLANATION FOR ANY OF THE
QUESTIONS TO WHICH YOU ANSWERED " YES "**

	YES	NO
Did you sell, exchange or purchase any real estate this year? Please bring copies of all documents relating to the property.	_____	_____
Were any of the sales installment sales?	_____	_____
Was your personal residence involved?	_____	_____
Was this your first home purchased?	_____	_____
If yes , was this your first home purchased during the three - year period ending on the date you purchased your new home?	_____	_____
Was this a home purchased as a long - time resident of your previous home? (If you lived in your previous home in any 5 consecutive years during the eight - years period ending on the purchase date of the new home, you may be entitled to be treated as a first - time home buyer).	_____	_____
We must have a copy of your closing statements for the purchase / sale of your personal residence.	_____	_____
Did you pay interest on more than two home loans?	_____	_____
Did you acquire, sell or trade any other assets during the year? Please bring whatever records you have concerning the assets, if not previously furnished.	_____	_____
Did you start a new business, partnership, etc, this year? If yes, please bring copies of all pertinent documents.	_____	_____
Did you buy special fuels, lubricating oil or gasoline for non-highway use during the year? For example: farm, construction equipment or airplanes.	_____	_____

**PLEASE ATTACH AN EXPLANATION FOR ANY OF THE
QUESTIONS TO WHICH YOU ANSWERED " YES ."**

YES **NO**

Did you purchase a new hybrid or advanced lean-burn or a plug-in electric vehicle in 2009?
If yes, please bring a copy of your invoice.

Did you pay any individual \$1,700 or more to perform household services during the year,
such as babysitting, cleaning, cooking or gardening?

Were there any changes to federal or state returns filed in prior years?
If yes, provide copies of the changes or correspondence received.

Did you or your spouse receive a one-time economic recovery payment?
Enter Amount: Taxpayer \$_____ Spouse \$ _____

Did you make energy efficient improvements to your home?
(Such as solar, electric property, fuel - cells, solar water heater, geothermal
heat pump, small wind energy property, storm windows or doors, insulation,
water heater or heating and air conditioning units). If yes, please bring a
copy of your invoice.

Are you a National Guard or an Armed Forces reservist? If so, did you travel more
than 100 miles and stay overnight to fulfill duty? If yes, please provide details:

Miles Traveled?

Lodging, Meals and Travel Expenses (provide receipts with dates)?

**PLEASE ATTACH AN EXPLANATION FOR ANY OF THE
QUESTIONS TO WHICH YOU ANSWERED " YES."**

