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J & C TAX SERVICES

TAX QUESTIONNAIRE

Tax Year _____

Thank you for choosing J & C Tax Services. We look forward to seeing you. Please remember to bring the following to your appointment:

- 1) All wage statements and records of income earned income (W-2's, K-1's, all 1099's including 1099NEC, W-2G, Unemployment, etc.)
- 2) Receipts and records of all contributions.
- 3) Mortgage Interest/taxes, closing statement on any property purchase/sold/refinanced last year (1098/HUD 1).
- 4) Your final pay stub if claiming deductions from work.
- 5) For new clients, a copy of your prior year tax return.
- 6) If you are claiming and new dependent, please bring name, birthday, and social security number.
- 7) If you are self-employed, please fill out separate self-employed worksheet.
- 8) **If you had Covered CA during the tax year: YOU MUST BRING US YOUR 1095-A FORM!**
- 9) **If you had private/employer insurance during the tax year: YOU MUST BRING US YOUR 1095-B or C FORM!**

Please check any of the following that may apply to you:

- Any births, adoptions, marriages, divorces, or deaths in your household last year?
- Did you support anyone other than your immediate family? Did they live with you?
- Does everyone in your household have Health Insurance?
- Are you an employer who pays Health Insurance to your employees?
- Did you buy or sell a house or property last year?
- Did you start a new business, LLC, Partnership, or Corporation last year or close one?
- Did you/spouse/dependent attend college? If so, please form 1098-T if applicable and receipts for book/supplies?
- Did you receive any letters for the IRS or FTB regarding changes to your return?
- If you are due a refund, would you like to have it directly deposited into your bank account?
- If you owe money, would you like to have it directly debited from your bank account?
- Do you pay alimony due to agreement prior to 2019? \$ _____ To: _____ SSN: _____
- Did you pay interest on a student loan? TP \$ _____ SP \$ _____

BANK ACCOUNT INFORMATION

Name of Bank _____ Routing # _____ Acct # _____

PERSONAL INFORMATION

Home or Primary Phone Number: _____

Street Address _____ City: _____ St: _____ Zip: _____

Taxpayer:

Spouse:

Name		
Occupation:		
Social Security #:		
Birthdate:		
Cell Phone:		
E-mail Address:		

Children and Dependents:

Full Name	Date of Birth	Social Security #	Relationship	Months at Home	Income

Estimated Taxes Paid: Prior years refund applied Federal \$ _____ State \$ _____

Date Paid		Federal	State	Date Paid		Federal	State
1 st Quarter				3 rd Quarter			
2 nd Quarter				4 th Quarter			
Paid with Extension by 4/15				Total Paid for Tax Year			

Individual Retirement Account Contributions:

Taxpayer's IRA Traditional Roth SEP/Simple HSA Contributed \$ _____
 Spouse's IRA Traditional Roth SEP/Simple HSA Contributed \$ _____

(Contributions can be made until Tax Day for the previous year's taxes for IRA & Roth and until the extension due date for SEP IRA if you filed an extension.)

WAGE INCOME (Bring all w-2's) TP SP **NON-EMPLOYEE INCOME** (Bring all 1099's) TP SP

WAGE INCOME	TP	SP	NON-EMPLOYEE INCOME	TP	SP

INTEREST INCOME (Bring all 1099's) Amount **DIVIDEND INCOME** (Bring all 1099's) Ordinary Qualified Cap Gain

INTEREST INCOME	Amount	DIVIDEND INCOME	Ordinary	Qualified Cap Gain

OTHER INCOME and/or ADJUSTMENTS

Taxpayer Spouse

State tax Refund		
Alimony received		
Unemployment Compensation (Must bring 1099G)		
Social Security Received (Must bring SSA-1099)		
Partnerships/Retirement/IRA Distributions (Must bring all 1099R's K-1, Etc.)		
Stock Sales (Must bring all 1099's and all Stock Basis Info)		
Gambling Winnings (Must bring W-2G)		
Health Savings Account: HSA Distributions (Must Bring 1099-SA)		
Cancellation of Debt (Must bring 1099C)		
Other Income not Listed Above; Please Specify		

CHILD AND DEPENDENT CARE EXPENSES

Provider:	Provider:
Address:	Address:
City/State/Zip:	City/State/Zip:
SSN/EIN:	SSN/EIN:
Phone:	Phone:
Amt Paid:	Amt Paid:

Dependent Name

Dependent Name

SCHEDULE A

MEDICAL EXPENSES

Prescriptions		Health Insurance Premiums		Lab fees/hearing aids	
Doctors/Dentist		Long Term Care Ins	TP	SP	Glasses/Contacts/Lasik
Hospitals/Clinics		Ins Reimbursed	()	Medical Miles
Other Medical Equipment: (Please list)					

TAXES PAID

Real Estate Taxes Paid		Land or Other Property		Previous Year's State Taxes Paid	
Vehicle License Paid	#1	#2	#3	#4	#5 Total
Luxury Tax (Boat Reg)		Sales Tax on Autos, Boats, etc	#1	#2	Total

HOME MORTGAGE LOAN INTEREST

#1		#2		Points Paid on New Home or Refi	Mortgage Insurance Premiums
#3		#4			
Mortgage Interest paid to a Person:	Name:	SSN:			No longer take
Address, City, St, ZIP:				Amt Paid:	

CONTRIBUTIONS (Bring a detailed list along with donation receipts, appraisals, and/or letters from charities)

	Name:	Amt:	Name:	Amt:
Cash/Check Please List:				
Non-Cash Please List:				

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES FOR "CALIFORNIA SCH A":

Professional/Union Dues		Schooling/Cont'd Education	
Potlucks, etc.		Professional Books & Journals	
Cell Phone		License/Credentials	
Internet		Business Gifts	
AAA/Costco/Sam's/Amazon Prime/Annual Credit Card Fees		Office Supplies	
Small Tools		Malpractice Insurance	
Safety: Shoes, Boots, Glasses, Lotions, Gloves		Physical Required	
Job Supplies, Uniform		Uniform Laundry/Cleaning	

Sales Representatives, Law Enforcement, Fire Fighters/Paramedics, Educators, Medical Professionals, and Self-Employed: Please fill out industry specific worksheets.

MISC DEDUCTION EXPENSES FOR "CALIFORNIA SCH A":

Timeshare		Alarm/Permit		Tax Prep Fees		Locks, Latches, Gates, Keys, Doors, Windows	
Storage Fees		Safe		Safety Deposit Box/PO Box		Shed/Shelving	
HOA Dues		Boat/Trailer Ins		Attorney Fees		Investment Fees	
Investment Subscriptions/Pubs		Boat/Trailer Cover		Cameras/Outdoor Lighting		Investment Travel	

OFFICE IN THE HOME ONLY (For Employees Only)

Business use Area (sq ft)		Mortgage Insurance		Lawn/Pool/Spa/Pest Service	
Total Area of Home (Sq ft)		Rent		Gas/Electric	
Mortgage Interest		Homeowners/Renters Insurance		Water/Sewer/Garbage	
Real Estate Taxes		Repairs/Maintenance/Janitorial		Wood/Pellets/Cable	

Vehicle Mileage (For Employees Only)

	Vehicle 1	Vehicle 2	Vehicle 3
Description of Vehicle Year, Make, and Model			
Date placed in Service			
Total Miles			
Total Business			
Total Commuting Miles			

Actual Expenses

Gas, Lube, Oil			
Repairs			
Insurance			
Misc (wash, etc)			
Vehicle Registration			
Vehicle Rent/Lease			

Notes for your Preparer
