

Travelers Tax Service

2018

Tax Questionnaire



We are open year-round for your convenience.

Thank You for Your Business

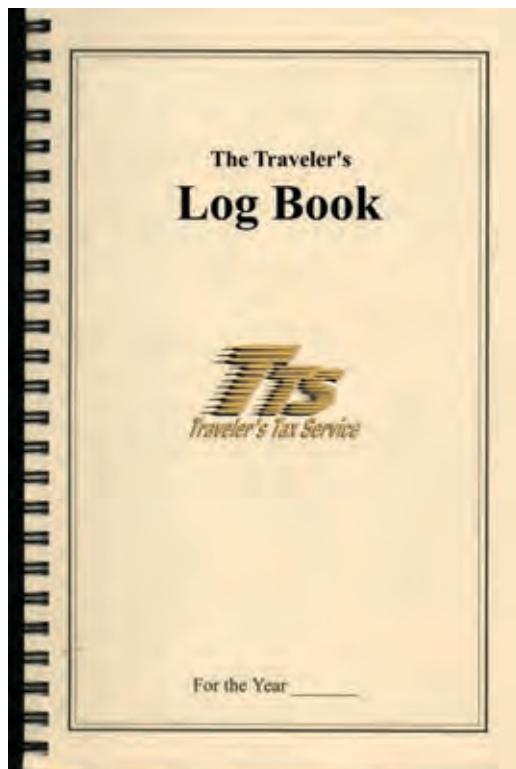
www.TravelersTaxService.com

271 Green Chapel Ln ~ Bolton, NC 28423

The Traveler's **LOG BOOK**

Get Organized and Save Hundreds - Even Thousands of Dollars Each Year!

The Traveler's Log Book is a heavy duty spiral bound book with a leatherette cover, tough enough to withstand heavy use. This book has the potential of saving you hundreds, even thousands of dollars in taxes every year!



The Traveler's Log Book will help you organize the daily written records you need for all your tax deductions. Keeping accurate written records on a daily basis will allow you to claim the largest possible deduction at the end of the year and satisfy the federal requirement for keeping adequate records of your employee business expenses. Good record keeping is not only a good business practice, but a must if travel is required for your occupation and employment. Keeping a daily log book not only allows you to track your out of town expenses, such as your job related miles, it also allows you to keep track of deductions that are generally overlooked. Several overlooked deductions may include phone calls from a pay phone, phone calls home to the wife and kids, phone calls for your job search or those ten dollar pair of work gloves you bought, but forgot to get a receipt for. Little things such as these can add up to make a big deduction over the period of a year.

Features Include:

- * Frequently asked tax questions and our experts suggestions
- * Illustrated examples
- * End of the week, month and year totals
- * Designed for any year in this century

BOTTOM LINE
IF YOU A TRAVELER
YOU NEED
THE TRAVELER'S LOG BOOK

The Perfect Companion To Our Tax Questionnaire

The Traveler's log Book is designed to flow right over to The Traveler's Tax Service Tax Questionnaire. All your yearly tax deductions are in one simple easy to use log book.

Don't leave home without it!

~~Regular~~
~~\$15.95~~
~~Price~~
\$13.95 Plus S&H

Credit Card
Check

Order Today 910-793-0580



Instructions For Filling Out This Questionnaire

Don't let the size of this questionnaire overwhelm you. Take your time, read through it once to get familiar with its contents and then organize your records and receipts accordingly into separate envelopes. Write the totals on the outside of the envelopes and make sure your mileage logbook is in order to substantiate your out of town mileage, and days out of town. Remember: The more you put into it the more you will get out of it, literally!

When you start answering the questions, if a section or question does not apply to you, skip it and move on to the next section or question. Try to avoid getting in a rush, or quesstimating. Avoid entering round numbers, round numbers are a big red flag, the IRS expects exact numbers.

If you have questions, answer what you can and highlight or write down what you can't and give us a call, we are happy to help.

910-279-6833

Tax Service Agreement

I hereby certify to the Traveler's Tax Service that all information contained in this 2018 client questionnaire is true and accurate to the best of my knowledge. I fully understand that where applicable, I have receipts and written records to substantiate all claims contained in this questionnaire including travel and entertainment, in regards to unreimbursed employee expenses and other business expenses.

I understand it is my responsibility to maintain all documents, canceled checks and other data that form the basis of income and deductions for my 2018 return(s). I also understand the law requires that adequate records be maintained for a period of three years. The documentation should include amount, time and place, date, and business purpose. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

I also understand the law provides for a penalty of 20 percent to be imposed on any underpayment that results from negligence or disregard of rules or regulations. Negligence "includes any failure to make a reasonable attempt to comply..." with the code. Disregard "includes any careless, reckless or intentional disregard". I agree to be responsible for their payment and not to look to the Traveler's Tax Service for reimbursement.

I understand I have the final responsibility for the information contained in the income tax returns and, therefore, I should review the entries carefully before I sign and file them.

If you have any questions concerning this questionnaire or this agreement, you may call us at 910-279-6833

By proceeding, filling out, and delivering to Travelers Tax Service, LLC for tax preparation you acknowledge that you have read, understood and agreed to be bound by the above terms and conditions and to comply with all applicable laws and regulations. If you do not agree to these terms and conditions, do not proceed.

PERSONAL INFORMATION

Taxpayer:		Spouse:	
Last:		Last:	
First:		First:	
MI:		MI:	
Social Sec. #:		Social Sec. #:	
Date of birth		Date of birth	
Occupation:		Occupation:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	

Would you like to receive text message alerts about your tax return? Yes No Mobile Number: _____

Driver's License or State ID

Issuing State:	Issuing State:
License No.:	License No.:
State ID No.:	State ID No.:
Issue Date:	Issue Date:
Expiration Date:	Expiration Date:
NY Document No.:	NY Document No.:

Permanent Address:		Apt.#:
City:	State:	Zip:
*Your Resident State: <small>*Required</small>		*County:

Temporary Address: (Where return will be mailed, Leave blank if same as above)		Apt.#:
City:	State:	Zip:

Filing Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying widow(er): Year spouse died 2016 2017
----------------	--

DEPENDENTS

Full Name	Social Security Number	Date of Birth	Relationship	Months lived in your home.

Document Checklist	
DO NOT provide us with, personal logbooks, calendar books, manuscripts or any other list of daily records.	
<u>Documents</u>	✓
W-2 Employee Income (Please provide all W2 forms)	
1099 -MISC Non-Employee Compensation	
Debt Cancellation, and/or Foreclosure and Abandonment Statements (1099C or 1099A)	
Gambling or Lottery winnings (Please provide to us all W-2G forms)	
Health Saving Account (Forms SSA-A, 1099-SA)	
Hybrid car or clean fuel vehicle purchases- provide details	
Income or loss from stock, bonds or real estate(including your home) (1099-S and 1099-B)	
Interest Income from bank accounts (1099-INT)	
IRA, Pensions, Annuities Distribution Statements (1099R's)	
IRS letter: Repayment of First time Homebuyer Credit (CP03A) (for credit claimed in 2008)	
Massachusetts Healthcare Form 1099-HC (If MA resident)	
Marketplace Coverage for Healthcare Form 1095-A Benefits Statement	
Mortgage interest payments (1098)	
Railroad Retirement Benefits (RRB-1099)	
Social Security and disability Income Statements (1099 SSA)	
State refunds (Only if itemized deductions last year)	
Student loan interest (1098-E)	
Tuition and Education Payments (1098T)	
Unemployment compensation (1099-G)	
Vehicle Tax and Personal Property Tax Statements	
Other Income, Specify:	
New Clients Only	
Copy of last year's tax return (federal, state)	
Driver's License and Social Security Card	
Notes to Tax Preparer:	

HEALTH INSURANCE**DO NOT SKIP THIS PAGE. YOU MUST ANSWER ALL APPLICABLE QUESTIONS.**

Failing to answer applicable question on this page, we will assume you have no health insurance coverage and could result is a shared responsibility payment (penalty).

Did you receive form 1095-A, 1095-B or 1095-C? *If you answered yes, then you can skip this page.*
Please provide a copy of 1095-A, 1095-B, or 1095-C ☐ Yes ☐ No

If you did NOT receive form 1095-A, 1095-B or 1095-C you MUST answer the following questions according to your filing status and provide us with health insurance carrier information.

Single, Married Filing Separate or Head of Household(for single parents only)

Were you covered by a health insurance plan? ☐ Yes ☐ No

If yes, where you covered for the entire year? ☐ Yes ☐ No

If not, please indicate the months you were covered	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

If you are claiming dependents on your tax return, were they covered by a health insurance plan? ☐ Yes ☐ No

If yes, were they covered for the entire year? ☐ Yes ☐ No

If not, please indicate the months they were covered	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Married Filing Joint:

Were you and your spouse covered by a health insurance plan? ☐ Yes ☐ No

If yes, were you covered for the entire year? ☐ Yes ☐ No

If not, please indicate the months you were covered.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

If you are claiming dependents on your tax return, were they covered by a health insurance plan? ☐ Yes ☐ No

If so, were they covered for the entire year? ☐ Yes ☐ No

If not, please indicate the months they were covered	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Health Insurance Carrier Information

Please check one of the following and provide applicable carrier information.

Market Place Coverage

☐ I purchased my health insurance through the market place at www.healthcare.gov

Employer Sponsored Coverage

☐ Employer sponsored coverage

Employer Name

Employer identification number (EIN)

Address

City State Zip Code

Private Carrier Coverage

☐ Private Carrier

Private Carrier Name

Employer identification number (EIN)

Address

City State Zip Code

Exemptions from the Healthcare Law

Those who do not already have a health insurance plan and choose not to purchase insurance will have to pay a penalty ***unless*** you qualify for an exemption. Exemptions from the Affordable Healthcare penalty are available to a number of Americans. Many exemptions from the health care law are available from the Marketplace prior to filing your income tax return, and can also be requested directly on your federal tax return

You have two options to qualify for an exemption.

1. Go to HealthCare.Gov and sign up for a marketplace account. When you sign up, you automatically find out if you qualify for some exemptions and might even find you qualify for lower costs on coverage. You can qualify to shop for a catastrophic plan with lower premiums if you obtain a Hardship Exemption.
2. Request an exemption from the IRS directly on your federal income tax return.

If you received an exemption from the marketplace, please provide us with the following information.

Exemption Certificate or Control Number	
Exemption Start Month	
Exemption End Month	

If you did not receive an exemption from the market place, and would like to request an exemption on your tax return, please check one of the following.

Caution: Requesting an exemption directly on your tax return will most likely delay any refund that is due.

<input type="checkbox"/>	Coverage is unaffordable.
<input type="checkbox"/>	Citizens living abroad and certain noncitizens
<input type="checkbox"/>	Member of a health care sharing ministry
<input type="checkbox"/>	Member of a Federally-recognized Indian tribe
<input type="checkbox"/>	Eligible for services from an Indian health service provider.
<input type="checkbox"/>	Medicaid, Medicare, Tricare
<input type="checkbox"/>	Hardship exemption: You experienced circumstances that prevented you from obtaining coverage under a qualified health plan, including, but not limited to, homelessness, eviction, foreclosure, domestic violence, death of a close family member, and unpaid medical bills.

Medical Expense's

(do not include expenses paid by insurance)

Prescription medicine	\$
Medical insurance premiums	\$
Doctor and dentist bills	\$
Hospital, clinic fees	\$
Prescription eyeglasses and/or contact lenses	\$
Medical supplies	\$
Medical transportation expenses:	Jan - Dec
Miles driven for medical purposes	
Other medical transportation costs, including ambulance fees	\$
Lodging for medical purposes (up to \$50 per night per person)	\$
Other medical and dental expenses:	\$

Electronic Filing Information

Do you want to electronically file your 2018 tax return?

****If No, skip this page. If Yes, you must fill out this page in its entirety**

☐ Yes

☐ No

When you electronically file your tax return, you must sign your tax return electronically.
You do this using a personal pin #. You have three options:

1. Use last year's pin #

Taxpayer Pin #: _____

Spouse's Pin #: _____

2. You can generate your own pin # using any
5 digits of your choice.

Taxpayer pin #: _____

Spouse's pin # : _____

3. Our computer software can automatically
generate a pin number. **(Recommended)**

Do you want our software to automatically assign
your pin number? ☐ Yes ☐ No

Did you receive an Identity Protection PIN from the IRS or have you been a victim of identity theft?

If so, please write in your 6 digit PIN number: _____

PLEASE READ

Once your pin number has been entered and your tax return completed, Traveler's Tax Service must have in our possession a **signed copy of form 8879** before we can E-File your tax return. The signing of this form is the same as signing your tax return and gives Traveler's Tax Service the authorization to e-file your tax return. Form 8879 will be included in your tax return.

For faster service we will need an e-mail address where we can email a copy of your tax return in PDF format along with form 8879 to be signed and faxed back. If you do not have an email or access to email, we will have to mail your tax return to you for your review and then you can fax or mail back form 8879.

Please provide your e-mail address where we can send a copy of your tax return for your review along with form 8879.

E-Mail Address: _____

Direct Deposit Information

To receive your refund as quickly as possible you can have your refund directly deposited into your bank account. Otherwise it can take as much as 2 weeks longer to receive your refund.

Do you want your refund by direct deposit? If yes, fill out the information below.

☐ Yes

☐ No

Bank Name: _____

Routing Number: _____

Account Number: _____

(or if you prefer attach a voided check here)

Answer the following questions to determine maximum deductions

Do you or your wife have a small business or receive hobby income? If yes, fill out Section 1099 non-employee / business income and expenses page 11.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive income from raising animals or crops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive income from timber, minerals, oil, gas or patents? (Please provide details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide a home for or help support anyone not listed in the section labeled dependents? (Please provide details, must be blood relative or through marriage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive any correspondence or letter from the IRS or state department of taxation? (Please provide copy of letter)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were there any births, deaths, marriages, divorces or adoptions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you itemize your deductions last year? (New Clients Only) If yes, Please provide last year's Federal and State returns.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you issued a mortgage credit certificate (MCC) by your state or local government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sold a home that you claimed the home buyer credit for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you purchased and installed energy-efficient home items? (windows, furnace, insulation, ect...) *If, yes, list each item and manufacturer on a separate sheet of paper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?	<input type="checkbox"/> Yes	No
Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.	Yes	No
Other:	Yes	No
* Contact us for additional forms		

Retirement Plans

Your IRA Contributions (\$5,500 maximum or \$6,500 if over age 50)	\$
Spouse's IRA Contributions (\$5,500 max. or \$6,500 if over age 50 - working or non-working)	\$
IRA fees	\$
Other (List):	\$
	\$
	\$

Educational Expenses

College Tuition Paid (Include 1098T) Name of School:	\$
College Loan Interest Paid (Include 1098E)	\$
Educator Expenses (FOR SCHOOL TEACHERS ONLY)	\$

2018 Traveler's Tax Service Tax Questionnaire

Taxes You Paid			
Real Estate taxes on principal residence (Do not include taxes paid on rental property)			\$
Automobile Registration fees based on value of vehicle			\$
Personal Property taxes including trailers, boats and campers			\$
Sales tax on large purchases, cars, trucks boat, ect.			\$
Other Taxes, list type and amount			\$
Interest Expenses			
Home Mortgage Interest Payments (Reported to you on 1098)			\$
Second Home Mortgage Interest Payments (Travel Trailer, RV, Boat Etc.) (If mortgage payment is to individuals, please provide name, address & social security number of payee) Name: _____ SS#: _____			\$
Home Mortgage Interest Payments (Not reported to you on 1098) <i>(*MUST LIST THE Name and SS# of person or EIN # of organization you made mortgage payments to that was not reported on 1098 or you cannot take this deduction.</i> *Name: _____ SS#: _____			\$ _____ *Name and SS# required to take this deduction.
Mortgage Insurance paid (Listed on 1098 not homeowners insurance)			\$
State or local Mortgage Credit Certificate (MCC)			\$
Prepayment Penalty on Loans			\$
Brokerage Accounts			\$
Investment Interest			\$
Other (List):			\$
Gifts To Charity			
(List organization and cash amount. If non-cash items were donated please itemize)			
Cash Contributions (If over \$250 you must itemize)			\$
Name of Organization:			Amount
			\$
			\$
			\$
Non-Cash Contributions: <i>Must Itemize if over \$500; Please list Date, Name of Organization, Address, and Amount.</i>			\$ * MUST BE ITEMIZED
Date	Name of Organization	Address	Amount

W-2 Employee Out of Town Expenses - State Only

If you **DID NOT** spend the night away from your tax home while working during the year
SKIP this section.

W-2 Out of Town Mileage - State Only

****ALL Questions in this section MUST be answered****

Total miles vehicle was driven in 2018 (Personal & Job)		
Total out of town job miles vehicle was driven in 2018		
Date you purchased vehicle:		
Do you or your spouse have another vehicle for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the job miles above written in a log or diary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

W-2 Out of Town Meal Allowance- State Only

There are three options to calculate your meal allowance.

- Option 1 – you can take the standard meal allowance of \$51.00 per day.
- Option 2 - Go to <http://www.gsa.gov/perdiem> and look up the higher meal allowances for the area you worked in. Fill out the table in it's entirety and do the math yourself.

Jobsite Zip Code	# Days Out of Town	Meal Allowance	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Standard Meal Allowance (\$51.00 x days)			\$
Did you receive Per diem in 2018 that was not reported on your W-2?			Yes No
If yes, fill in Amount:			\$

W-2 Lodging and Other Out of Town Expenses - State Only

Tolls and Parking fees	\$
Plane, Train and Taxi Fares	\$
Car Rental including fuel and other charges	\$
Lodging including motels, house and apartment rentals	\$
Travel Trailer Space Rental	\$
Travel Trailer Utilities: Electric, Propane, ect...	\$
Laundry and Laundry Supplies	\$
Passport for Overseas Work	\$
Phone Calls (Personal phone calls NOT allowed)	\$
Rental on P.O. Box	\$
Postage	\$
Tips	\$
Other:	

W-2 Employee Employment Expense's - State Only

Union Dues	\$
Tax Advice and Preparation Fees, paid in 2018	\$
Education that is Employment Related	\$
Safety Equipment	\$
Safety Clothes	\$
Safety Boots	\$
Uniforms or Protective Clothing	\$
Tools and Supplies (small tools purchased)	\$
Trade Handbooks	\$
Work Gloves	\$
Paper and Pencils	\$
Other Expendable Items (List):	\$
	\$

Tools and Supplies To Be Depreciated - State Only (Large Tools Purchased)

Name of Item	Date of Purchase	Amount of Purchase
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Job Search - State Only

If you take a trip away from home to look for a new job, your expenses for traveling, lodging, etc. are deductible only if the primary purpose of your trip is to look for a job. To substantiate the purpose of your trip, keep a daily log of your interviews, application efforts, etc.

Phone Calls	\$
Miles Traveled While Looking for work including job interviews	
Meals (Out of town/overnight stay only)	\$
Motels (Out of town/overnight stay only)	\$
Resume preparation (drafting, typing, printing, mailing, faxing)	\$
Hotsheets, Trade Magazines, newspapers, other business publications	\$
Employment agency fees and Executive recruiters' fees	\$
Advertising	\$
Other: List	\$

How to Separate Business calls from Personal use of your Cell Phone.

1. Take 3 months of normal cell phone bills and highlight all minutes used to talk to employers, recruiters, spouse at home while out of town and any other business related conversations.
2. Total all the highlighted business minutes for 3 months.
3. Get the total of ALL personal and business minutes(see phone bill for total minutes used)
4. Divide your business minutes by your total minutes to get your 3 month average.

If done correctly you should have a percentage in the form of a decimal. Then, take the dollar amount of your phone bill and multiply it by your decimal, this is your deduction for business use of your phone.

Page

Note Pad

1099 Non-Employee/Business Income and Expenses - Federal & State

Principal Trade or Business	
Name of Business	
FEIN or SS#	
Address of Business	
City, State & Zip Code	
When did you acquire or start the business?	

1099 / Business Income - Federal & State

Income that was reported on form 1099 (Please provide all 1099 forms)

Income that was not reported on form 1099	\$
---	----

Estimated Tax Payments- Federal & State

Federal estimated tax payments	\$
--------------------------------	----

State estimated tax payments	\$
------------------------------	----

1099 / Business Out of Town Mileage - Federal & State****ALL Questions in this section MUST be answered****

Vehicle Information	Vehicle 1	Vehicle 2
Make and Model of Vehicle		
Date placed in service		
Total miles		
Business miles		
Do you have evidence to support these vehicle expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is this evidence written in a Log or Diary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1099 / Business Out of Town Expenses - Federal & State

Air/Train/Bus/Taxi Fares	\$
Car Rental and/or Lease Payments	\$
Rental Car Gas	\$
Lodging including motels, house and apartment rentals	\$
Travel Trailer Space Rental	\$
Travel Trailer Utilities (include electric, water, propane, ect.)	\$
Number of days spent out of town	
Laundry and Laundry Supplies	\$
Passport for Overseas Work	\$
Phone Calls (Personal calls NOT allowed)	\$
Rental on P.O. Box	\$
Postage	\$
Tips	\$
Other (List):	\$

1099 Out of Town Meal Allowance- Federal & State

There are three options to calculate your meal allowance.

- Option 1 – you can take the standard meal allowance of \$51.00 per day.
- Option 2 - Go to <http://www.gsa.gov/perdiem> and look up the higher meal allowances for the area you worked in. Fill out the table in it's entirety and do the math yourself.
- Option 3 - You can fill in the jobsite zip code and the number of days and we'll look up the higher meal allowances for you(which may or may not be higher than \$51.00 per day). There will be a \$15.00 charge for this up to 5 entries.

Jobsite Zip Code	# Days Out of Town	Meal Allowance	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Standard Meal Allowance (\$51.00 x days)			\$

1099 / Business Expenses- Federal & State

Dues to professional societies	\$
Education that is business related	\$
Safety Equipment	\$
Safety Clothes	\$
Safety Boots	\$
Uniforms or Protective Clothing	\$
Tools and Supplies (small tools purchased)	\$
Trade Handbooks	\$
Work Gloves	\$
Paper and Pencils	\$
Other Expendable Items (List):	\$
	\$

Tools and Supplies To Be Depreciated (Large Tools Purchased)

Name of Item	Date of Purchase	Amount of Purchase

1099 / Business Expenses Continued- Federal & State

Fuel cost for welding machines	\$
Repair or Maintenance	\$
Rent or Leases	\$
Office expenses	\$
Office supplies	\$
Insurance (not health or auto insurance)	\$
Workman's compensation insurance	\$
Self Employed health insurance	\$
Legal or other professional services	\$
Entertainment (Business related only)	\$
Contract Labor	\$
If you had contract labor, did you pay any contractors \$600.00 or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, did you issue them a 1099 form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, are you planning on issuing them a 1099 form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have W-2 employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much were their combined gross annual wages plus employer payroll taxes?	\$

Other Miscellaneous Deductions & Adjustments to Income

Alimony Payments Recipient's last name: _____ Social Security No. _____	\$
Attorney and accounting fees that are employment related	\$
Moving Expenses in connection with Employment. (Take this deduction, only if you have permanently moved, <u>do not</u> take if you are claiming deductions in the Out of Town Expenses section of this Questionnaire)	\$
Lodging During Move	\$
Gambling Losses (Limited to winnings)	\$
Other, List	\$
	\$

Child & Dependent Care Expenses

(Please Include Care Provider(s) Name, Address, SS# or EIN)

<u>Care Providers Name</u>	<u>Address, City, State & Zip Code</u>	<u>Soc.Sec. Or EI #</u>	<u>Amount Paid</u>
			\$
			\$
			\$
			\$
			\$

2018 Traveler's Tax Service Tax Questionnaire

Rental Property		
Provide us with last year's depreciation schedule if you were not a client last year		
Did you make any payments in 2018 that would require you to file form(s) 1099? (Requirement is \$600 or more)	Yes	No
If "Yes," did you or will you file required Forms 1099?	Yes	No
Property #	1	2
Types of property: 1.Single Family, 2.Multi-Family, 3.Vacation/Short-Term, 4.Commercial, 5.Land, 6.Self-Rental, 7.Other		
Type of Property		
Physical Address: City, ST Zip		
Participated in Management	~ Yes ~ No	~ Yes ~ No
Ownership Percentage	%	%
Owned by spouse	~ Yes ~ No	~ Yes ~ No
Owned jointly	~ Yes ~ No	~ Yes ~ No
Active participation	~ Yes ~ No	~ Yes ~ No
Material participation	~ Yes ~ No	~ Yes ~ No
Did you sell this property, or a portion of it this year?	~ Yes ~ No	~ Yes ~ No
Portion of home rented (if not 100%)	%	%
Number of months rented		
Rental Income		
Advertising		
Auto and Travel		
Cleaning and Maintenance		
Insurance		
Legal and Professional fees		
Management fees		
Mortgage Interest paid		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		
Rental income Form 1099MISC		

Home office deduction

**To be used for business use of your home in connection with 1099 non-employee trade or business.
PLEASE READ AND UNDERSTAND BEFORE TAKING THIS DEDUCTION**

To qualify for a home office deduction, you must use part of your home **Exclusively and Regularly** as your principal place of business for your trade or business. The area used for business can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition, but it **MUST** be used for 100% business use only.

To qualify to deduct expenses for business use of your home, you must meet one of the following 4 tests:

1. Exclusively and regularly as your principal place of business for any trade or business.

It does not meet the qualification if you use it for business use part of the time and personnel use the rest of the time. The space **MUST** be used exclusively for 100% business use only.

2. Exclusively and regularly as a place where you meet with patients, clients, or customers in your trade or business.

If you meet or deal with patients, clients, or customers in your home in the normal course of your business, even though you also carry on business at another location, you can deduct your expenses for the part of your home used exclusively and regularly for business if you meet both the following tests.

- You physically meet with patients, clients, or customers on your premises.
- Their use of your home is substantial and integral to the conduct of your business.

Using your home for occasional meetings and telephone calls will not qualify you to deduct expenses for the business use of your home. The part of your home you use exclusively and regularly to meet patients, clients, or customers does not have to be your principal place of business.

3. On a regular basis for certain storage use of inventory or product samples.

You sell products at wholesale or retail as your trade or business, You keep the inventory or product samples in your home for use in your trade or business, Your home is the only fixed location of your trade or business, You use the storage space on a regular basis.

4. As a daycare facility

If you operate a licensed daycare facility, the tax rules state that as long as a room is used regularly for a daycare business, it need not be used exclusively.

You have two options: Simplified method, or the Actual expense method. You will need to figure the percentage of your home used for business for both methods.

1. The simplified method: is an alternative to the calculation, allocation, and substantiation of actual expenses. In most cases, you will figure your deduction by multiplying \$5, the prescribed rate, by the area of your home used for a qualified business use. The area you use to figure your deduction is limited to 300 square feet.

2. Actual expense method: If you do not elect to use the simplified method, you will figure your deduction using your actual expenses.

Part of Your Home Used for Business:

Area of home used for business in square feet	Sq.Ft.
Total area of home in square feet	Sq.Ft.
Gross income from business	\$

Check which method you wish to use.

<input type="checkbox"/>	Simplified method - (\$5 per ft. 300ft max)
<input type="checkbox"/>	Actual Expenses

Actual Expenses

Insurance	\$
Rent	\$
Repairs and maintenance	\$
Utilities	\$
Other expenses	\$

Tax Preparation Cost		
We charge a flat fee of \$185.00 to complete your Federal return: this includes entering the first 5 W-2 forms that you may have, it also covers forms 1040, Schedule A, 2106 for un-reimbursed employee expenses and if needed form 2441 for child care expenses. Anything beyond this we charge per form. To have your State returns completed there is a flat fee of \$ 60.00 per state. We always recommend that at a minimum you file in your resident state.		
FORM NAME	COST PER FORM	TOTAL
Federal 1040	\$ 185.00	\$ 185.00
State Returns	\$ 60.00 x # of states =	\$
Electronic Filing Fee	\$ 35.00	\$
Paper Filing Fee(S&H Priority)	\$ 50.00	\$
Additional Forms		
Each Additional W-2(over 5) including 1099	\$ 5.00 x # of W-2 =	\$
1040X	\$ 75.00	\$
Additional 2106 for spouse	\$ 25.00	\$
Schedule B – Interest income	\$ 25.00	\$
Schedule C – Business	\$ 125.00	\$
Schedule D – Capital Gains- 5 Transactions or Less	\$ 50.00	\$
Schedule D Over 5 Transactions	\$ 4.00 x # of Transactions	\$
Schedule E - Rental Income	\$ 75.00	\$
Schedule F – Farm Income	\$ 95.00	\$
Home Office Deduction	\$ 45.00	\$
Form 1116 - Foreign Tax Credit	\$ 75.00	\$
Form 2555 - Excluded Foreign Income	\$ 125.00	\$
Form 4562 - Depreciation	\$ 65.00	\$
Form 4797 - Sale of Business Property	\$ 95.00	\$
Form 4684 - Casualty or Theft Loss	\$ 50.00	\$
Form 4868 - Extension (6 mo.)	\$ 25.00	\$
Form 8379 - Injured Spouse	\$ 45.00	\$
Form 8867 - Earned Income Credit	\$ 45.00	\$
1099R	\$ 5.00 ea	\$
1099G - Gambling Winnings	\$ 15.00 ea.(over 5-\$10.00 ea.)	\$
Audit Assistance (Without pre-pay \$125.00)	\$ 49.95	\$
Health Insurance Verification Forms		
1095A	\$ 35.00	\$
1095B	\$ 35.00	\$
1095C	\$ 35.00	\$
		\$
		\$
Shipping		
Priority Express (1-2 day)	\$21.00	\$
	FINAL TOTAL	\$

Payment Information****Tax Returns WILL NOT Be Started Without Payment****

Simply return your payment along with the Questionnaire to complete the process. For faster service, send a money order, as **it is our policy not to complete returns until personal checks have cleared the bank 10 days from date of deposit.** We will also accept credit card payments of Visa/MasterCard and Discover.

☐ Enclosed Check

☐ Enclosed Money Order

If you would like for us to charge your credit card please fill in the boxes below:

☐ Visa ☐ Master Card ☐ Discover

Card Number:

				---					---					---				
--	--	--	--	-----	--	--	--	--	-----	--	--	--	--	-----	--	--	--	--

Expiration Date:

--	--	-----	--	--

Signature _____

NEW CLIENTS:

Please include a copy of your Drivers License and S.S. Card for Yourself, Your Spouse and Each Dependent.

Return This Questionnaire

By Email:	BGlisson@TravelersTaxService.com
By Regular Mail:	271 Green Chapel Ln ~ Bolton, NC 28423
By Text Message:	910-279-6833

Note: If you are sending by regular mail, it may be cheaper to go by your local office supply store and have your documents scanned to a PDF file and emailed to us.

For Texting: If sending by text message; Make sure the photo's are in focus. Avoid taking photo's at an angle, position phone directly over the image. Check the photos for focus by zooming in and making sure they are in good focus, if you can't read them, we can't read them.

If you have any questions, call us 910-279-6833

Notes

Traveler's Tax Service Coupons



Refer-A-Friend

\$50 OFF

Fill in YOUR Full name and give this Traveler's Tax Service Coupon to a friend.

Full Name: _____

If they use our Tax Service, we will give you \$50 cash or credit towards your tax return

*You must be a current customer to receive the credit.

910-279-6833

www.TravelersTaxService.com



271 Green Chapel Ln. ~ Bolton, NC 28423

Email: BGlisson@TravelersTaxService.com



Refer-A-Friend

\$50 OFF

Fill in YOUR Full name and give this Traveler's Tax Service Coupon to a friend.

Full Name: _____

If they use our Tax Service, we will give you \$50 cash or credit towards your tax return

*You must be a current customer to receive the credit.

910-279-6833

www.TravelersTaxService.com



271 Green Chapel Ln. ~ Bolton, NC 28423

Email: BGlisson@TravelersTaxService.com



Refer-A-Friend

\$50 OFF

Fill in YOUR Full name and give this Traveler's Tax Service Coupon to a friend.

Full Name: _____

If they use our Tax Service, we will give you \$50 cash or credit towards your tax return

*You must be a current customer to receive the credit.

910-279-6833

www.TravelersTaxService.com



271 Green Chapel Ln. ~ Bolton, NC 28423

Email: BGlisson@TravelersTaxService.com



Refer-A-Friend

\$50 OFF

Fill in YOUR Full name and give this Traveler's Tax Service Coupon to a friend.

Full Name: _____

If they use our Tax Service, we will give you \$50 cash or credit towards your tax return

*You must be a current customer to receive the credit.

910-279-6833

www.TravelersTaxService.com



271 Green Chapel Ln. ~ Bolton, NC 28423

Email: BGlisson@TravelersTaxService.com

