

DH BOOKKEEPING & TAX LLC

DEANNA HEFNER

TAXPAYER QUESTIONNAIRE

PLEASE ATTACH COPIES OF DRIVERS LICENSES AND SOCIAL SECURITY CARDS

	TAXPAYER	SPOUSE
Name (As It Appears On Social Security Card)		
Social Security Number		
Home Street Address		
City, State, Zip		
Occupation		
Date of Birth		
Blind?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Disabled?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Deceased?	YES <input type="checkbox"/> Date:	YES <input type="checkbox"/> Date:
Phone Numbers	Home:	Home:
	Work:	Work:
	Cell:	Cell:
Email Address		
Can you or your spouse be claimed on any other tax return for any purpose?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Contribute \$3 to the Presidential Election Campaign Fund?	YES <input type="checkbox"/>	YES <input type="checkbox"/>

FILING STATUS (Check One)

- SINGLE** - (unmarried as of December 31st)
- MARRIED FILING JOINT** - (married on Dec 31st - includes both incomes - both must sign - both responsible for payment of tax, if any)
- MARRIED FILING SEPARATE** - (married as of Dec 31st - report own income - give name and SSN of spouse)
- HEAD OF HOUSEHOLD** - (you can file as Head of Household only if you were unmarried or considered unmarried on the last day of the year. You also must have paid more than half the cost of keeping up a home that was the main home for more than half the year except for temporary absences, such as for school - for you and any qualifying persons.)
- WIDOW(ER) with Dependent Children** - (must have dependent - pay over half of household costs - must be single - may use this status for up to 2 years after death of spouse. Spouse's date of death _____)

If you are married, you must file Married Filing Joint or Married Filing Separate unless you are separated and have not lived together at any time after June 30.

Dependents Full Name(s) As It Appears On Social Security Card	Age	Date of Birth	Social Security Number	Relationship	Disabled	Full-time Student	Months In Home

Dependent Care Information

Provider's Name & Address	SSN or EIN	\$ Amount	Dependent Name(s)
		\$	
		\$	
		\$	

	TAXPAYER	SPOUSE
Income – For 2010, did you receive:		
How many income documents are you providing (W-2's, 1099's, etc.)?	# of Docs	# of Docs
Wages or Salary?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Disability Income?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Interest from: checking, savings, bonds, dividends, CD's or brokerage account?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
State tax refund?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Tip income?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Pension/IRA distribution?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Unemployment?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Social Security/Railroad Retirement?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Self Employment?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Other income?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Expenses - For 2010, did you have:		
IRA or other retirement account?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Education related expenses for you, your spouse, or dependents?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Medical expenses?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Home mortgage payments?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Charitable contributions?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Employment related expenses?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
First time home buyer?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Earned Income Determination		
Have you ever been disallowed for EITC?	YES <input type="checkbox"/>	YES <input type="checkbox"/>

I, the undersigned, hereby certify that all of the information provided above is true and correct to the best of my knowledge. I further certify that all of the documents and information required to properly complete my tax return have been supplied to the preparer.

Taxpayer Signature _____

Date _____

Spouse Signature _____

Date _____

I AM NOT a regular or reserve member of any branch of the United States military serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such a member).

Taxpayer _____ (Initials) Spouse _____ (Initials)

How did you hear about our services? _____

Preparer Signature _____

Date _____

This section to be completed by tax preparer

PREPARER DUE DILIGENCE

Filing Status and Dependency:

1. Based on the interview, the filing status of the taxpayer is: _____
2. Can any dependent listed be claimed as a dependent on another tax return? _____
3. Did the taxpayer provide more than 50% of the support for the dependents claimed? _____
4. Is there a signed Form 8332 or a divorce decree that allows someone else to claim the dependents? _____
5. Is the dependent permanently and totally disabled? _____
6. Based on the interview, how many individuals qualify as dependents for this return? _____

EIC Eligibility

1. Based on the interview, does taxpayer qualify for EIC? _____
2. How was the information for EIC purposes obtained? _____
3. When was the information for EIC purposes obtained? _____
4. Who was the information for EIC purposes obtained from? _____

DH BOOKKEEPING & TAX LLC
60 SLICK ROCK TR
HARDY, AR 72542
870/847-2116

NAME OF BUSINESS: _____

EIN: _____

TOTAL YEARLY REVENUE: _____

TOTAL YEARLY EXPENSES: _____

BREAKDOWNS:

ADVERTISING: _____

OFFICE EXPENSES: _____

CAR & TRUCK EXPENSES: _____

PENSION PLANS: _____

COMMISSION & FEES: _____

RENT OR LEASE: _____

CONTRACT LABOR: _____

MACHINERY & EQUIPMENT: _____

DEPLETION: _____

OTHER PROPERTY: _____

DEPRECIATION: _____

REPAIRS & MAINTENANCE: _____

EMPLOYEE BENEFITS: _____

SUPPLIES: _____

INSURANCE SE HEALTH: _____

TAXES: _____

INTERST: MORTGAGE: _____

MEALS & ENTERTAINMENT: _____

OTHER INTEREST: _____

UTILITIES: _____

LEGAL/PRO SERVICES: _____

WAGES: _____

CELL PHONE: _____

MILEAGE: _____

TRAVEL EXPENSE: _____

INSURANCE VEHICLE: _____

VEHICLE PAYMENTS: _____

EQUIPMENT PAYMENT: _____

BASED ON MY KNOWLEDGE, RECOLLECTION AND ESTIMATION THE ABOVE WRITTEN
INFORMATION IS TRUE AND CORRECT. I _____
TAKE FULL RESPONSIBILITY FOR THE INFORMATION PROVIDED AND UNDERSTAND THAT THIS
INFORMATION IS/WILL BE USED SUBMITTED TO FILE MY TAXES.

PRINT NAME SIGNATURE

DH BOOKKEEPING & TAX LLC
60 SLICK ROCK TR
HARDY, AR 72542
870/847-2116

NAME OF FARM: _____

EIN: _____

TOTAL YEARLY LIVESTOCK REVENUE: _____

TOTAL YEARLY EXPENSES: _____

BREAKDOWNS:

ADVERTISING: _____ CHEMICALS: _____

CAR & TRUCK EXPENSES: _____ PENSION PLANS: _____

COMMISSION & FEES: _____ FREIGHT & TRUCKING: _____

CONTRACT LABOR: _____ RENT/LEASE MACHINERY & EQUIP: _____

DEPLETION: _____ RENT OR LEASE PROPERTY: _____

DEPRECIATION: _____ REPAIRS & MAINTENANCE: _____

EMPLOYEE BENEFITS: _____ SUPPLIES: _____

INSURANCE SE HEALTH: _____ TAXES: _____

INTERST: MORTGAGE: _____ MEALS & ENTERTAINMENT: _____

PROPERTY TAX: _____ UTILITIES: _____

LEGAL/PRO SERVICES: _____ WAGES: _____

CELL PHONE: _____ MILEAGE: _____

TRAVEL EXPENSE: _____ INSURANCE VEHICLE: _____

VECHICLE PAYMENTS: _____ FEED: _____

FERTILIZER & LIME: _____ SEEDS & PLANTS: _____

STORAGE & WAREHOUSE: _____ VETERINARY, BREEDING, MEDICINE: _____

BASED ON MY KNOWLEDGE, RECOLLECTION AND ESTIMATION THE ABOVE WRITTEN
INFORMATION IS TRUE AND CORRECT. I _____ TAKE
FULL RESPONSIBILITY FOR THE INFORMATION PROVIDED AND UNDERSTAND THAT THIS
INFORMATION IS/WILL BE USED SUBMITTED TO FILE MY TAXES.

PRINT NAME

SIGNATURE