

TAX RETURN QUESTIONNAIRE FOR TAX YEAR **2013**

CHECK BOX IF YOU ARE A NEW CLIENT ☐

For more information access our website at:

REFERRED BY: _____

WWW.BGATAX.COM

Phone #: 631-858-2200

MAILING address to send back tax documents (if different from tax return)

☐ **DIRECT DEPOSIT** Check if you want a faster and more secure refund sent to your account. Provide us with a void check or write info below. If the account info is not provided you will receive a paper check

☐ Same as Last Year

☐ Void Check Enclosed

Routing #: _____

Account #: _____

Type of account (Ex. Checking or Savings): _____

☐ **DIGITAL DOCUMENT STORAGE (DDS)** (See website for more info)
Check to have your 2013 tax records digitally converted and stored for \$30.
FREE DDS if you choose to prepay your invoice. SEE BELOW. All DDS documents will be mailed back.

TAXPAYER

Blind ☐
Disabled ☐

NAME

Social Security No.

Date of Birth

If Law Enforcement,
Indicate Agency

Occupation

Home #

Work #

Cell #

E-Mail

SPOUSE

Blind ☐
Disabled ☐

NAME

Social Security No.

Date of Birth

If Law Enforcement,
Indicate Agency

Occupation

Home #

Work #

Cell #

E-Mail

School District

County

FILING STATUS on 12/31/13

☐ MARRIED If MARRIED & prefer to file married filing separately check box ☐

☐ HEAD OF HOUSEHOLD

☐ SINGLE If SINGLE & provided a home for another person check box ☐

If divorced or legally separated enter date
PROVIDE COPY OF DECREE

Date of Death

Taxpayer

Spouse

DEPENDENTS

Check if New	Name	Social Security #	Date of Birth	Relationship Daughter, Son, Mother, etc.	During 2013 No. of months lived in taxpayer's home	Dependent had income over \$3900? Yes/No	Taxpayer provided more than 1/2 of dep. support? Yes/No	Attends College? Yes/No

☐ Check if you are a noncustodial parent claiming a child because the custodial parent released the exemption to you. Provide us a signed Form 8332.

PREPAY INVOICE by CREDIT CARD & get FREE DDS

Include credit card info below OR

Check box for us to contact you for the prepayment info upon completion of your tax returns ☐

Name on Card		Account Number	
Expiration Date	Security Code	Type of Card	
Signature of Cardholder			

***** Paid invoice will be enclosed with your tax returns for your records. *****

Check box if applies

INCOME ITEMSS
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S**SALARIES, WAGES, TIPS & OTHER COMPENSATION****W-2's**☐ Taxpayer☐ Spouse

of W-2's enclosed _____

PENSIONS, ANNUITIES, IRA DISTRIBUTIONS/CONVERSIONS☐ Check Box if had a
Roth IRA Conversion**1099 - R**☐ Taxpayer☐ Spouse

of 1099-R's enclosed _____

If first year of retirement you must enclose a final pay stub before retirement. For IRA distributions & conversions provide basis in all IRA accounts.

SOCIAL SECURITY INCOME**SSA-1**☐ Taxpayer☐ Spouse☐ **SELF EMPLOYED INDIVIDUALS****1099 - MISC**

Check box if involved in a business as a sole proprietor or a Single Member LLC. Complete enclosed self-employed worksheet.

☐ **PARTNERSHIPS, LLCs, S CORPORATIONS, ESTATES & TRUSTS****K-1's**

of K-1 Forms Enclosed _____ Enter date if receiving K-1 Form late _____

☐ **RENTAL INCOME & ROYALTIES****1099 - MISC**

Check box if you own or are involved in rental property and complete the enclosed rental worksheet.

☐ **INTEREST INCOME****1099 - INT**

Include interest from Banks, Bonds, Credit Unions, Financial Institutions, Seller Financed Mortgages. (Do Not include IRA's)

of 1099-INT's Enclosed _____

☐ **TAX-EXEMPT INTEREST**

Check box if you have interest income from State and Local Bonds. Enclose brokerage statement.

☐ **DIVIDEND INCOME****1099 - DIV**

From Stocks, Mutual Funds, etc. (Do Not Include IRA's)

of 1099-DIV's Enclosed _____

☐ **STOCKS, MUTUAL FUNDS AND OTHER INVESTMENT GAINS (LOSSES)****1099 - B**

Check box if you sold stock, mutual funds or other securities outside of a retirement plan. Include worthless securities, calls, puts & sale of stock options. Do not include transactions within an IRA account.

MUST include cost basis information. Transaction summaries from brokerage accounts are preferable. Otherwise complete the "Worksheet for Sale of Stock, Mutual Funds & Other Investments" available on our website.

☐ **Stock Options** Granted or Exercised in 2013. Submit detail of the options & send any 1099-B for the sale of exercised options.☐ **FOREIGN BANK ACCOUNT**☐ **OTHER FOREIGN ASSETS**

See Foreign Reporting Requirement insert for more info.

Include highest value of the account in 2013, country location, account number & name & address of the financial institution on a separate worksheet.

☐ **INCOME FROM OTHER SOURCES**

\$	<input type="checkbox"/> Alimony Received - If checked, Include Payer's Name & SS#:
\$	<input type="checkbox"/> Awards, Grants & Prizes - If checked, Include Type:
\$	<input type="checkbox"/> Cancellation of Debt - 1099-A or 1099-C - If checked, Enter Source of Debt:
\$	<input type="checkbox"/> Distributions from a 529 plan or Education Savings Account - 1099-Q - If checked, Was Money Used for College?:
\$	<input type="checkbox"/> Farm Income - If checked, provide info on Farm Worksheet available on our website BGATAX.com.
\$	<input type="checkbox"/> Gambling & Lottery Winnings - W-2G & 1099-G - If checked, Include Losses:\$
\$	<input type="checkbox"/> Health Savings Account Withdrawals - 1099-SA
\$	<input type="checkbox"/> Lawsuit Proceeds - 1099-MISC - If checked, Include Detail of Lawsuit & Legal Fees incurred:\$
\$	<input type="checkbox"/> Sale or transfer of rental or investment property. Submit closing statement and figures.
\$	<input type="checkbox"/> State and Local Income Tax Refunds - 1099-G - If checked, Indicate State or Locality:
\$	<input type="checkbox"/> Unemployment Compensation - 1099-G - If checked, Indicate State:
\$	<input type="checkbox"/> Other - Please Specify: (Ex. Jury Duty)

DATE OF TRANSFER (Use reporting date if the move is a work transfer)

Alimony Paid - Include recipient's name & SS#:	\$	\$
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	\$		\$
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SALES TAX	FULLY EXEMPTED BY STATE OF TEXAS	
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Sales Tax for the purchase of a new or used Vehicle, Boat & Plane bought anytime in 2013	\$
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REAL ESTATE TAXES & MORTGAGE INTEREST		
Type of Property		Mortgage Interest
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Property Address (Include loan interest from Boats & RV's here)	(Ex. Primary Res, Rental, Vacation, 2nd Home)	Real Estate Taxes	(If paid to an individual provide name & SS#)

Points Paid (Include HUD-1 closing stmt or 1098 if applicable) <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance	\$	<input type="checkbox"/> Bought or Sold a home in 2013 (Include HUD-1 closing statements) <input type="checkbox"/> Refinanced home mortgage during 2013 (Include HUD-1 closing docs)
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Cash/Check/Credit Card	Requirement from the IRS: (In order to claim this deduction, you must retain a bank record or	List cash donations
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Name of Organization & Date of Donation	Value Amount	Name of Organization & Date of Donation	Value Amount
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[illegible]

☐ **CASUALTY LOSS DEDUCTION** (Check box if you had a loss from a Fire, Storm, Theft, etc.)

Provide an attachment that includes a description of the loss, fair market value of asset before and after casualty & insurance reimbursement.

MISCELLANEOUS DEDUCTIONS (Do not duplicate amounts from attached sheets or schedules) (See Checklist & Work Expense Schedules)

Tax Return Preparation Fee that was paid in 2013	\$	Job Search Expenses	\$
Investment Interest - Margin Interest	\$	Safe Deposit Box	\$
Investment Publications & Expenses	\$		\$
Legal Fees (Related to generation or protection of income)	\$		\$

☐ **ADOPTION CREDIT** (Check box if you adopted a child or are in the process of adoption in 2013)

Indicate if the child is special needs or a foreign child. Provide a list of qualified expenses. Indicate when the adoption is expected to be final.

AUTO ENERGY CREDIT (Purchase of a NEW Electric or Plug-In Hybrid Vehicle in Year 2013)

Make, Model & Year of Vehicle	Date of Purchase	Cost	VIN#
		\$	
Purchase of Charging Equipment & Installation		\$	

HOME ENERGY CREDIT (For Primary Residences) Provide copies of receipts and certification from manufacturer, if available. Eligible purchases must meet certain energy efficiency requirements. Refer to website www.energystar.gov and search "tax credits for energy efficiency" for additional information and requirements.

Windows/Skylights & Certain Metal and Asphalt Roofs	\$	Natural Gas, Propane or Oil Furnace	\$
Exterior Doors & Insulation Systems	\$	Advanced Main Air Circulating Fan	\$
CAC, Water Heaters, Electric Heat Pumps & Biomass Stoves	\$	Solar & Fuel Cell & Geothermal & Wind Sys.	\$

COLLEGE EXPENSES (Please enclose Form 1098-T)

	Student (1)	Student (2)	Student (3)
Student Name			
College Name			
Tuition & Fees Paid	\$	\$	\$
Books, Supplies & Equipment	\$	\$	\$
Transportation Costs	\$	\$	\$
Year of Study (please pick one)			

529 COLLEGE SAVINGS PLAN CONTRIBUTIONS (Include Child's Name/State Plan/Amount) (Send Documentation of the Plan)

Child's Name	Name of Plan	State Plan (Ex. NY, MD, VA, etc.)	Amount
			\$
			\$

CHILD CARE AND DEPENDENT CARE CREDIT (Must request a SS# or EIN (business #) from the caretaker to claim the credit)

☐ Check box if you or your spouse participate in a dependent care benefit program through an employer. (Must include daycare info below)

☐ Check box if you and spouse paid for daycare to attend school full time or due to a disability. Child must be 13 years of age or younger.

Name of Person or Daycare Provider	Address	Identification number (SSN or EIN)	Amount Paid	Child's Name Being Cared For
			\$	
			\$	

ADDITIONAL INFORMATION (Check if applies)

☐ \$3 to go to the Presidential Election Fund.

☐ Lived in a Foreign Country: Name of Country _____ Include a Schedule of Days Overseas: _____

☐ Rent paid for a Primary Residence. Include amount paid & # of months.

☐ National Guard Member or Armed Forces reservist and traveled more than 100 miles & stayed overnight. Provide a detailed expense worksheet.

2013 ESTIMATED INCOME TAX YOU PAID QUARTERLY BY CHECK OR ELECTRONICALLY

Federal Payment Record				State Payment Record			
Date Due	Amount	Check #	Date Sent	Date Due	Amount	Check #	Date Sent
1st Quarterly Payment due 4/15/13	\$			1st Quarterly Payment due 4/15/13	\$		
2nd Quarterly Payment due 6/17/13	\$			2nd Quarterly Payment due 6/17/13	\$		
3rd Quarterly Payment due 9/16/13	\$			3rd Quarterly Payment due 9/16/13	\$		
4th Quarterly Payment due 1/15/14	\$			4th Quarterly Payment due 1/15/14	\$		

NAME: _____

TAXABLE YEAR ENDED:

2013**ADDITIONAL INFORMATION NEEDED FOR:****FEDERAL LAW ENFORCEMENT AGENTS:**

Expenses incurred but not reimbursed, not eligible for reimbursement or not provided by your employer for the following:

For residents of a different city/state than their duty station: Enter the number of days worked out of your work city/state	
Oversized clothing such as business suits and shirts/blouses that are not adaptable for general wear. Do not include ties, dress shoes, regular sized clothing and other items that can be worn outside of the job.	
Maintenance and care of qualified special clothing as explained above and/or equipment repaired as a direct result of duties.	
Equipment such as cameras, recorders and other technical apparatus that was used for the job and could not and would not be reimbursed by your agency.	
Firearms and accessories such as weapon purchases or repairs, ammunition, belts, holsters, grips, cuffs, briefcase, etc.	
Expenses related to business use of personal auto including firearm range travel. (Include mileage plus tolls) (Keep a mileage log for the travel)	
Outside phone calls, cell phone & beepers only if one is not provided by employer. Include business use % of the amount provided.
Professional liability insurance	
Business meals with police & other agency officials. (Indicate the purpose of the meeting and the individual's name on the retained receipt).	
Memberships & professional dues	
Security for weapons such as a gun safe, locks, etc.	
Testimonial dinners & law enforcement functions	
Computer equipment, software, accessories Include business use % of the amount provided.
Internet access costs Include business use % of the amount provided.
Purchases of magazines, periodicals, books and information related to crime prevention and law compliance.	
Expenditures to individuals for information regarding assignments (including gifts, official trinkets, etc.). Deductible gifts are limited to \$25 per recipient. Keep receipts and a log of who received the gifts.	
Expenditures to maintain physical fitness requirement by employer while out-of-town.	
Training-Special training for self-defense such as hand-to-hand combat and martial arts, etc.	
TOTAL DEDUCTIBLE EXPENSES	

We recommend retaining documentation for the above expenses for 3 full calendar years.

NAME: _____

TAXABLE YEAR ENDED: **2013**

WORKSHEET FOR SALE OF STOCKS, MUTUAL FUNDS AND OTHER INVESTMENTS

Please send all 1099-B's.

Note: If you have an account summary from a financial institution, that gain/(loss) summary should be used in lieu of completion of this worksheet. For ex. Morgan Stanley & Merrill Lynch provide a year-end summary. Do NOT include transactions within a retirement plan like an IRA, 401(k) or Thrift Savings Plan.

MUST PROVIDE COST INFORMATION FOR ANY SALES

	Description	(C) Covered or (N) Non- covered	Date Acquired	Date Sold	Total Sales Proceeds*	Cost Basis*	Gain or (Loss)
	<i>Please write the number & name of shares or options sold or expired</i>		<i>Mo./Day/yr.</i>	<i>Mo./Day/yr.</i>	<i>Do NOT list price per share</i>		
1					\$	\$	\$
2					\$	\$	\$
3					\$	\$	\$
4					\$	\$	\$
5					\$	\$	\$
6					\$	\$	\$
7					\$	\$	\$
8					\$	\$	\$
9					\$	\$	\$
10					\$	\$	\$
11					\$	\$	\$
12					\$	\$	\$
13					\$	\$	\$
14					\$	\$	\$
15					\$	\$	\$
16					\$	\$	\$
TOTALS					\$	\$	\$

* The IRS requires the reporting of the total proceeds received from an investment transaction.
Please include on the worksheet above the sale and purchase amount, NOT price per share.

Rental Worksheet

#1

#2

PROPERTY LOCATION (Include entire address)			
QUESTION: Did you pay \$600 or more for services to anyone who is not a Corporation?			
DATE STARTED AS A RENTAL			
RENTAL TYPE (Ex. Vacation, Single Family Residence, Multi-Family Residence, 7 Day or Less Rental, Land, Timeshare, Commercial Property, etc.)			
PROPERTY TYPE (Condo, Townhouse, Coop, Detached Home, Apartment Bldg, etc.)			
COST of PROPERTY	Building	\$	\$
	Land	\$	\$
FAIR MARKET VALUE of PROPERTY when rental period began (if different than cost) (Only complete if first year as a rental)	Building	\$	\$
	Land	\$	\$
OWNERSHIP % (if multiple owners)			
TENANT OCCUPANCY %			
# DAYS of use	Rental		
	Personal Use		
	Vacant		
MATERIAL PARTICIPATION (Include time sheet)			
# HOURS involved with rental	Management Co		
	Owner		
PURCHASED or SOLD in year 2013 Enter date			
RENTAL INCOME for year (Add Security Deposit)		\$	\$
RENTAL EXPENSES:			
Advertising		\$	\$
Association Dues		\$	\$
Auto & Travel		\$	\$
Cleaning & Maintenance		\$	\$
Commissions		\$	\$
Gardening		\$	\$
Insurance		\$	\$
Legal & Professional		\$	\$
Licenses & Permits		\$	\$
Management Fees		\$	\$
Mortgage Interest ONLY		\$	\$
Other Interest		\$	\$
Painting & Decorating		\$	\$
Pest Control		\$	\$
Plumbing & Electrical		\$	\$
Repairs		\$	\$
Real Estate Taxes		\$	\$
Supplies		\$	\$
Telephone		\$	\$
Trips to Inspect Property		\$	\$
Utilities		\$	\$
		\$	\$
FIXED ASSETS (Provide Cost and Purchase Date) (Ex. Furniture, Appliances, Equipment & Improvements)			
		\$	\$
		\$	\$

If 1st year with our firm, provide a depreciation schedule for all property purchased prior to this tax year.

Self-Employed/Business Worksheet

Hobby ☐

ENTITY INFO: Type (Circle One)

Individual Name(s):	SS#:
Business Name (if applicable):	Fed ID # (EIN 9 digit #):
Business Description:	Product or Service:
Are you interested in contributing to a SEP Retirement Plan?	If made, SEP contribution amount
Do you pay into a self employed health insurance plan?	If Yes, enter amount paid

Did you pay \$600 or more for services to anyone who is not a Corporation?

INCOME Gross Receipts or Sales	\$	Meals & Entertainment	\$
		Miscellaneous	\$
EXPENSES:		Office Expenses	\$
Accounting	\$	Outside Contractors	\$
Advertising	\$	Postage	\$
Bank Charges	\$	Printing	\$
Commission Expense	\$	Rent	\$
Computer Expenses	\$	Repairs & Maintenance	\$
Delivery & Freight	\$	Rubbish Removal	\$
Dues & Subscriptions	\$	Security	\$
Equipment Rental	\$	Supplies	\$
Gifts (\$25 max per person)	\$	Telephone (Cell & Business)	\$
Insurance (business & liability)	\$	Tools	\$
Interest	\$	Training	\$
Internet Costs (business only)	\$	Travel	\$
Legal & Professional	\$	Truck & Business Vehicle Expense	\$
License & Permits	\$		\$
	\$		\$

FIXED ASSETS (Computers, Equipment, Furniture, etc) Include Date Placed in Service

	\$		\$
	\$		\$

VEHICLE INFORMATION (If purchased in 2012 include copy of invoice)

Date vehicle was placed in service: _____

Vehicle is used by a more than 5% owner?

Is vehicle available for off-duty personal use?

Is any other vehicle available for personal use?

Vehicle Description:		Parking Fees & Tolls	\$
Personal Mileage	miles	Gasoline, Lube, Oil	\$
Business Mileage	miles	Repairs & Tires	\$
Commuting Mileage	miles	Insurance	\$
		Miscellaneous	\$
		Auto License & Reg Fees	\$
		Interest (Car Loan)	\$
		Vehicle Lease Payments	\$

BUSINESS USE OF HOME (Include 100% figures, we will allocate based on square footage)

Total Area of Home (Square feet)	sq'	Association Dues	\$
Business Use Area (Square feet)	sq'	Repairs & Maintenance	\$
Mortgage Interest	\$	Utilities	\$
Real Estate Taxes	\$	Security	\$
Rent	\$	Telephone/Internet	\$
Insurance	\$		\$

REMINDER CHECKLIST OF ADDITIONAL ITEMIZED DEDUCTIONS

MEDICAL

Air conditioners, pools, etc., if required by
doctor's prescription
Acupuncture
Adoption costs
Ambulance
Artificial teeth or limbs
Certain cosmetic surgery
Chiropractors
Eye glasses, contact lenses, eye exams
Hearing aids, batteries and repairs
Hospital payments, sanitariums and
nursing homes
Invitro Fertilization
Laboratory exams and fees
Long Term Care insurance and/or
expenses
Medical payments
Nursing care
Orthopedic shoes and braces
Rental or purchase of convalescent or
healing equipment or medically
required equipment
Special schooling for handicapped
Support or corrective devices
Therapy and X-Ray
Vitamins and diet supplements, if
prescribed by a doctor
Transportation for medical purposes
Weight loss programs if prescribed

TAXES

Real estate taxes on home, land, etc.
Personal property taxes on autos, etc.
Ad Valorem
Mud tax
Car registration for CA residents
Stock transfer tax

INTEREST

Home mortgages
Brokerage and margin accounts
generating interest expense
Co-op or condominium apartments
Early redemption of certificates of deposit
Points paid to acquire a new mortgage or
refinance existing mortgages

DEDUCTIBLE CONTRIBUTIONS

Only cash donations that have a written acknowledgement of the donation from the charitable organization or you have a copy of a cancelled check or bank record of the payment are deductible.

To deduct non-cash donations the items donated must be in good used condition or better and there must be a signed written acknowledgement from the charitable organization.

Money or property given to:

Churches, synagogues, temples, mosques, and
other religious organizations
Federal, state, and local governments, if
contribution is solely for public
purposes
Non-profit schools, hospitals, and
volunteer fire companies
Public parks and recreations facilities
Salvation Army, Red Cross, CARE,
Goodwill Industries, United Way
Boy/Girl Scouts, Boys/Girls
Clubs of America, etc.
Volunteer expenses such as travel
War veterans' groups

MISCELLANEOUS DEDUCTIONS

Employment agency fees
Investment expenses such as:
publications, counseling,
professional fees and transportation
Job search expenses
Conference and seminar expenses (job related)
Safe deposit box
Tax preparation fees
Alimony paid
Union dues
Legal fees regarding protection of income

RETAIN ALL RECEIPTS FOR THE ABOVE FOR AT LEAST 3 FULL CALENDAR YEARS.