

CYGNET TAX
251 Pawtuxet Avenue
Warwick, Rhode Island 02888
401-942-1040

Drop Off Questionnaire

Client Name: _____ Home# _____
 Spouses Name: _____ Work# _____ T or S
 Address: _____ State _____ Zip Code _____

Please bring the following:

1. Copies of W-2's, 1099's and K-1 forms
2. All year-end lender loan statements including those refinanced or paid off during the year.
3. Settlement statements for properties bought and/or sold.
4. 1099 forms reporting all stock sales for the year as well as the purchase dates and purchase prices.

Name	Date Purchased	Price	Date Sold	Price
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

5. 1099 forms reporting Unemployment compensation
 Social Security Benefits
 State Tax Refunds
6. Form 5498 reporting all IRA balances in accounts and from 1099 showing IRA withdrawals and rollovers.
7. Social Security numbers of all dependents not previously supplied.
8. New Dependents: **Name:** _____
 Date of Birth: _____
 Social Security #: _____
Name: _____
 Date of Birth: _____
 Social Security #: _____

9. Is there anyone that will not qualify as a dependent this year and must be removed from your tax return:

10. Your federal and state tax booklets, if you have them.

11. To update our database please provide the following.

	Taxpayer	Spouse	Child #1	Child #2
Name:	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
SS#	_____	_____	_____	_____

Political Contribution? _____ Yes or _____ No _____ Yes or _____ No

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Drop Off Questionnaire (Continued.)

Interest

Payer	Amt
_____	\$ _____
_____	\$ _____
_____	\$ _____

Dividends

Payer	Amt
_____	\$ _____
_____	\$ _____
_____	\$ _____

Rental

	Amt
Gross Income	\$ _____
Expenses	
_____	\$ _____

Other Income

Alimony	\$ _____
Income from S/E	\$ _____
Pensions/Annuities	\$ _____
Royalties	\$ _____
Estates/Trusts (K-1's)	\$ _____
Jury Duty	\$ _____
Unemployment Comp.	\$ _____
Tips	\$ _____

Lottery	\$ _____
Prizes/Awards	\$ _____
Hobby	\$ _____
Commissions	\$ _____
State/local tax refund	\$ _____
Federal tax refund	\$ _____
Social Security	\$ _____
IRA/Retrmnt/Annuity	\$ _____

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

Tax related deductions and credits

Medical

Prescriptions \$ _____

Medical insurance Premiums:
T \$ _____ S \$ _____

Co pays:
T \$ _____ S \$ _____

Doctors Bills not covered
T \$ _____ S \$ _____

Dentist bills not covered
T \$ _____ S \$ _____

Optometrist Bills not covered
T \$ _____ S \$ _____

Prescriptions Bills not covered
T \$ _____ S \$ _____

Hearing aids and batteries
T \$ _____ S \$ _____

Medical Supplies
T \$ _____ S \$ _____

Medical Transportation
T _____ mis S _____ mis

Lodging away from home for Medical
T _____ S _____

Child and Dependent Care

Amount/Name/Address/SSN

Taxes

Fed. Inc Tax Paid \$ _____
Federal Quarterly Estimates
Date: ____ / ____ / ____ / ____
Amt: ____ / ____ / ____ / ____

State Inc Tax Paid \$ _____
State Quarterly Estimates
Date: ____ / ____ / ____ / ____
Amt: ____ / ____ / ____ / ____

Personal Property State \$ _____
Personal Property Local \$ _____
Real Estate State \$ _____
Real Estate Local \$ _____

State Tax Deduction
Rent \$ _____ month
Landlord _____
Address _____

Interest

Home \$ _____
Investment \$ _____

Charitable Contributions

_____ \$ _____
_____ \$ _____
Contributions other than Cash
_____ \$ _____

Other Deductions

IRA Contrib. \$ _____

Alimony paid \$ _____

Moving Exp. \$ _____

Investment Exp. \$ _____

Safe Deposit Box \$ _____

Lottery Losses \$ _____

Tax Return Exp. \$ _____

Employee Business Expenses
Auto 1 Auto 2

Beg. Mileage _____ / _____
End Mileage _____ / _____
Miles to Wrk _____ / _____
Work Miles _____ / _____

Education \$ _____
Ent and Meals \$ _____
Job Skng Exp. \$ _____
Professional dues \$ _____
Publications \$ _____
Safety Equip \$ _____
Uniforms \$ _____
Qualified Home Office Exp.
_____ Yes or _____ No