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INDIVIDUAL QUESTIONNAIRE

	Yes	No
Personal Information		
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your residence change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 18 with unearned income in excess of \$1600?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, or will you, contribute to a Coverdell Education Savings A/C this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain a home for someone not claimed as a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care (babysitting, daycare)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide provider name, address and Social Security number/EIN and amount paid.		
Purchase, Sales, and Debt Information		
Did you start or dispose of a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S-Corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange or purchase any real estate during the year? (Enclose closing statement)	<input type="checkbox"/>	<input type="checkbox"/>
Did you dispose of any stock during the year? (Enclose original cost and sale)	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in puts, calls or "short the box" stock transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or line of credit this year or refinance any property? (Enclose closing statement)	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a hybrid (gas/electric) auto? Enclose Bill of Sale	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payment from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any rollovers or withdrawals from any retirement account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability or unemployment income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash in any U.S. Savings Bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive employer-provided educational assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Did your college student receive educational benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a damage award for personal injury or sickness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or pay alimony (not child support)? IF yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Information		
Did you incur an unreimbursed casualty or theft loss greater than 10% of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify for any Social Security benefits such as retirement, death, disability or Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a donee acknowledgement to substantiate charitable contributions of \$250 or more?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any unreimbursed employee expenses or an allowance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses for you or your dependent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did medical expenses exceed 10% (or 7.5% if age 65+) of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any moving or job-seeking expenses?	<input type="checkbox"/>	<input type="checkbox"/>