

AMS Tax Service, Inc.

2009 Tax Year Questionnaire

- ➔ If you are a returning client and there are **NO** changes, enter your name in section 1 (Personal Information) and sign where indicated on page 2.
- ➔ If you have completed a 2009 TAX ORGANIZER, enter your name in section 1 (Personal Information) and sign at the bottom of page two where indicated.

1 Personal Information

Name of Taxpayer			SS# - -		
First	M.I.	Last	Email:		
Occupation	Date of Birth		Are you new to our firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address	City	State	Zip		
County	Home Phone ()	Work or Cell # ()			

Name of Spouse			SS# - -		
First	M.I.	Last	Email:		
Occupation	Date of Birth				
<i>(Enter information below only if different from Taxpayer)</i>					
Address	City	State	Zip		
County	Home Phone ()	Work or Cell # ()			

If you moved during 2009, enter your previous address: _____ Date of move / /

Filing status: Single Married filing jointly Widow(er) Head of Household Not Sure

Were you divorced or separated during the year? Yes No

Names of dependent children

Child's name	Social Security #	Date of birth	Months in home in 2009	Relationship	*Amount paid for Childcare	College Student?	Disabled?
					\$		
					\$		
					\$		
					\$		
					\$		

Did any of the children have income above \$950 for the year? Yes No

*Please provide Name, SS# or EIN, Address and Telephone number of child care provider:

Name:	SS# or EIN:	Address:	Telephone:
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Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2009? Yes No

Are you claiming a child which you DO NOT have physical custody of WITH THE PERMISSION of the custodial parent? (Form 8332) Yes No

Other dependents (or people who lived with you)

Name	Social Security #	Date of birth	Relationship	Income	Disabled?

Please continue to next page ➔

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Fed File Type	<input type="checkbox"/> Paper	<input type="checkbox"/> E-m	<input type="checkbox"/> E-dd	<input type="checkbox"/> RAL	<input type="checkbox"/> BONUS	<input type="checkbox"/> PPCard			
State File Type	<input type="checkbox"/> Paper	<input type="checkbox"/> E-m	<input type="checkbox"/> E-dd	<input type="checkbox"/> RAL	<input type="checkbox"/> BONUS	<input type="checkbox"/> PPCard			
Client Info	<input type="checkbox"/> New	<input type="checkbox"/> Returning	Pymt	<input type="checkbox"/> Cash	<input type="checkbox"/> CC	<input type="checkbox"/> RAL			
				<input type="checkbox"/> W/P	<input type="checkbox"/> HOLD CK	Fee: \$_____	Date: _____		
Additional Info:	<input type="checkbox"/> Prepare Vouchers for Payment			<input type="checkbox"/> Taxpayer has been given vouchers for payment					
	<input type="checkbox"/> Taxpayer needs to sign 8879			<input type="checkbox"/> Taxpayer needs to sign BANK PRODUCT documents					
	<input type="checkbox"/> Mail to Client			<input type="checkbox"/> Taxpayer needs to sign OTHER					
Preparer	<input type="checkbox"/> DM	<input type="checkbox"/> PH	<input type="checkbox"/> RM	<input type="checkbox"/> MC	<input type="checkbox"/> ST	<input type="checkbox"/> In QB	<input type="checkbox"/> On EF List		

2 Questions - All Taxpayers

"You" refers to both taxpayer and spouse - enter "?" if unsure about a question.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are either you or your spouse legally blind?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony in 2009?	Paid/Received \$		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children born or adopted in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college?	Year in College	Tuition paid by you \$ Tuition paid by student \$	Student loan interest \$ Student loan interest \$ Books \$ Books \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent or take classes yourself?			
	<i>Student</i>			<i>Amount paid \$</i>
	<i>Name and address of school</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you buy or sell a home in 2009?	<input type="checkbox"/> Bought <input type="checkbox"/> Sold	Purchase Date: / /	
	If you bought, was the home new, or previously owned?	<input type="checkbox"/> New <input type="checkbox"/> Previously Owned		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you purchased a new home, did you own a home during any of the 3 yrs prior to purchase of your new home?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you sold a home, did you claim the 1st time homebuyer credit when it was purchased?			
	<i>Purchase Date</i>	/ /		<i>Credit \$</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive Unemployment Benefits in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you contribute any money to an IRA in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any interest on a boat or RV loan?		Amount paid \$	
	<i>Name, address and ID# of lender</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a \$250 one-time lump-sum economic recovery payment in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children who earned more than \$1,900 of investment income?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay sales tax on a major purchase in 2009, such as a vehicle, boat, or home? (Provide cost, tax paid, and date)			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you roll over any amounts from a retirement account in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any significant changes in income or deductions next year, such as retirement?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any uninsured loss to your property in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work from a home office, or use your car for business?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any income from an installment sale?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a business or an interest in a partnership, corporation, LLC, or other venture?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you paid alternative minimum tax (AMT) in previous years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any investments become worthless or were you a victim of investment theft in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employer stock options during 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay anyone for domestic services in your home?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you engage in any farming activities?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a new energy-efficient car, truck or van?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you participate in the "Cash-for-Clunkers" program in 2009?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any new energy-efficient improvements to your home, such as new solar panels, solar water heat, wind turbines, geo-thermal heat pumps, dual paned windows, etc?		Previous energy credit claimed \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the military?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a citizen of or live in a foreign country, or receive income from a foreign investment or bank account?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to receive our newsletter published every 4 months?			



Signature

Does hereby state information is true and correct.

Date