

PHYSICIANS RESOURCE GROUP

2019 Tax Questionnaire

BY LAW, COMPLETION OF THE TAX QUESTIONNAIRE, ALONG WITH YOUR SIGNATURE, IS MANDATORY FOR THE 2019 TAX SEASON.

*****If you are a new client, please attach a copy of your 2018 Federal and State returns.***

Please submit all tax documents, e.g. Form(s) W-2, 1099, 1098; and any other documentation, so that we may accurately report all taxable income you received throughout the year.

If you are uncertain, provide the additional information and we will determine the tax impact.

Personal Information		
	Taxpayer	Spouse
Name:		
Birthdate:		
SSN:		
Occupation/ Physician/Resident (year if resident):		
Specialty:		
E-mail:		
Cell Phone:		
Address:		
City, State, Zip:		
Date of Move & Previous State of Residency: (if applicable)		
Is this a temporary move (2 years or less and no intent to return to prior state)?		YES
		NO
**Due to the increase in Identity Theft, the IRS is now requiring proof of identity to be reported when e-filing a return. Please provide the following information:		
Driver's License #:		
Issuing State:		
Issue Date:		
Expiration Date:		
New York Doc# (1st three letters only):		

Electronic Filing Options	YES	NO
If your return is filed electronically, we will send your copy via a secure link to the email address listed above and will not send a hard copy, unless you request one.		
If you qualify for electronic filing, would you like to file your return electronically with the IRS and the State?		
If you were a victim of identity theft on your 2019 or earlier tax return, did you receive a letter from the IRS issuing you an Identity Protection Personal Identification Number? Is so, please provide copy of the letter or the number.		
If you qualify for electronic filing and have a balance due with the IRS and/or the state, would you like that amount to be directly withdrawn from your bank account through an electronic draft?		
Refund Application: If you have an overpayment of 2019 taxes, do you want the excess:		
Refunded via a check in the mail?		
Refunded via Direct Deposit (attach voided check)?		
Applied to your 2020 estimated tax liability?		
<p>Please attach a voided check to the questionnaire <u>or indicate</u> that your bank information is the SAME AS LAST YEAR.</p> <div style="border: 1px solid black; padding: 20px; text-align: center; margin: 20px auto; width: 80%;"> <p>Attach a Voided Check - or circle - Same as Last Year</p> </div>		

Federal, State, and City Estimated Tax Payments				
DO NOT INCLUDE ANY APPLIED REFUNDS FROM 2018				
2019	Date Paid	IRS	State ____	State ____
1st Qtr. ES due 04-15-2019		\$	\$	\$
2nd Qtr. ES due 06-17-2019		\$	\$	\$
3rd Qtr. ES due 09-15-2019		\$	\$	\$
4th Qtr. ES due 01-15-2020		\$	\$	\$

Dependents				YES	NO
Were there any changes in dependents from the prior year?					
If adding a dependent, please provide the following:					
Name:	Social Security No.:	Date of Birth:	Son/Daughter/Parent/Etc.:		
				YES	NO
Did you have any household employees, whom you paid in excess of \$1,000 in any quarter or \$2,100 for the entire year that have or plan to report to the IRS? If so, please provide copy of W-2 and LA unemployment (SUTA) reports.					
Do you have any children with wages, interest, or dividend income over \$2,200, or who have sold any stock in 2019?					
				YES	NO
If yes, do you want us to prepare their return(s)?					
Did you adopt a child or begin adoption proceedings during 2019?					
If you are an out-of-state client and contribute to your own state 529 plan, please provide the name of the plan and amount(s) contributed so that we can check if there are any state tax deductions available.					
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (529 Plan)? If yes, include Form 1099-Q along with an expense breakdown of tuition, room & board, books, and supplies.					
Child & Dependent Care Expenses					
Any child care expenses (including costs of after school care) while both parents worked or looked for work? If so, please provide the following: (only for children under the age of 13; includes tuition for Pre-K paid in 2019; does not include tuition for K-12). Overnight camps are not deductible.					
Provider:	Address:	Fed ID#:	Amount Paid:	Child:	

Purchases, Sales, and Debt	YES	NO
Did you sell any securities, bonds, or other investment property?		
Did you receive, sell, send, exchange, or acquire any financial interest in crypto-currency?		
If so, please attach a statement of cost basis, dates of purchase, shares acquired, shares sold, date of sale, and sales price.		
If you sold at a loss, did you buy back the identical security sold within 30 days before or after the sale?		
If yes, please explain:		
Did you purchase or sell a rental property or farm, or acquire or sell any interest in any Partnership or S Corporation during 2019?		
If you purchased interest in any Partnership or S Corporations during 2019, please provide how much you paid to purchase the interest.		
Please provide us with the K-1s as soon as they are available.		
If you sold your interest in any Partnership or S Corporation, did you receive any cash or property from the sale? If so, how much?		
If you sold your interest in any partnership or S Corporation, how much did you originally contribute to buy into the Partnership or S Corporation?		
Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a qualified employee stock purchase plan? If so, please provide support (statements/schedules from your employer).		

Home/Real Estate Transactions (Sale of Home)	YES	NO
Did you sell, exchange, or purchase any real estate in 2019?		
If so, please attach the closing HUD statements.		
Did you sell your primary residence in 2019? If no, go to the next section.		
If yes, did you own and occupy the home as your principal residence for at least 2 years out of the 5-year period prior to the sale?		
Date of sale		
Sales price		
(please provide closing HUD statement)		
Date of purchase of house sold		
Original purchase price of home sold		
(please provide original purchase HUD statement)		
Did you make any home improvements, if so amount?		
Did you ever rent out this property?		

Did you ever deduct any portion of the home for business purposes?			
Did you deduct a casualty loss on the home in a prior year? If so, did you receive insurance reimbursement?			
Have you or your spouse sold a principle residence within the last 2 years?			
At the time of the sale, the residence was owned by:	Taxpayer	Spouse	Both

First Time Homeowner Credit – 2008 (April 8th – Jan 1st 2009)	YES	NO
Did you take the first time homeowner credit in 2008?		
Purchase date.		
Credit amount taken on your 2008 return. This needs to be paid back over a 15yr. period beginning with 2010 taxes.		

Residential Energy Efficient Property Credit	YES	NO
Did you install any alternative energy equipment in your residence such as solar water heaters, solar panels, geothermal heat pump, or fuel cells? If so, please attach receipts and certification documents.		

Qualified Plug-In Electric Vehicle Credit	YES	NO
In 2019, did you purchase a qualified plug-in electric vehicle? If so, please attach receipt and purchase agreement/document.		

IRA/Pension Contributions & Distributions	YES	NO
Did you make a contribution to a retirement plan (SEP), 401k, Traditional IRA, or Roth IRA that is <u>not reported</u> on your W-2?		
If so, please indicate the following:	Taxpayer	Spouse
Type of Retirement Plan:		
Amount Contributed:		
Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? If so, attach all 1099-Rs.		
Were any distributions from your IRA and/or Roth IRA distributed to a charitable organization?		
Did you or your spouse convert an existing IRA to a Roth IRA, e.g. Backdoor Roth IRA? *Please indicate if this was a conversion.		

Other Income	YES	NO
Did you receive any payments from insurance companies, legal settlements, disability payments, unemployment, or other taxable income?		
Did you receive or pay any alimony? (If paid, please provide recipient's name, social security number, amount, and date of divorce/separation)		
Did you receive any grant payments that are exempt from income under the National Health Service Corp Loan Repayment Program or Other Certain Sate Loan Student Loan Repayment Programs? If so, please indicate amount and provide the 1099-Misc.		

Adjustments to Income		
	YES	NO
If you or your spouse were a teacher/educator for grades K-12, did you incur any unreimbursed teaching expenses, such as supplies, union dues, academic journals, etc.?)		
Did you or your spouse have a Health Savings Account (HSA)? (This does not include a Flexible Savings Account (Cafeteria Plan) maintained by your employer) Coverage: Self-only ____ or Family _____		
HSA Contributions made during 2019 that were NOT made through your employer (Please provide Form 5498-SA if received):		
What is your high deductible for your HSA?		
Amount of HSA distributions (Please provide Form 1099-SA if received)?		
Amount distributed for qualified medical expenses.		

Higher Education / Student Loans	YES	NO
Did you pay any student loan interest? If so, please attach statements from lender. Please note: Married Filing Jointly adjusted gross income (AGI) limitation is \$170,000; Single and Head of Household adjusted gross income (AGI) limitation is \$85,000; Married Filing Separately taxpayers cannot deduct student loan interest.		
Did you or your dependents incur any post-secondary education expense, such as tuition? If so, please provide amount and who it was for. (Include Form 1098-T)		

Health Insurance	YES	NO
Did you, your spouse, or your dependents receive Form 1095-A? Please provide a copy if received.		
Did you receive a premium tax credit for your insurance?		
If so, did you use the credit to reduce your monthly insurance premiums?		

Schedule A – Itemized Deductions Information

Medical & Dental Expenses	YES	NO
Did you or your spouse incur any large medical expenses in 2019 (included prescription drugs & medicines? If so, what is the amount? (Do not include medical expenses paid with HSA funds.)		
Any insurance reimbursements received with respect to above expenses?		

Mortgage Interest, Property and Sales Tax	YES	NO
Did you have any mortgage interest? (Please provide 1098 Mortgage Interest statements).		
If your total mortgage debt from all home loans is in excess of \$750,000 (mortgages originating after December 15, 2017) or in excess of \$1,000,000 (mortgages originating before December 15, 2017), please provide the beginning and ending balances of each.	Beginning	Ending
Real Estate Taxes Paid in 2019:	\$	
Personal Property Taxes Paid:	\$	
Did you make any large purchases, such as a motor vehicle or boat in 2019? If so, please provide us with the invoice amount and sales tax paid on the transaction.	Invoice Amount:	Sales Tax Paid:

Charitable Contributions		
Regarding charitable contributions, how much of your deductible contributions were made in the following forms:		
Cash Donations:	<p>Under strict substantiation requirements for cash charitable contributions of less than \$250, you must have one of the following:</p> <ul style="list-style-type: none"> • A bank record such as a canceled check, bank statement, or credit card statement, • A receipt with date, contribution amount, and organization name, or • Payroll records and a pledge card, if made by payroll deduction. <p>For cash charitable contributions of \$250 or more, you must obtain a written acknowledgement from the charitable organization that shows the following:</p> <ul style="list-style-type: none"> • Date and amount of contribution, • Whether any goods or services other than intangible religious benefits were provided by the organization (including a good faith estimate of the value), and • A statement that the only benefit the taxpayer received was an intangible religious benefit (if applicable). 	\$
Clothing and household goods or other contributions:	<p>These must be in good condition or better. If over \$500, please indicate the name and address of the charity; approximate date property was obtained; how the property was acquired, such as purchase, gift, inheritance, etc.; and property cost or other basis.</p> <p>Items or groups of similar items for which a deduction of more than \$5,000 is claimed require a written appraisal. Similar items are items of the same generic category or type. For example, clothing and books are not similar.</p>	\$
Charitable Miles:	Did you travel any in the performance of services for a charitable organization? If so, how many miles during the year were a result of this? Were other travel expenses incurred?	

Other Itemized Deductions		
Did you incur any casualty or theft loss(es) from a <u>federally declared disaster</u> during the year. If so, please provide a description of loss, date of loss, cost before and after, date property was acquired, and if any insurance reimbursements were received.		
Gambling losses to extent of gambling winnings:		\$

Schedule C – Business Expenses (Self-Employed/1099-Misc. Income Only)
(W2 employee unreimbursed expenses are no longer deductible)

Please indicate the amount of each expense for the Taxpayer and/or Spouse.	Taxpayer	Spouse
Licenses		
Cell Phone		
Internet		
Books		
Uniforms		
Dry Cleaning of Uniforms		
Dues		
Professional Fees		
Journals		
Office Supplies		
Malpractice Insurance		
Board Review		
Exam Fees		
Continuing Education		
Business Travel:		
Airfare		
Hotel		
Cabs/Car Rentals		
Meals		
Business Meals (not related to travel)		
Business Assets Purchased:		
Computer Date:		
Printer Date:		
Cell Phone Date:		
Medical Equipment Description:		
Date:		
Other Date:		
Self-Employed Health Insurance		
Did you make payments to anyone greater than \$600 that would require the filing Form 1099? If so, did you file Form 1099?		
Business car expenses need to be substantiated with mileage logs and trip sheets for each trip. Do you have a record of total miles and business miles driven? (Note that commuting miles between your home and a fixed work location are not considered deductible business miles.)		
Make/ Model of auto		
Odometer Reading – 1/1/2019		
Odometer Reading – 12/31/2019		
Business Miles		
Total Miles		
If using the actual method instead of the standard mileage rate, please list your expenses here:		
Purchase Price (if car was purchased in 2019)		
Gasoline		
Insurance		
Maintenance/ Repairs		
Auto loan interest/ Lease payments		

Schedule E- Rental Property	
Address of rental:	
Date purchased:	Purchase price:
	Amount
Rental income for 2019	
Expenses:	
Maintenance/Cleaning/Lawn Care	
Insurance	
Legal/Professional Fees	
Management Fees	
Mortgage interest on property	
Repairs (Please provide additional info for repairs greater than \$2,500)	
Supplies	
Property taxes paid	
Utilities	
Pest Control	
HOA Fees	
Other (Advertising, Travel, Commissions, etc.)	

Address of rental:	
Date purchased:	Purchase price:
	Amount
Rental income for 2019	
Expenses:	
Maintenance/Cleaning/Lawn Care	
Insurance	
Legal/Professional Fees	
Management Fees	
Mortgage interest on property	
Repairs (Please provide additional info for repairs greater than \$2,500)	
Supplies	
Property taxes paid	
Utilities	
Pest Control	
HOA Fees	
Other (Advertising, Travel, Commissions, etc.)	

	YES	NO
Were 1099's required for payments to contractors or workers (payments made in excess of \$600 to an individual or corporation?)		
If yes, were they filed?		
Was the rental property (or properties) used personally at any time during the year? If yes, how long?		

Louisiana Residents Only

Homeowner's Insurance	YES	NO
Did you pay a LA FAIR Plan assessment or surcharge on your homeowner's insurance policy during 2019? If so, please attach your Insurance Declarations page.		

LA Sales/Consumer Tax	YES	NO
Did you purchase goods for use in Louisiana from out-of-state companies and were not properly charged Louisiana state sales tax?		
If so, please provide the total combined purchase amount and/or the statements received from the companies.	\$	

Historic or Film Credits	YES	NO
Did you purchase Historic or Film Credits in 2019? If so, please attach LA Form R-6135, LA Form R-6145, and any other supporting documents.		

Small Town Doctor Credit	YES	NO
Did you receive Certification from the La Department of Health or La Dept of Revenue approving your Small Town Doctor Credit if you qualified and applied by November 30, 2019? If so, please attach the Certification.		

LA Start Program	YES	NO
Did you contribute to the LA Start program for your children?		
If so, please provide the amount contributed per child:		

LA Tuition (K-12) Deduction					
Did you have any costs associated with non-public schools (tuition, uniforms, books, etc.) or public school uniforms or books (K-12 only)? *Meals should not be included in this amount. If so, please provide the following:					
			Expenses Paid in 2019		
Child:	Grade Level Dec. 31st	Name of School	Tuition	Uniforms	Textbooks/ Supplies

Miscellaneous		
	YES	NO
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total aggregate value in excess of \$15,000 to any individual during the year?		
Did you assist in the purchase of any asset (auto, home, etc.) for any individual during the year?		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? If yes, we must file Form TD F 90-22.1 Report of Foreign Bank and Financial Accounts. Failure to file can result in penalties ranging from \$25,000 to \$100,000.		
Did you create or transfer money or property to a foreign trust?		
Were you notified by the IRS or other taxing authority of any changes in prior year returns? Please attach documents.		
Do you have Disability Insurance? If yes, with who? If not, any health issues?		
Did you change jobs in 2019?		
Do you plan to change jobs in 2020?		
Do you expect your 2020 taxable income and withholding to be generally the same as 2019?		
If not, please provide details:		
Authorization	YES	NO
With your authorization, the IRS and certain states allow us to verify credits, payments, etc., for your tax account online. Do we have your authorization to view this information, if necessary?		
If the above answer is yes, please e-mail us to obtain Form 2848 – Power of Attorney. <u>(Each taxpayer must sign a separate Form 2848)</u>		

Kindly sign below and return this questionnaire to our office with your tax information or at your scheduled appointment time. A copy can be made available to you upon request.

I (We) have submitted this information for the sole purpose of preparing my (our) tax return. Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

If applicable, both taxpayer and spouse must sign.

Accepted by: _____
Taxpayer's signature

Accepted by: _____
Spouse's signature

Printed name: _____

Date: _____

WAITING ON THE FOLLOWING INFORMATION:

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)