

INCOME TAX QUESTIONNAIRE
RUSSELL M. KHEDERIAN
CERTIFIED PUBLIC ACCOUNTANT
 26 Brighton Street, Belmont, MA 02478
 TEL: 617-484-1816 FAX: 617-484-3467
 E-MAIL ADDRESS: russ@russkepa.com
 WEB SITE: www.russkepa.com

2017

2017

Taxpayer's Name _____ Soc. Sec. No. _____

Spouse's Name _____ Soc. Sec. No. _____

Address _____

	<u>Occupation</u>	<u>D.O.B</u>	<u>Phone (H)</u>	<u>Phone (B)</u>	<u>Phone (cell)</u>	<u>Email Address</u>
Taxpayer's Information	_____	_____	_____	_____	_____	_____
Spouse's Information	_____	_____	_____	_____	_____	_____

DEPENDENTS:

<u>Name</u>	<u>Soc. Sec. No.</u>	<u>D.O.B.</u>	<u>School student for 5 months?</u>	<u>Does dependent live at home?</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

IMPORTANT NOTE: PLEASE MAKE SURE THAT THE NAME FOR YOU, YOUR SPOUSE AND YOUR DEPENDENTS IS EXACTLY THE SAME AS REPORTED ON YOUR SOCIAL SECURITY CARD.

- If dependents had interest/dividend/W-2 income under their own Social Security number, please bring along these 1099's/W-2's. **(Do not include this information on page 2, 3 or 4).**
- Do you wish to designate \$3.00 for the Presidential campaign fund? (This will not affect your tax return).
 Yes ___ No ___

To the best of my knowledge and belief, the information included in this questionnaire is true, correct, and complete.

 Signature of Taxpayer Date Signature of Spouse Date

W-2 INCOME

(NOTE: BOX # BELOW REFERS TO BOX # ON W-2 FORM)

<u>W-2 WAGES</u>				<u>WITHHOLDING TAXES</u>			
<u>BOX #1</u>	<u>BOX #3</u>	<u>BOX #5</u>	<u>BOX #16</u>	<u>BOX #2</u>	<u>BOX #4</u>	<u>BOX #6</u>	<u>BOX #17</u>
<u>FEDERAL</u>	<u>SOC. SEC.</u>	<u>MEDICARE</u>	<u>STATE</u>	<u>FEDERAL</u>	<u>SOC. SEC.</u>	<u>MEDICARE</u>	<u>STATE</u>
<u>WAGES</u>	<u>WAGES</u>	<u>WAGES</u>	<u>WAGES</u>	<u>TAX</u>	<u>TAX</u>	<u>TAX</u>	<u>TAX</u>
TAXPAYER:							
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
DO NOT TOTAL	=====	=====	=====	=====	=====	=====	=====
SPOUSE:							
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
DO NOT TOTAL	=====	=====	=====	=====	=====	=====	=====

INTEREST INCOME

(NOTE: BOX # REFERS TO BOX # ON 1099 INT FORMS)

TAXABLE:

ATTACH ALL 1099'S

	<u>Box 1</u>	<u>Box 2</u>	<u>Box 3</u>	<u>Box 4</u>	<u>Box 11</u>	<u>Box 13</u>
<u>Payer:</u>	<u>Interest</u>	<u>Early w/d</u>	<u>US Savings</u>	<u>Fed w/h</u>	<u>Bond Prem</u>	<u>Bond Prem(t/e)</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

NON-TAXABLE: (such as municipal bond interest)

At any time in 2017 did you have a financial interest in or signature authority over financial accounts with an aggregate value of \$10,000 or more located in a foreign country? Yes _____ No _____

If yes, you must file FinCen Form 114 by April 15, 2018 with the United State Treasury.

