ROCKY MOUNTAIN FINANCIAL PROFESSIONALS LLC 19754 E EUCLID DR CENTENNIAL, CO 80016 (303) 617-0813

Deduction finder & Problem Minimizer PLEASE COMPLETE THIS QUESTIONNAIRE BEFORE YOUR APPOINTMENT

OR

This booklet is designed by tax professionals to help you maximize your deductions and defend them in case of audit. ☐ Please **call** for your appointment.

☐ Please **mail** the completed questionnaire to this office before your appointment.

Please mail the completed questionnaire to this office so your return can be prepared by correspondence. Your appointment is scheduled for:

Day: _____ Date:

Time:

Please promptly notify this office if you are unable to keep this appointment. Thank You!

READ THIS FIRST This booklet is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this booklet will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "Questions You May Have." The "ALERT ARROWS" designate certain special conditions as follows: Indicates areas that need to be completed by new clients. Indicates areas that MUST be completed by new clients and only needs to be filled in by existing clients when the information has changed. The most important arrow of all, denotes areas where the IRS has concentrated their computer matching programs. If the information provided is incorrect, it may trigger a service center audit. Pay particular attention to any special instructions in areas with this arrow.

CLIENTS TAXPAYER	INFORMATION
Your Name	
Social Security #	Birth Date
Home Phone	Work Phone
Occupation	
Spouse Name	
Social Security #	Birth Date
Home Phone	Work Phone
Occupation	

CHANGE ADDRESS	S & STAT	US			
Street					
City		State		ZIP	
Email					
Status Changes This Year	Dates	Status Changes Th	is Year	Dat	es
☐ Married		Dependent De	eceased		
☐ Separated		☐ Sold Home			
Divorced .		Legally Blind		Filer	Spous
☐ Moved		Filer			
☐ Spouse Deceased		☐ Spouse			

ESTIN	ESTIMATED TAXES PAID			e cancelled lable.
	Date Due	Date Paid	Federal	State
Applied From Prior Ye	ear's Refund			
First Quarter	APRIL			
Second Quarter	JUNE			
Third Quarter	SEPT			
Fourth Quarter	THIS JAN			

Must be reported even if NOT taxable unless TRANSFERRED	You	Spouse
Employer Pension Plan?		
Conventional IRA, Keogh and SEP Plans:		
Contributions		
Withdrawals		
Rollovers * *(1)		
Roth IRA: (1) If rolled from a conventional IRA to a Rott	IRA, the rollover ca	an be taxable.
Contributions	A CONT	
Withdrawals	44	
Rollovers**(1)		
State Tax Refund		
Social Security or Railroad Retirement		
Alimony Received - Matched with Payer		
Tips Received		of Cases
Unemployment Received		
Gambling Winnings		
Foreign Bank Account (✓ if yes)		
Do you wish to contribute a portion of your taxes to the Presidential Campaign Fund? (✓ if yes)		
Other:		
Other:		
☐ ✓ If you incurred any adoption expenses this year?	If so, enter amount	-
Salaries, Pensions, & Misc Income	Provide W-2s	s and 1099s
Partnership & Trust Income	Provide	e K-1s
Student Loan Interest Paid		
Coverdell Educ. Savings Account Contribution		
☐ ✓ If you have been denied earned income cr If so, have you been re-certified?	edit by the IRS. Yes	□ No
☐ ✓ If you bought, sold, or gifted real estate la If so, please call in advance to discuss wh	st year.	

REFUND DIRECT	DEPOSIT	Complete for refund direct deposit.
Banking Routing Number:		
Account Number:		
Type:	☐ Checking	☐ Savings

CHANCE DEPENDENTS	Social Security #s	are MANDATORY.	▼.	* C-Child, R-	Relative, O-Other	IRS	
First Name	Last Name (If Different)	Social Security# (Mandatory)	**	Months In Home (This Home)	Birth Date	If over the ag	ge of 18 ✓ If Student

INTEREST INCOME IRS computer matches payer and amount. Always use payer name listed on 1099 even if not the original source.						
L I N E #	Name of Payer Please provide all forms 1099INT & 10990ID	Banks, Credit Union, Corporate, Bonds, etc.	Seller Financed Mortgages Name, address & SS# required	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Home State Municipal Bonds (Generally tax-free)	Other State Municipal Bonds (Federal tax-free)
1						
2						
3						-
4						- =
5						
6						
7						
8						
9	Name: SS#:			Payer Address:		
10	Name: SS#:			Payer Address:		
11	FORFEITED INTEREST (Early Withdrawals)		FEDERAL WITHHOLD	ING ON INT & DIV		

MA.	DIVIDEND INCOME IRS computer matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s, and caution must be used in separating the various types of dividends.								
L I N E	Name of Payer Please provide all forms 1099 DIV	Foreign Taxes Paid	Total Ordinary Dividends	Qualified Dividends	Total Capital Gains Dividends	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax-free)	Taxable to State only	Nontaxable State and Federal	Return of Capital
1									
2									
3							4		
4									
5									

I R MAT	STOCK & OTHER ASSET SALES	IRS matches gross proceeds from sale using the 1099B. Many brokerage houses use substitute forms. All transactions must be reported even if there is no profit. The IRS computer has the sales price but not cost.				t.
L I N E	Description	Acquisition Date MM/DD/YR	Sales Date MM/DD/YR	Gross Proceeds From Sale (For stocks use net after commission)	Cost or Other Basis	Net Profit or Loss (Information only)
1			7			
2						
3						
4						
5						

MEDICAL EXPENSES To be deducted, medical expenses must exceed exceeds a 7 1/2% floor is deductible. Example:	7 1/2% of your adjusted gross income, and then, only the amount that Your income is \$40,000 for the year, your medical must exceed \$3,000.	
Hospital, Medical & Dental Insurance Premiums	Ambulance, Paramedics	
Long-Term Care Insurance for the Filer	Taxi, Bus, Train, Air & Other Travel for Medical Purposes	
Long-Term Care Insurance for the Spouse	Lodging for Away-From-Home Medical Purposes	
Medicare Insurance Premiums (not payroll tax)	Auto Travel for Medical Purposes	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)	Parking Fees for Medical Purposes	
Prescription Drugs Only	Telephone - Medical Tolls	1
Psychotherapy, Psychological Counseling	Handicapped Placard	
Acupuncture, Chiropractic, Christian Science Practitioners	Handicapped Modification to Home	
Hospital	Special Schooling for Physically or Mentally Handicapped	
Nursing Homes, Nursing Care ☐ ✓ if inhome care for elderly	Physical Therapy	
Lab Fees & X-Rays	Medical Equipment, Supplies, Rentals	
Eye Examination, Glasses	Other:	
Hearing Aids, Batteries	Insurance Reimbursement (only for expenses listed if applicable)	

Paid to an Ind Must List PAY Paid to a Ban Paid to an Ind	'EE Info. Below k, S & L, etc.*		SS#	
Must List PA\ Paid to a Ban Paid to an Inc Must List PA\ Equity Loan	'EE Info. Below k, S & L, etc.*		SS#	
Paid to an Ind Must List PA\ Equity Loan Name	lividual		SS#	
Must List PAY Equity Loan Name			SS#	
Name			SS#	
			SS#	
S				
_	with Form 1098 issu If Form 1098 was and social securit	s issued in anoth	her's SS#, enter	that person's name
			SS#	
econd home is	s a qualified motor h	nome, boat, etc	., list the name	of the payee here
ANSWER THE F	OLLOWING QUESTION	IS:		
s No		,		
No No	Does your home	e equity loan e	exceed \$100,0	00?
6	□ No	□ No Did you refinand If yes, please pr □ No Does your home □ No Does the sum o	If yes, please provide loan esc Does your home equity loan e	□ No Did you refinance during the year? If yes, please provide loan escrow statemer □ No Does your home equity loan exceed \$100,0

INVESTMENT INTERES	T
Vacant land	
Brokerage margin account	
Other:	

TAXES					
Property taxes on primary home					
Property taxes on second home					
Property taxes on investment property					
Car license fees (personal property tax portion)					
Personal property tax - boat or airplane					
Personal property tax - other					
Balance due on last year's state return	Do Not Include Interest & Penalties				
State income tax adjustments	Do Not Include Interest & Penalties				
Extension payment on last year's state return					
Taxes paid to another state State:					
City, county, local taxes					
Other:					

CHILD OR DEPENDENT CARE EXPENSES			Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care.					
☐ ✓ Check here if you have employer provided dependent care benefits.				Payments Must Be Allocated By Child				
Paid To	Address	Phone	SS# or Employer ID# MANDATORY unless exempt organization	Child	Child	Child		
			☐ ✓ Check if exempt					
			☐ ✓ Check if exempt					

CHARITABLE CONTRIB	BUTIONS			MISCELLA	NEOU	S DED	UCTIONS		Filer	Spot
CASH Written verification is required for of \$250 or more to any one organ	contributions ization.			Alimon	то То			March Set Unback		
Church				Paid	SS#					
Church				Attorney Fees (to Pr	otect Taxal	ole Income)				
Temple				Union Dues						
Payroll Deduction (filer & spouse)				Professional Dues						
United Way				Entertainment & Bu	isiness M	eals (100%)	of actual cost)			
Cancer Society				Gambling Losses (I			or dottdur costy			
Red Cross										
				Business Insurance		lalpractice, et	C.)			
Heart Fund				Investment Publica		pe:				
Scouts				Investment Expens	es					
Other:				IRA, KEOGH, SEP F	ees Paid	(not withheld	from account)			
Other:			2500	Jobseeking	Empl	oyment & F	Resumé Fees			
NONCASH Provide detailed list of items Please call this office in advan	nce if the contributio	n exceeds \$5,000.	5500.	Expenses (in same field)	Photo	осору & Ро	stage Expense			
Salvation Army				(in same field)	Other	Other:				
Goodwill Industries				Licenses, Fees, Credentials, etc.						
Veteran Organizations				Publications, Books	, etc., Us	ed in Busine	ess			
Church	Church				Tax Preparation Fees					
Travel for Charitable Purposes miles				Safe Deposit Box (t	Safe Deposit Box (to Store Deeds, Bonds, etc.)					
Out-of-pocket expenses in connection with a co	haritable organizatio	on. Explain:		Telephone (Business	Calls Only)				
				Tools, Supplies, Eq	uipment					
				Uniforms - Purchas						
EDUCATION EXPENSES	deductions, exclusions	ese expenses qual and are used to ju and tax or penalty-	ry for tax credits, istify certain free distributions.	Uniforms - Cleaning	1					
Student:	They must	be segregated by s	tudent.	Other:						
Taxpayer										
Spouse				Other:						
Dependent: Dependent:				Other:						
FOR Tuition CREDIT ONLY - Qualified E	ducational Instructi	on								
Check if at least half-time student				CASUALTY			To be deducted, your adjusted gr			
Post-Secondary - First 2 yrs.				(or theft or emb			amount that exc			deductible.
After First 2 yrs.				Check box	f loss was	in a Preside	ntially declared di	saster area	1.	
Fees - Enrollment/Attendance Only			4 (14)	Description of Case	ialty					
Other Expenses – DO NOT COMPLETE un Savings Bond Interest Exclusion, or student lo education should be entered in different section	an interest deduction	tax or penalty-free ons. Similar expens	IRA distributions, ses for continuing	Date of Casualty					/	1
Books/Supplies				Insurance Reimbur	sement					
Room/Board				Description of Pro	perty	Date Acquired	Original Cost or Other Basis		Fair Marke Casualty	et Value After Casua
Continuing Education Expenses – Ed	ucation for the taxp	payer & spouse on	ly if job-related.							
Tuition and Fees										
Seminar Fees, etc.										
Books/Supplies, etc.										
Travel	(list in an	propriate area on	nosite nage)							

(list in appropriate area opposite page)

A	UTO MILEAGE Do not compused only fo	olete any part of this section r commuting to and from w	if your automobile is ork and for pleasure.	MATCH MOVIN	NG EXPENSES		
Ch	eck if vehicle provided (owned) by emplo	over.	Vehicle 1 2	Check if employer rei	mbursed any amount.	MENERAL	
Che	eck if any automobile expense reimburse	ement provided by emplo	oyer.	Miles from Old Reside	nce to New Job (A)		
0	Check if reimbursement include Vehicle Description	Vehicle 1	Vehicle 2	Miles from Old Reside	nce to Old Job (B)		
Ma	ke or Model	You Spouse You Spouse		Difference in (A) and (B) (must be 50 miles or more)		
	te Originally Purchased	/ /	/ /				
	TAL MILES DRIVEN THIS YEAR slude both business & personal)			Cost of Commercial M	overs	. r	
B	For Employer	mi	mi	Truck, Trailer Rental			
S	To Professional Meetings	mi	mi	Road tolls			
N E S	Between 1st and 2nd Job	mi	mi	Lodging en route (do n	ot include meals)		
S	From Job to School	mi	mi	Automobile Travel			
L	Jobseeking	mi	mi				
E S	Investment/Tax Preparation	mi	mi	Other:			
D R	Rental	mi	mi	Other:			
V	Self-Employed Business	mi	mi	N. A. A. S.			
N	Temporary Job Sites	mi	mi	HOME	SALE		
	Other:	mi	mi	HOME SOLD			
	Average Round-Trip Distance to Work (REQUIRED)	mi	mi	Address:			
	Total Commuting for			Date Purchased		_ / /	
	the Year (REQUIRED)	mi	mi]	Purchase Price (including	g costs & fees)**		
A	UTO EXPENSES Do not co	omplete this section if you a rnment's "standard mileage	re using rate".	Gain Deferred from Prio	r Home (sold before 5/7/97)**		
Gas	soline & Oil			A STATE OF THE STA	r to this one, the information required on		
Repairs, Service, Tires, etc.					on Form 2119 in the year of sale.		
				Improvements (not mainte	nance) on Home Sold		
	urance			Date of Sale		1 1	
License & Taxes				Sales Price (provide closing escrow statement)		
Wash, Wax, Auto Club, etc.				Sales Expenses (provide	closing escrow statement)		
Inte (Apr	erest olies only to self-employed individuals)				used the property as your primary residence two o		
Lea	se Payment			if your spouse owr prior 5 years.	ned and used the property as his/her primary resid	ence two of the	
Oth	er:		-		any part of this home was rented or used for busi		
Em	ployer Reimbursement			if this home was a	cquired in exchange for a business or investment	property after 5/6/97.	
A	WAY-FROM-HOME EXF	PENSES		"OFFICE-IN-I	HOME" EXPENSES		
[S.	Check if employer reimbursed any amount.	You	Spouse	place of business, or (b) by	nome" must be used exclusively and on a regular patients, clients, or customers in meeting and dea ng in 1999, a home office will qualify as your prin	ling with you in a norma	
Airf	are, Train, etc.			You use it exclusively and	d regularly for the administrative or management and other fixed location where you conduct substant	ctivities of your trade or	
Aut	o Rental, Taxi, Bus, etc.			management activities of your befor the convenience of the	our trade or business. If you are an employee, the	nome office use must als	
Mea	als (enter 100% of expense)			Total Square Feet of Home			
Loc	ging (DO NOT INCLUDE MEALS)	4		Total Square Feet Used for Office			
Por	ter, Skycap, Tips, etc.			Total Square Feet Used for Storage			
Lau	ndry			Rent	Utilities Condo/Assoc. Dues		

Home Repairs

Office Repairs

Other:

RENTAL INCOME Note: If the property was purchased or converted to rental use this year, please provide the purchase settlement statement and a current property tax bill.									
Property Number	Type - i.e., Commercial Residential, Equip., etc.	Description or Address IRS			IRS MATCH R	ental Income	Number of Used Person		
1									
2									
EXPENSE	S Note: If you have more that	l an 2 rentals, photocopy this	page as required. *I	ndicates paymer	nts that may require th	e issuance of a 10	99 if the annua	I amount is \$600	0 or more.
Property Nun	nber	1	2	Prope	rty Number		1		2
Association	/ Homeowners' Dues			Taxes	- Property				*
Cleaning &	Maintenance Fees*			Taxes	- Other				
Commission	ns / Management Fees*			Telep	none (Tolls Only)				
Insurance		_		Utiliti	es				
Legal & Pro	fessional Fees*			Garde	ener*				
	ortgage Interest Paid to Banks			Pool	Service*				
IRS MATCH OI	ther Interest			Paint	ng*	5 18			
Repairs: Car	rpentry, Hardware*			Other	:				
Electrical* (No Improvements)			Other	:				
Plumbing*				Other	:				
Supplies				Other	:				
CAPITAL A	ASSET PURCHASES & IMP	ROVEMENTS (Business	or Rental)				▲ Used		
Date		Descrip	tion of asset or impro	ovement			Rental # B	usiness #	Amount (cost)
BUSIN	ESS INCOME *Inc	dicates payments that may re annual amount to an individ	equire issuance of a 10 dual is \$600 or more.	099 if					
Business Number	Filer or Spouse	Business	s Name & EID oplicable)		Gross Income	Returns an	d B	eginning nventory	Ending Inventory
1		123-58 (SEE AND CHIEF AND SEE SEE SEE							Bernard Entitle Some Selection
2									
Business			2	Busine	ess		1		2
Merchandis	e Purchased for Resale			Office	expense				
Items Withd	Irawn for Personal Use			Rent'					
Advertising			Repairs*						
Bank Charge	es		Taxes						
Commission	ns*	Entertainment							
Dues & Pub	lications			Telephone					
Freight/Deliv	very/Postage	Utilities		es					
Gifts			Wages (W-2)		s (W-2)				
Insurance				Semi	nars				
IRS MATCH M	lortgage Interest Paid to Banks			Other	:				
	ther Interest			Other:					
Legal/Profes	ssional*	Other:			:				

FINA	AL CHECKLIST						
	Change of Address please note any change of address, zip code change, or new phone numbers.						
	Dependents we will use the information from last year. ONLY note changes in dependent status. List Social Security numbers** are generally MANDATORY for all dependents. If a dependent is age 19 or over for the year and whether or not the child was a full time student for at least four months and one day during the year themselves on their own tax return. To avoid problems and government audit, you may wish to have this office problems.	and is working, please indicate the dependent's earnings ear. Anyone claimed as your dependent CANNOT claim					
	Mailing Label(s) please provide the mailing label(s) and payment voucher(s) provided by the govern	ment, if available (not mandatory).					
	☐ State Forms if you reside outside the state in which our office is located, and that state assesses income tax, please provide the entire booklet provided by your state.						
	W-2 Forms** please retain Copy "C" for your records. Provide all other copies.						
	1099R Forms** these are issued for various types of pension income and IRA account distributions. Please re	tain Copy "C" for your records. Provide all other copies.					
	1099s** For Interest & Dividends generally you need only list the payers and amounts; separate and provide copies of statements from mutual funds and tax-free investments because these may receive						
	IRA Distributions or Rollovers all IRA distributions** (not direct transfers) MUST be reported on you copy of the 1099R for IRA distributions. If the distribution was rolled over into another IRA account, in When funds are simply transferred between IRA accounts by the banks or investment institutions hold	dicate how much of the distribution was rolled over.					
	Stock Sales for each stock transaction, include the following: gross purchase cost (or inherited basi received), and date of sale.	s), date of acquisition, sales price** (net amount					
	Home Mortgage Interest** use the amount from the Form 1098 provided by the lending institution(s). If you refinanced during the year, please provide the single document (e.g., escrow or other closing statement) that details all costs of the transaction.						
	Property Sales** if you bought or sold property, including your home, please call for additional instr	uctions.					
	Partnership K-1s provide all K-1s and instructions.						
	Questions please list any questions you may have, your telephone numbers (work and home), and t questions that arise while your return is being completed.	he best time to reach you in regard to possible					
**[Denotes IRS matching program. IRS is able to match these numbers; if they do not match amounts or social security num	bers on your return, it may trigger a correspondence audit.					
	To the best of my knowledge, all information contained within this document is true, co	rrect and complete.					
	Taxpayer's Signature						
	Spouse's Signature						
OUE	STIONS YOU MAY HAVE:						