



**CYGNET TAX**  
**251 Pawtuxet Avenue**  
**Warwick, Rhode Island 02888**  
**401-942-1040**

**Drop Off Questionnaire**

Client Name: \_\_\_\_\_ Home# \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Work# \_\_\_\_\_ T or S  
 Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please bring the following:

1. Copies of W-2's, 1099's and K-1 forms
2. All year-end lender loan statements including those refinanced or paid off during the year.
3. Settlement statements for properties bought and/or sold.
4. 1099 forms reporting all stock sales for the year as well as the purchase dates and purchase prices.

Name	Date Purchased	Price	Date Sold	Price
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

5. 1099 forms reporting Unemployment compensation  
 Social Security Benefits  
 State Tax Refunds
6. Form 5498 reporting all IRA balances in accounts and from 1099 showing IRA withdrawals and rollovers.
7. Social Security numbers of all dependents not previously supplied.
8. New Dependents: **Name:** \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
**Name:** \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_
9. Anyone that will not qualify as a dependent this year and must be removed from your tax return:

10. Your federal and state tax booklets, if you have them.
11. To update our database please provide the following.

	Taxpayer	Spouse	Child #1	Child #2
Name:	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
SS#	_____	_____	_____	_____

Political Contribution? \_\_\_\_ Yes or \_\_\_\_ No      \_\_\_\_ Yes or \_\_\_\_ No



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**Drop Off Questionnaire (Continued.)**

**Interest**

Payer	Amt
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other Income**

Alimony	\$ _____
Income from S/E	\$ _____
Pensions/Annuities	\$ _____
Royalties	\$ _____
Estates/Trusts (K-1's)	\$ _____
Jury Duty	\$ _____
Unemployment Comp.	\$ _____
Tips	\$ _____

**Dividends**

Payer	Amt
_____	\$ _____
_____	\$ _____
_____	\$ _____

Lottery	\$ _____
Prizes/Awards	\$ _____
Hobby	\$ _____
Commissions	\$ _____
State/local tax refund	\$ _____
Federal tax refund	\$ _____
Social Security	\$ _____
IRA/Retrmnt/Annuity	\$ _____

**Rental**

	Amt
Gross Income \$	_____
Expenses	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Tax related deductions and credits**

**Medical**

Prescriptions \$ \_\_\_\_\_

Medical insurance Premiums:  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Co pays:  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Doctors Bills not covered  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Dentist bills not covered  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Optometrist Bills not covered  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Prescriptions Bills not covered  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Hearing aids and batteries  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Medical Supplies  
 T \$ \_\_\_\_\_ S \$ \_\_\_\_\_

Medical Transportation  
 T \_\_\_\_\_ mis S \_\_\_\_\_ mis

Lodging away from home for Medical  
 T \_\_\_\_\_ S \_\_\_\_\_

**Child and Dependent Care**

Amount/Name/Address/SSN

\_\_\_\_\_

\_\_\_\_\_

**Taxes**

**Fed. Inc Tax Paid** \$ \_\_\_\_\_

Federal Quarterly Estimates  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Amt: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**State Inc Tax Paid** \$ \_\_\_\_\_

State Quarterly Estimates  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Amt: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Personal Property State \$ \_\_\_\_\_

Personal Property Local \$ \_\_\_\_\_

Real Estate State \$ \_\_\_\_\_

Real Estate Local \$ \_\_\_\_\_

**State Tax Deduction**

Rent \$ \_\_\_\_\_ month

Landlord \_\_\_\_\_

Address \_\_\_\_\_

**Interest**

Home \$ \_\_\_\_\_

Investment \$ \_\_\_\_\_

**Charitable Contributions**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Contributions other than Cash

\_\_\_\_\_ \$ \_\_\_\_\_

**Other Deductions**

IRA Contrib. \$ \_\_\_\_\_

Alimony paid \$ \_\_\_\_\_

Moving Exp. \$ \_\_\_\_\_

Investment Exp. \$ \_\_\_\_\_

Safe Deposit Box \$ \_\_\_\_\_

Lottery Losses \$ \_\_\_\_\_

Tax Return Exp. \$ \_\_\_\_\_

Employee Business Expenses

Auto 1 Auto 2

Beg. Mileage \_\_\_\_\_ / \_\_\_\_\_

End Mileage \_\_\_\_\_ / \_\_\_\_\_

Miles to Wrk \_\_\_\_\_ / \_\_\_\_\_

Work Miles \_\_\_\_\_ / \_\_\_\_\_

Education \$ \_\_\_\_\_

Ent and Meals \$ \_\_\_\_\_

Job Skng Exp. \$ \_\_\_\_\_

Professional dues \$ \_\_\_\_\_

Publications \$ \_\_\_\_\_

Safety Equip \$ \_\_\_\_\_

Uniforms \$ \_\_\_\_\_

Qualified Home Office Exp.  
 \_\_\_\_\_ Yes or \_\_\_\_\_ No