

EAST VALLEY ACCOUNTING AND TAX, LLC
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2023

INCOME TAX QUESTIONNAIRE

If we have the information, it is not necessary to complete that section

Your full name _____ Spouse's name _____
Social Security No. _____ Social Security No. _____
Occupation _____ Occupation _____
Date of Birth _____ Date of Birth _____
Street Address _____ Telephone (home) _____
City, State, Zip _____ Telephone (work) _____
E-Mail _____ (yours) (Spouse)

DEPENDENT CHILDREN LIVING WITH YOU

Name	Birth Date	Social Sec No.	Name	Birth Date	Social Sec No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

College tuition for yourself or Dependant Child: Student name _____
Full Time Yes ___ No ___ Year in school _____ Amount\$ _____
Course materials/books _____ Don't rely on 1098T(it is often wrong)

EXEMPTION OTHER THAN WIFE AND CHILDREN IN YOUR HOME

Name in full _____ Relationship _____
Name in full _____ Relationship _____
Did dependent live in your home? Yes ___ NO ___ Number of months _____
Did dependent have gross income of \$4,700 or more? Yes ___ No ___
Did you provide more than one-half of dependent's support? Yes ___ No ___

INCOME

ATTACH ALL W-2 AND 1099 FORMS

Wages and Salaries	\$ _____	TAX-EXEMPT INTEREST (List)	\$ _____
Travel Allowance	\$ _____	INTEREST RECEIVED FROM:	
Ira Distribution	\$ _____	Banks, Credit Unions, etc.:	
Ira Rollover	\$ _____	_____	\$ _____
Unemployment Compensation	\$ _____	_____	\$ _____
Alimony divorces pre 2019	\$ _____	_____	\$ _____
Social Security Benefits	\$ _____	_____	\$ _____
State Income Tax Refunds	\$ _____	_____	\$ _____

DIVIDENDS: _____ \$ _____
_____ \$ _____
_____ \$ _____
SELLER FINANCED MORTGAGES:
Name: _____
Address: _____
Social Security #: _____

DO YOU HAVE INTEREST IN A FOREIGN ACCOUNT? YES ___ NO ___
Did you receive, sell, send, exchange virtual currency? Yes ___ No ___

ITEMIZED PERSONAL DEDUCTIONS

MEDICAL EXPENSES

Full Deduction on State Return

Total Prescription drugs \$ _____ Medicare insurance premiums \$ _____
After Tax Medical insurance \$ _____ Long-term care ins premiums \$ _____
Doctors \$ _____ Hospital \$ _____
Dentist \$ _____ Labs \$ _____
Eyeglasses, hearing aids, and other medical equipment \$ _____
Dr. prescribed weight loss program as treatment for a specific disease \$ _____
Insurance reimbursement for any expenses included above \$ _____
Travel to receive medical care: Number of miles _____

TAXES - Non Business

Real estate tax on home \$ _____ Other real estate taxes \$ _____ \$ _____
Automobile licenses \$ _____ \$ _____ \$ _____ \$ _____
Sales tax on large purchases \$ _____ \$ _____ \$ _____ \$ _____
State income tax paid for prior years \$ _____

Did you file Estimated Taxes for 2023? Yes _____ No _____
Date paid _____ \$ _____ Date paid _____ \$ _____
Date paid _____ \$ _____ Date paid _____ \$ _____

INTEREST - Paid by you

BRING IN YOUR STATEMENTS SHOWING THE AMOUNT OF INTEREST YOU PAID

Interest paid to a financial institution:
On your home mortgage \$ _____ On a home equity mortgage \$ _____

Qualified mortgage insurance (PMI) \$ _____

Interest paid to an individual on your home mortgage \$ _____
Individual's name: _____
Address : _____
Social Security #: _____

Student loan interest \$ _____
Investment interest (personal interest is no longer deductible)
_____ \$ _____ _____ \$ _____

CONTRIBUTIONS

(Must have record of your contributions or deduction will not be allowed)
25% is allowed on AZ even if you don't itemize so please let us know.

Cash contributions:

Church (name) _____ \$ _____ (name) _____ \$ _____
March of Dimes \$ _____ Red Cross \$ _____ \$ _____
United Fund \$ _____ Cancer \$ _____ \$ _____
Girl Scouts \$ _____ Boy Scouts \$ _____ \$ _____

Charitable Miles driven _____

Contributions other than cash: Must be in good condition

Clothing, etc. given to Organized Charities _____ \$ _____
Other contributions: (to whom) _____ value \$ _____
(give date, description of property, method of valuation, and if over \$500,
give cost, date acquired, and signed appraisal, if any.)

ARIZONA TAX CREDITS

Fees paid to public school \$ _____ Private School Tuition Program \$ _____
School CTDS number _____ Name of school _____
Name of school _____ Address _____
Address _____ Date Contributed _____
District _____
Date Contributed _____

Contribution to Qualifying charity
Name _____ Name _____
Date _____ Amount \$ _____ Date _____ Amount \$ _____
Qualifying Charity Code _____ Qualifying Charity Code _____

OTHER DEDUCTIONS

Alimony paid for divorces prior to 2019 \$ _____
Name _____
Social Security # _____

Contribution to Individual Retirement Account (IRA) \$ _____ \$ _____
Contribution to Roth Individual Retirement Account \$ _____ \$ _____
(yours) (spouse)

Are you covered by an employer sponsored retirement plan? Yes _____ No _____

CHILD CARE

(Information must be complete or deduction will not be allowed)

If both husband and wife work and you have child care expense while working, please fill in the name, address social security number (or Employer ID#), and the amount paid for each child.

Name _____ Name _____
Address _____ Address _____
Social Security #/ID# _____ Social Security #/ID# _____
Child's name and amount paid: Child's name and amount paid:
\$ _____ \$ _____
\$ _____ \$ _____

Was child care in your home? _____ Was child care in your home? _____

Amount paid by your employer for dependent care assistance \$ _____

OTHER

If you have a business or a rental property, did you pay anyone in the amount of \$600 or more for services in which a 1099 should be filed? Yes _____ No _____
Did you file 1099's for this business Yes _____ No _____

If you have other income and expenses during 2023 from business, rentals, sale of property, or any other source, bring all related information to our office so we will be able to prepare the necessary schedules.

Bring an itemized list of adoption expense paid during year.
Bring an itemized list of college tuition and related expenses.
If you purchased, sold or refinanced a house during 2023, please bring in the escrow statement.
Bring in any forms 1095-A, 1095-B, or 1095-C that you may receive.