



449 Delaware Avenue  
Delmar, NY 12054  
(518) 439-1517  
Terrell@TLRoe.com

Dear Client:

I would like to take this opportunity to express my appreciation for your business this year and look forward to working with you.

Enclosed is the questionnaire for the 2018 tax year. Please read and answer the questions. If not certain, mark the question with a question mark and I will discuss with you when preparing your tax return.

Below are some examples of tax information that you may need to provide.

- Form(s): W-2 for Wages
- Form(s): 1099 for Interest, Dividends, etc
- Form(s): 1098 for Mortgage Interest Paid
- Property and School Tax Payments if not Recorded on the 1098 Form
- Any Tax Notices or Letters Received by the IRS or Other Taxing Authorities.

**Please return the questionnaire along with all your tax information and copies of your 2017 federal and state tax returns to my office using any method below:**

1. Drop the package off at my office at 449 Delaware Ave, Delmar.

Office hours: M-F - 8:30 am to 5:00 pm  
M-F Evenings - Please Call / By Appointment Only  
Sat - Please Call / By Appointment Only  
After Hours - Use Secure Drop-Box

2. Mail it to T.L. Roe, CPA P.C., 449 Delaware Ave, Delmar, NY 12054
3. If special circumstances require a meeting prior to preparing your return, call or email to make an appointment:

Email: [Terrell@TLRoe.com](mailto:Terrell@TLRoe.com)  
Phone: (518) 439-1517

For your convenience we accept major credit cards for your tax preparation fees.

If you have any questions concerning your taxes, or if I can be of service to you in any way, please contact me.

Sincerely,  
Terrell L. Roe, CPA

Supplemental Worksheet to Questionnaire (Page 1 of 5)

**Client Profile:**     **Complete for information that is not on prior year tax return  
or for information that has changed**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
School District \_\_\_\_\_  
County \_\_\_\_\_

	Taxpayer	Spouse
Occupation	_____	_____
Phone Number (indicate Home, work, cell)	_____	_____
Email Address	_____	_____

***If there were any additions to dependents from last year, please provide:***

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security No \_\_\_\_\_

***Please provide the following bank information if you would like your refunds (or  
amounts due) directly deposited into (or debited from) your bank.***

Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Account Type     \_\_\_\_\_ Checking     \_\_\_\_\_ Savings

Supplemental Worksheet to Questionnaire (Page 2 of 5)

• **Charitable Donations:**

Please provide receipts for all donations.

<b>Cash Donations</b>	Name of Organization	Dollar Amount
	_____	_____
	_____	_____
	_____	_____

**Non-Cash Donation (Please include receipts)**

Date of Donation	Name/Address	Original Purchase Price	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

• **Medical Expenses and Health Insurance Premiums**

Did you incur any significant medical expenses and health insurance premium payments during 2018? If so, please contact us for further dialogue.

• **Did you purchase health insurance through a Federal or State exchange?**

Yes \_\_\_ No \_\_\_

• **NYS Property Tax Credits**

Did you receive a check from NYS for the Property Tax Relief Credit? Or the Star Credit?

Yes Total Amount \$ \_\_\_\_\_ No \_\_\_ I don't know \_\_\_\_\_

• **Sale / Purchase of Real Estate.**

Provide a copy of the settlement statement(s) of any homes sold or purchased during 2018.

Supplemental Worksheet to Questionnaire (Page 3 of 5)

- **Dependent Day Care Expenses**

Name of Organization or Individual \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Social Security or EIN \_\_\_\_\_

Total Amount Paid for each Dependent:

	Name	\$ Amount
Child	_____	_____
Child	_____	_____
Child	_____	_____

Name of Organization or Individual \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Social Security or EIN \_\_\_\_\_

Total Amount Paid for each dependent:

	Name	\$ Amount
Child	_____	_____
Child	_____	_____
Child	_____	_____

- **Energy Improvements to your Home in 2018**

Please provide details

- **Purchase of a New Car in 2018.** Please attach a copy of the invoice.

- **NY State College Savings Program (529 Plan)**

If you made contributions to your New York State College Savings Program (529 Plan) during 2018, please provide the total contributions made to all accounts: \$ \_\_\_\_\_

Supplemental Worksheet to Questionnaire (Page 4 of 5)

• **NY State Volunteer Fire Fighter or Ambulance Workers' Credit**

Were you or your spouse an active volunteer for the entire 2018? If so, please provide:

Name and Address of Fire Company \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taxpayer Y or N

Spouse Y or N

• **NY State Sales Tax Due**

Did you purchase any products or services (phone or internet order) that were delivered to you without being charged NYS sales tax? If yes, please list total of purchase amounts.

• **Payments Made to Long Term Care Insurance, Roth IRA's, Traditional IRA**

Account Type	Taxpayer	Spouse
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Long-term Care	\$ _____	\$ _____

• **Unreimbursed Business Expenses (NYS deduction)**

List any expenses incurred for work that were not reimbursed by your employer.

Expense	Amount
_____	_____
_____	_____

• **Estimated Income Tax Payments**

If you made Federal or State estimated income tax payments allocable to 2018, please provide the amounts and dates paid:

<u>Date</u>	<u>Federal</u>	<u>State</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Supplemental Worksheet to Questionnaire (Page 5 of 5)

• **Home Office Expense:**

*(Deductible only if self-employed or employer doesn't provide an office at the place of employment) We will discuss.*

Square Footage of Area Dedicated to your Home Office \_\_\_\_\_  
Total Square Footage of Home \_\_\_\_\_

• **Business Use of Vehicle #1**

Check the Reason that Applies to You

- \_\_\_\_ Unreimbursed Employee Business Miles (NYS deduction)  
\_\_\_\_ Self Employed  
\_\_\_\_ Rental Property Management

Year/Make/Model \_\_\_\_\_

# of Business Miles \_\_\_\_\_  
# of Personal Miles + \_\_\_\_\_  
Total Miles Driven = \_\_\_\_\_

Parking Fees and Tolls \$ \_\_\_\_\_

• **Business Use of Vehicle #2**

Check the Reason that Applies to You

- \_\_\_\_ Unreimbursed Employee Business Miles (NYS deduction)  
\_\_\_\_ Self Employed  
\_\_\_\_ Rental Property Management

Year/Make/Model \_\_\_\_\_

# of Business Miles \_\_\_\_\_  
# of Personal Miles + \_\_\_\_\_  
Total Miles Driven = \_\_\_\_\_

Parking Fees and Tolls \$ \_\_\_\_\_