



## *CHASE & ASSOCIATES*

*San Diego / Temecula / Orange Co. / Marin*

*www.Chase-Assoc.net*

Dear Tax Client:

The following are your tax worksheets. Use if you find them helpful, otherwise summarize your information as you prefer. Disregard the worksheets that don't apply to you.

Please refer to your prior year's tax returns to assist you in completing these worksheets. Let us know if you need a copy.

When completed, please return with all your tax forms, W-2, 1099, 1098, 1095-A, K-1, etc. It is **very important** that you include all tax forms as the government compares that information to your tax returns.

Please send to us by any one of the following methods:

- Upload via our website: [www.Chase-Assoc.net](http://www.Chase-Assoc.net) (most secure)
- Email to: [Chase1040@gmail.com](mailto:Chase1040@gmail.com) (not secure, not recommended)
- Fax to: 844-602-4620 (secure fax line provided by SFax)
- Mail to:

**CHASE & ASSOCIATES**  
**2801 B Street # 506**  
**San Diego CA 92102**

We also have Drop off locations in Temecula, San Diego & Marin. Please visit our website for locations. Feel free to contact us if you would like to make other arrangements with your paperwork.

Sincerely,  
Chase & Associates

*Over 35 Years Experience*  
*Nationwide Web Based Tax Service*  
*www.Chase-Assoc.net*  
*Specializing in Individual & Corporate Taxation*

# TAX QUESTIONNAIRE

Only check if answer is YES, otherwise No is assumed. Based on your answers I may request additional information.

Notes:

<input type="checkbox"/>	Did your bank information for direct deposit change from last year? We will use your bank information from last years tax return. If you would like your direct deposit to go to a different account please provide a blank check.
<input type="checkbox"/>	Did your marital status change last year?
<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	Did you receive Alimony? If so how much? \$ _____
<input type="checkbox"/>	Did you pay Alimony? If so how much? \$ _____ Name _____ SS# _____
<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	Did you pay for Child or Dependent care? If so please complete worksheet.
<input type="checkbox"/>	Did you purchase Health Insurance through The Health Insurance Exchange? Please provide 1095-A.
<input type="checkbox"/>	Did you have health insurance for the full 12 months last year, if not please explain.
<input type="checkbox"/>	Did you receive any disability income? If so, How much \$ _____.
<input type="checkbox"/>	Did you receive any 1099G Gambling Winnings forms? (please provide all 1099G forms).
<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property? (please provide 1099 forms).
<input type="checkbox"/>	Did you purchase, sell, or refinance any real estate, including a home equity loan? (please provide escrow statement).
<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? If so please provide 1099R forms.
<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	Did you receive or pay any Interest that was not reported on a 1098 or 1099? If so, please provide detail.
<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	Did you rent out any Real Estate?
<input type="checkbox"/>	Did you add any energy efficient improvements to your home?
<input type="checkbox"/>	Did you add Solar Panels and/or Equipment to generate electric?
<input type="checkbox"/>	Did you purchase a new vehicle?

If you checked yes to any of these questions please provide notes and/or supporting documents.

## ITEMIZED DEDUCTIONS

Doctors		Cash Charity (Total)	
Dental		Charity Miles	
Medicine		Non-Cash Charity *	
Medical Insurance		*(if Non-Cash is over \$500 please complete donated property worksheet)	
Medical Miles			
<b>Property Taxes</b>		<b>Job Related &amp; Misc Expenses:</b>	
		↑	Job mileage
		↑	Meals & Entertainment
		↑	Union Dues
<b>DMV</b>		↑	Tools
		↑	Educator Exp
		↑	Rent
		↑	Insurance
<b>Home Mortgage * *</b>		↑	Utilities
		↑	Assoc. Fees
		↓	
		↓	
		↓	
		↓	
		↓	
		↓	
		↓	
		↓	
<b>Sales Tax on Major Purchases:</b>			
Motor vehicles		Building Materials	
RV or Mobile Homes		Other	
<b>NOTES</b>			

\*\* Please include 1098 forms with your tax papers

# DONATED PROPERTY WORKSHEET

USE IF YOUR TOTAL PROPERTY DONATIONS ARE OVER \$500

Name & Address of organization	Description of donated property	Date of contribution	Date you acquired property	Your cost or adj basis	Fair market value when donated

## NOTES

Large empty rectangular area for notes.

# Tuition Expenses

Please provide form 1099-T with your tax papers

Student Name				
School Fees				
Books				
Computer				
Supplies				

## NOTES

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# Child & Dependent Care

Providers Name	
Address	
Phone #	
EIN	
Amt Paid	
Child or Dependent	

Providers Name	
Address	
Phone #	
EIN	
Amt Paid	
Child or Dependent	

NOTES

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## ESTIMATED TAX PAYMENT SCHEDULE

DATE	IRS	CA	Other States			
04-15						
06-15						
09-15						
01-15						

IF YOU MADE ALL YOUR SCHEDULED PAYMENTS

YOU DON'T NEED TO COMPLETE

COMPLETE ONLY IF YOU CHANGED OR MISSED

ANY OF YOUR PAYMENTS

## RENTAL SCHEDULE

Property	
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Rent Received	
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Advertising		Painting & decorating	
Association dues		Pest control	
Auto mileage		Plumbing & electrical	
Travel		Property Taxes	
Cleaning and maintenance		Repairs	
Commissions		Supplies	
Gardening		Taxes - other	
Insurance		Telephone	
Legal and professional fees		Utilities	
Licenses and permits		Wages & salaries	
Management fees			
Miscellaneous			
Mortgage Interest			
Mortgage Insurance			

<b>NOTES</b>

Attach Escrow Closing Statement if purchased or sold in tax year



# TAX QUESTIONS - BUSINESS

Only check if answer is YES, otherwise No is assumed. Based on your answers I may request additional information.

<input type="checkbox"/>	Did you receive any self employment income? If no, stop checking boxes here.
<input type="checkbox"/>	Did you make any large equipment purchases last year? If so, please provide purchase contracts, etc.
<input type="checkbox"/>	Did you, not replaced, But add any new employees last year?
<input type="checkbox"/>	Did you provide health insurance for your employees other than you or your family?
<input type="checkbox"/>	Did you have any business miles to claim? Total Miles _____ Business Miles _____
<input type="checkbox"/>	Was any part of your home used for business? If so what percent _____%
<input type="checkbox"/>	Did you pay any sub-contractors over \$600 last year? If so, do you need us to prepare 1099 forms?

If you answered yes to any of these questions please provide notes &/or supporting documents.

## NOTES

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# BUSINESS SCHEDULE

Business Name	
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Income			
Business Miles		Rent Office	
Total Miles		Repairs & Maint	
Advertising		Security	
Bank Fees		Seminars	
Business Interest		Supplies	
Dues & Subscriptions		Taxes & license	
Insurance Health		Telephone	
Insurance Other		Travel	
Interest		Utilities	
Legal & Professional		Wages	
Meals & Entertainment			
Office Expense			
Outside Service			
Postage			
Printing			
Rent Equipment			

<b>NOTES</b>

Please complete schedule or attach P&L print out from your accounting software

HEALTH INS CREDIT WORKSHEET

Employees	Employee Hours of Service	Employee Wages Paid	Employers Premiums Paid

**NOTES**