

**W S CONSULTING LLC : INFORMATION PROVIDED BY CLIENT TO COMPLETE TAX RETURN**

|   |                      |                      |  |
|---|----------------------|----------------------|--|
| <b>QUESTIONNAIRE FOR TAX RETURN PREPARATION</b> | <b>TAX YEAR 2018</b> | <b>DATE PROVIDED</b> |  |
|---|----------------------|----------------------|--|

TAX PAYER'S NAME : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
if last year client just write last4 digit ssn

SPOUSE NAME : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

|                      |               |                |                          |                                  |
|----------------------|---------------|----------------|--------------------------|----------------------------------|
| <b>Filing Status</b> | <b>Single</b> | <b>Married</b> | <b>Head of Household</b> | <b>Married Filing Separately</b> |
|----------------------|---------------|----------------|--------------------------|----------------------------------|

For Head of Household you must have dependents living with you at least half of the year OR you bearing more than half cost of maintaining household expenses.

**Dependent Information (Dependent only do not include your spouse in this section) Number of dependents :**

|   | <b>First Name</b> | <b>Last Name</b> | <b>Date of Birth</b> | <b>SSN or TIN</b> |
|---|-------------------|------------------|----------------------|-------------------|
| 1 |                   |                  |                      |                   |
| 2 |                   |                  |                      |                   |

**Tax payer's/Spouse Occupation & type of visa:**

Health Care Coverage: you, spouse & all dependents are covered for: \_\_\_\_\_ Full Year \_\_\_ Part Year \_\_\_, Not Covered \_\_\_\_\_  
 (If Obama care, Market place coverage must need form 1095A)

**INCOME DETAIL- Mark appropriate Box**

**Wages/Salary income-** Need Original or copy of All W-2's. YES NO

**Interest and Dividend income-** Need form 1099 INT/ 1099 DIV or list of Interest & Dividend received. \$

**FBAR:** 1) Foreign Interest / Dividend Income Earned: YES \_\_\_ / NO \_\_\_ How much in value Do you have to file FBAR form ? YES \_\_\_ / NO \_\_\_  
 2) Disclosure: If aggregate values of your foreign accounts become \$10,000 or more at any point of time during the year, you **Must** have to file BSA forms with Fin CEN electronically by 04/17/19 and 8938 (if over \$ 50,000- Single, if married over \$100,000) to disclose the balance in each account.  
<http://bsaeiling.fincen.treas.gov/main.html>: *Any foreign tax withheld.*  
*FBAR fincen form will get file separately and form 8938 will get file along with tax return* **Foreign Tax in \$**

Stock Sales: Capital Gain/ Loss Need form 1099 B & realized gain/ (losses). BITCOINS/FC-Sec988

Other Capital Gain/(losses) i.e. House Sale, Business Sale

Self employment/ Business income: Need Form 1099MISC. Complete **Schedule C questionnaire.**

Rental income, if YES Please complete **Schedule E questionnaire.**

Income reported on schedule K or K-1 for S Corporation or partnership, provide schedule K or K-1

Unemployment income you or your spouse claimed provide copy of 1099 G

Other income Gambling/ Lottery winning, Jury duty, Alimony received (**Need W2 G**).

**ADJUSTMENT DETAIL- Write the Amount** **US \$**

IRA Deduction/Contribution- Would you like to contribute in Traditional or Roth IRA. Subject to certain income limitation and only if you are NOT covered in employer pension & 401K Plan. \$

Education/Tuition deduction **UNDERGRAD OR MASTER – must need form 1098T** \$

Moving Expenses (incurred for work & meet the distance test i.e. if your new job location is at least 50 miles farther from your former home than from your old main job location was from your former home. **Only un reimbursed expenses.** \$

Interest paid on student loan. \$

Health saving account deductions Form 8889 (HSA) \$

Dependent care expenses. Need **Day Care name, address & Tax ID, Telephone #.** **Only can claim if both tax payer and spouse working or one is at least half time student.** Any W2/Sch H for household employee \$

Residential Energy Credit/Small employer Health Ins. Cr-8941/Motor Vehicle Cr electric/fuel \$

House Rent Paid for the Year- In some States required rent certificate (not in NJ&NY) \$

**Residency** From 1/1/2018 TO / / 18 = State From / /18 TO / / 18 = State

From 1/1/2018 TO / / 18 = State From / /18 TO / / 18 = State

From 1/1/2018 TO / / 18 = State From / /18 TO / / 18 = State

Signature \_\_\_\_\_

| ITEMIZED DEDUCTION-EXPENSES   | US \$          |
|---|----------------|
| <b>Medical Expenses:</b> Any Co-pays, Doctors visits, Medicine, any surgery or other out of pocket expenses paid. It is subject to excess from 10% of your AGI- Medical Mileage is 18.0Cents  | \$             |
| <b>Real Estate Taxes paid:</b> If you own a home and using as primary residence.<br>(See Sch E for Rental)  |                |
| <b>Mortgage interest paid:</b> (limited to \$1M loan) if you own home and using as primary residence<br>(Need copy of form 1098 or confirmation letter for mortgage interest from Bank in USA/INDIA)  |                |
| <b>Points paid</b> and not reported on 1098, provide statement HUD-1. Certain closing cost is deductible.<br><b>Personal Property Taxes Paid:</b>   |                |
| <b>Donation/Gifts to Charity.</b> If paid in cash must keep receipt, Copy of cancelled checks or log.<br><b>PAID IN CASH</b><br>Temple/Church/Mosque/other Charitable organization (provide list).<br><b>PAID OTHER THAN CASH</b><br>Used clothes, cars, furniture, household items, equipment.<br>(Maintain receipt for all Donation value more than \$ 250.00) Mileage rate 14.0Cents               | \$ _____<br>\$ |
| <b>FOLLOWING UNREIMBURSED EMPLOYEE EXPENSES<br/>MAY BE DEDUCTIBLE(Do NOT put Business Exp here use Sch. C)</b>  |                |
| Business Telephone, Cell Phone, Internet charges, portion used for convenience of employer or required by employer.   | \$             |
| Local Transportation, do not include daily commute, deductible only if short term assignments goes to clients place or from office to client place, only unreimbursed portion   | \$             |
| Computer Equipment/ lap top, or cell phone- if your employer's requires use for work  | \$             |
| Job Search expenses- Only related to your present occupation  | \$             |
| Licenses & regulatory/ processing fee paid.   | \$             |
| Legal or professional fee paid only if work related   | \$             |
| Newspapers, Magazines, & Professional journal if related to your work   | \$             |
| Tools and Supplies used at work for employer convenience.   | \$             |
| Income Tax preparation fee paid   | \$             |
| Union Dues/ Safe deposit Box  | \$             |
| Seminars & Training- Only unreimbursed portion  | \$             |
| Damages paid to former employer for breach of employment contract   | \$             |
| Membership dues- professional societies or Chamber of Commerce to help do your job  | \$             |
| Work related Education  | \$ _____       |
| Uniform (Not General Wear)  | \$ _____       |
| Other (Name).....   | \$             |
| <b>WORK/BUSINESS USE OF HOME</b>  |                |
| If your employer required you to work frequently from home for employer convenience and designated area of your home exclusively used for work.<br>1. Total area of home (in square feet) _____<br>2. Area used for the work (in square feet) _____<br>3. Rent or Mortgage and Property tax for the year \$ _____<br>4. Utilities, i.e. Electricity, Gas, Maintenance or any other expenses \$ _____. |                |
|   |                |

|  |    |
|--|----|
| <b>TRAVEL EXPENSES (Away from Home) Form 2106</b>  |    |
| Travel expenses are those incurred while traveling away from home for work related. Only you can deduct while you are on temporary assignments. You can not deduct for an indefinite work assignments. Travel expense may include.   |    |
| 1. Cost of getting to an from your work destination (Air, Rail, Bus, taxi, Limousine)  | \$ |
| 2. Lodging and Boarding while away from home.  | \$ |
| 3. Baggage charges, cleaning and Laundry expenses  | \$ |
| <b>WORK/BUSINESS USE OF CAR</b>  |    |
| Using car to go to client office (You can either deduct following actual expenses, and Depreciation OR use standard mileage rate, whichever gives you maximum benefit). For mileage you must have maintained the mileage log and proof for odometer reading shows the mileage travelled during the year). Applicable only for temporary project/assignments. |    |
| 1. Total mileage drive during the year _____   |    |
| 2. Total mileage drove for work related _____  |    |
| 3. Vehicle purchase price _____  |    |
| 4. Date of purchase      ___      ___  |    |
| 5. Gas & Oil \$ _____  |    |
| 6. Toll & Parking \$ _____   |    |
| 7. Insurance \$ _____ Std Rate: for 2018: \$0.545cents   |    |
| <b>WORK RELATED EDUCATION</b>  |    |
| You can claim education expenses, even the education may lead to a degree, if education meets at least one of the following two tests.   |    |
| 1. It maintains or improves skills required at your present work   |    |
| 2. It is required by your employer or the law to keep your salary, status, job and the requirement serves a business purpose of your employer.   |    |
| If it's qualifies, expenses include Tuition, Books, Supplies, Laboratory fee & certain transportation costs. (If the education qualifies you for a new trade or business, you can not deduct the educational expense even if you do not intend to enter that trade or business.  |    |
| <b>Temporary work assignment:</b> If your assignment or job away from home in single location is realistically expected to last (and does in fact last) for 1 year or less, it is temporary, unless there are facts and circumstances that indicate it is not  |    |
| <b>Indefinite work assignment:</b> If your assignment or job away from home in a single location is realistically expected to last for more than 1 year, it is indefinite, whether or not it actually lasts for more than 1 year.  |    |
| <b>Temporary work location:</b> You can deduct expenses incurred in going between your home and a temporary work location if at least one of the following applies.  |    |
| 1. The work location is outside the metropolitan area where you live and normally work   |    |
| 2. You have at least one regular work location (other than your home) for the same trade or business. (If this applies, the distance between your home and the temporary work location does not matter).   |    |

By signing these pages, I confirm that I have reviewed my schedules A thereto, that all information set forth on this form was furnished by my self and my spouse and used by our tax preparer in the preparation of this return and that to the best of my knowledge and belief said information are correct and accurately reflects.

Tax Payer's Signature \_\_\_\_\_  
Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_