

**2008 TAX YEAR QUESTIONNAIRE**

**A+ Accounting Services**

**Please complete this questionnaire to the best of your ability. Please provide last year's tax return (if a new client) and all W-2, 1099, 1098, and K-1 forms received. Please note any questions you have or items below that are unclear.**

Taxpayer: \_\_\_\_\_  
Full Name Occupation

Mailing Address: \_\_\_\_\_  
Street

City State Zip Code County

Home Phone: ( ) Business Phone: ( ) Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Blind? \_\_\_\_\_

YES NO

Is your Name, Address, and Marital Status the same as last year?

\_\_\_\_\_

Did a spouse die during the 2008, 2007 or 2006 tax year?

\_\_\_\_\_

Please enter your **Spouse's** information (if applicable): (include address if different than above)

Spouse: \_\_\_\_\_  
Full Name Occupation

Home Phone: ( ) Business Phone: ( ) Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Blind? \_\_\_\_\_

YES NO

Did our office prepare your tax return last year?

\_\_\_\_\_

**If not, please bring a copy of your 2007 Federal and State tax return.**

Did you receive the full amount of your Economic Stimulus Check in 2007?

\_\_\_\_\_

Did you make any gifts over \$12,000 to any individual? Whom? \_\_\_\_\_ How Much? \_\_\_\_\_

Were you directly affected by the Midwest Floods? If so complete the flood questionnaire (page 9, 10) \_\_\_\_\_

Do you anticipate having a significant change in income or tax liability next year? \_\_\_\_\_

In 2007, did you care for a disabled relative in your home? Who? \_\_\_\_\_

Were you or your spouse a member of the armed forces in 2008 (also National Guard, Military Reserve)? \_\_\_\_\_

Are you or your spouse a teacher who worked at least 900 hours/yr? (deduct up to \$250 for supplies) \_\_\_\_\_

Were you notified by the IRS or State of any changes to any prior year tax return (s)? \_\_\_\_\_

**Please bring documentation/letter you received as well as the amount paid or received and the date.**

Are you being claimed as a dependent on someone else's tax return? \_\_\_\_\_

Was a child adopted during the year or were any adoption expenses paid? \_\_\_\_\_

**Please bring the Social Security number or ATIN of the child and expenses paid?**

Did you make any new energy efficient home improvements (insulation, windows, doors, solar, etc)? \_\_\_\_\_

**What kind? \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_**

Did you purchase a Hybrid vehicle in 2008? Type of vehicle: \_\_\_\_\_

**2008 TAX YEAR QUESTIONNAIRE**

Please enter your **Dependent's** information (if applicable):

**Generally to claim a child as a dependent, they must be under age 19 at year end or under age 24 if a full-time student. If you are a non-custodial parent claiming a dependent please bring a signed Form 8332 or divorce decree.**

	Full Name / Relation	Social Security #	Date of Birth
Dependent 1:	_____	_____	___/___/___
Dependent 2:	_____	_____	___/___/___
Dependent 3:	_____	_____	___/___/___
Dependent 4:	_____	_____	___/___/___
Dependent 5:	_____	_____	___/___/___

Did you house someone displaced by the Midwest floods for at least 60 days? YES NO  
\_\_\_\_\_ \_\_\_\_\_

Did you pay any *child/dependent care expenses (daycare)* to enable you to work? (Collect W-10) \_\_\_\_\_ \_\_\_\_\_  
 Daycare \_\_\_\_\_ Address \_\_\_\_\_  
 EIN/SS# \_\_\_\_\_ Amount for 1<sup>st</sup> child \$ \_\_\_\_\_ Amount for 2<sup>nd</sup> child \$ \_\_\_\_\_

Did you have a *Dependent Care Reimbursement Plan* through your employer? Amount \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you contribute to the "College Savings Iowa" 529 plan for a child(ren)? (max \$2,685) \_\_\_\_\_ \_\_\_\_\_  
 Total of contributions: \$ \_\_\_\_\_ Child's Name(s): \_\_\_\_\_

Did a child under age 18 have more than \$900 in unearned income (interest, dividends, capital gains, etc.) \_\_\_\_\_ \_\_\_\_\_

Compile information on all sources of **income** for you, your spouse and dependents and bring to your appointment.

- A. **W-2's** : Include Wages, Salaries. Also include Tips, Bonuses, and Commissions
- B. **Interest Income** (1099-INT, 1099-OID) : Include Tax-exempt interest
- C. **Dividend Income** (1099-DIV) : Include dividends left to be reinvested in stock / mutual funds
- D. **Capital Gains** (1099-B, 1099-DIV, 1099-S) : Mutual funds, Stock Options, Sale of Home, collectibles
- E. **Estate/Trust Income/Partnership/S-Corp** (Schedule K-1, Form 1041) : Passthrough Entities  
**If a Partnership, did you materially participate? (General Partner)** \_\_\_\_\_ \_\_\_\_\_
- F. **Other Income** (1099-G, W-2G) : Unemployment, Tax Refund, Alimony (not child Support), Winnings
- G. **Self-employment / Rental Income / Farm** (Complete Page 5, 6, 7 or bring own Income statement/balance sheet)
- H. **Social Security benefits** (SSA-1099)
- I. **Pension/Annuity/IRA distributions (1099-R)**: Were the funds rolled into another plan or IRA? \_\_\_\_\_ \_\_\_\_\_

**Please bring your latest year end statements for your investments.**

Did you receive any alimony? Who \_\_\_\_\_ Amount\$ \_\_\_\_\_ YES NO  
\_\_\_\_\_ \_\_\_\_\_

Did you exercise any stock options? Grant Date \_\_\_\_\_ Date Exercised \_\_\_\_\_ Price \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Do you have any *Loss* carryforwards from previous years? Capital Loss Business Loss (circle) \_\_\_\_\_ \_\_\_\_\_

Were any of your investments deemed to be "worthless stocks" or do you have any "bad debts"? \_\_\_\_\_ \_\_\_\_\_

Did you purchase or sell a principal residence (house) in 2008? **Purchase Sale (circle)** \_\_\_\_\_ \_\_\_\_\_  
 Was this your first home purchased or have you not owned a home in the last 3 years? \_\_\_\_\_ \_\_\_\_\_  
 If a sale, had you ever used any portion of the house for a home office or as a rental? \_\_\_\_\_ \_\_\_\_\_  
 Did you own and use the home as your principal residence for at least 2 of the last 5 years? \_\_\_\_\_ \_\_\_\_\_  
 Was the sale required due to a job transfer, medical, or unforeseen circumstance (divorce, job loss)? \_\_\_\_\_ \_\_\_\_\_

**Be sure to provide a copy of the "Settlement Sheet" for both the Sale and Purchase plus Form 1099-S**

Did you refinance your mortgage in 2008? Please bring a copy of the "Settlement Sheet" \_\_\_\_\_ \_\_\_\_\_

**2008 TAX YEAR QUESTIONNAIRE**

YES NO

Do you participate in an employer sponsored retirement program (401K, 403B, 457, SEP, etc)? \_\_\_\_\_  
Does your spouse? \_\_\_\_\_ What kind (s)? \_\_\_\_\_

Have you or your spouse contributed or have plans to start an IRA for 2008 (through 4/15/09)? \_\_\_\_\_  
 Roth or Traditional? (Circle) Taxpayer: How Much? \$ \_\_\_\_\_ Spouse: How Much? \$ \_\_\_\_\_

Are you, your spouse, or dependents currently enrolled in college (at least 1/2 time) or paying for any kind of continuing education? (Bring 1098-T) Who? \_\_\_\_\_ Tuition: \$ \_\_\_\_\_  
Is the student in the first 2 years of college? \_\_\_\_\_  
Which College did they attend? \_\_\_\_\_ Did the college experience flooding? \_\_\_\_\_

Did the student(s) above receive any grants or scholarships? What kind? \_\_\_\_\_

Did you pay any tuition or textbook expenses (including extracurricular) for any dependents in Kindergarten through twelfth grade? Total of expenses: \$ \_\_\_\_\_ (max \$1,000 per dependent)

Are you, your spouse, or dependents paying on a student loan? \_\_\_\_\_  
 Total amount of interest paid on loan in 2008: \$ \_\_\_\_\_ (Bring 1098-E)

Did you or your spouse contribute to a MSA or to a Health Savings Account? How Much \$ \_\_\_\_\_

Did you or your spouse pay for Health Insurance on an after tax basis (not Pre-tax)? \_\_\_\_\_  
 Total of premiums paid: \$ \_\_\_\_\_

Did you or your spouse pay for any Long Term Care Insurance or receive any benefits during the year? \_\_\_\_\_  
 Total of premiums paid: \$ \_\_\_\_\_ Benefits received: \$ \_\_\_\_\_

Did you move at least 50 miles for a job change? Cost to pack & ship items: \$ \_\_\_\_\_  
Cost of travel & lodging (no meals): \$ \_\_\_\_\_ Amount of employer reimbursement \$ \_\_\_\_\_

Were any penalties on early withdrawal of savings incurred? Total of penalties: \$ \_\_\_\_\_

Did you make any alimony payments (DO NOT INCLUDE CHILD SUPPORT)? \_\_\_\_\_  
 Total of payments: \$ \_\_\_\_\_ Recipient Name & SS#: \_\_\_\_\_

Would you like to electronically file your tax return? (no extra charge) \_\_\_\_\_

Did you make any Estimated Tax payments for 2008? \_\_\_\_\_  
 List amounts and date of payments: **Federal:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_  
**State:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

**Standard Deduction Amounts for 2008**

<u>Filing Status</u>	<u>Federal</u>	<u>Iowa</u>
Single	\$ 5,450	\$ 1,750
Head of Household	\$ 8,000	\$ 4,310
Qualifying Widow(er)	\$10,900	\$ 4,310
Married filing Separately	\$ 5,450	\$ 1,750 (each spouse)
Married filing Jointly	\$10,900	\$ 4,310

If blind or over age 65 by year end, you are eligible for an extra standard deduction:

<u>Filing Status</u>	<u>Federal</u>
Single, Head of Household	\$ 1,350 (\$2,700 for age and blindness)
Married, Widowed	\$ 1,050 (\$2,100 for age and blindness)

**If you wish to itemize deductions (instead of taking the standard deduction) then complete Page 4 of Questionnaire.**

**Itemized Deductions (Schedule A):**

**I. Medical and Dental** (only to extent they exceed 7.5% of AGI)  
(Include out of pocket expenses only – those not covered by insurance)

	Total
A. Prescription Medications (Doctor Prescribed only) and Insulin	\$ _____
B. Payments to Doctors, Dentists, Clinics, Hospitals, X-Ray, Lab fees, Ambulance, etc	\$ _____
C. Eyeglasses, Contacts, False Teeth, Hearing Aids, Wheelchairs, Medical Aid Equipment, etc	\$ _____
D. Lodging, Meals, Transportation (Parking fees, tolls), Miles _____	\$ _____
E. Smoking Cessation (NOT nicotine patches/gum) and Weight Loss programs (extra costs of diet food)	\$ _____
F. Medical/Long term care insurance premiums for taxpayer and dependents (paid after-tax, not pre-tax)	\$ _____
G. Medicare Premiums (Part B or amount withheld from Social Security Benefits)	\$ _____
H. Nursing Home Medical Care	\$ _____

**II. Taxes You Paid**

	Total
A. State Taxes withheld from your wages (W-2), Estimated Taxes paid (4 <sup>th</sup> quarter paid in 2008)	\$ _____
B. Any State income tax payments you made with last year’s tax return or for prior years	\$ _____
C. Any Federal income tax payments you made with last year’s tax return or for prior years	\$ _____
D. Property taxes or Mobile Home taxes paid (not Association fees or Assessments (unless Maintenance))	\$ _____
E. Annual Registration Fees for autos and Multipurpose vehicles ( <b>not pickups, vans, motorcycles, or campers</b> )	\$ _____
Vehicle 1: Weight _____ Fee \$_____ Vehicle 2: Weight _____ Fee \$_____ Vehicle 3: Weight _____ Fee \$_____	

**III. Interest You Paid**

	Total
A. Home Mortgage Interest Paid on 1 <sup>st</sup> Mortgage (Reported on Form 1098) (Primary and 2 <sup>nd</sup> Home)	\$ _____
B. Home Mortgage Interest on 1 <sup>st</sup> Mortgage paid to an individual (Contract for Deed) (Not on Form 1098)	\$ _____
Name _____ Address _____ SS# _____	
C. Points (Loan Origination fee, Loan Discount) paid to acquire a NEW mortgage (not refinancing)	\$ _____
D. Points paid on refinancing a 1 <sup>st</sup> mortgage. <b>Had you previously refinanced?</b>	\$ _____
E. Interest and Points paid on a Home equity loan or 2 <sup>nd</sup> mortgage. <b>Was any for home improvements?</b>	\$ _____
F. Interest paid on a loan for a boat or RV that has basic living accommodations (toilet, cooking, sleeping)	\$ _____
G. Late payment or early payoff of mortgage penalties	\$ _____
H. Investment Interest (Margin Interest) (deductible only to the extent of investment income)	\$ _____

If you were issued a **Mortgage Credit Certificate (MCC)** then what is the % specified on the certificate? % \_\_\_\_\_

**IV. Gifts to Charity**

	Total
A. Contributions by cash or check (You should have a receipt for all cash contributions)	\$ _____
B. Donations of property – <b>If over \$500: Include Name &amp; address of organization, Items and date donated</b>	\$ _____
<b>If a vehicle, boat, or airplane donation over \$500 then provide Form 1098-C from the organization</b>	
C. Volunteer expenses – travel (\$.14 per mile), supplies (not cost of your time)	\$ _____
D. Midwest Disaster volunteering (\$.36 per mile before 7/1/08 and \$.41 per mile after 6/30/08)	\$ _____

**V. Casualty and Theft Losses**

	Total
A. Casualty or Theft losses (\$100 deductible and only amount that exceeds 10% of AGI)	\$ _____

**VI. Miscellaneous Deductions** (only to extent they exceed 2% of AGI)

	Total
A. Unreimbursed employee expenses (meals & entertainment, lodging, dues, tools, uniforms & upkeep, job education, professional subscriptions, supplies, home office used for work, safety equipment)	\$ _____
Business Miles driven _____	
B. Expenses related to investment income (consultants, publications, safe deposit box, IRA fees)	\$ _____
C. Legal expenses to collect income or other business related purpose	\$ _____
D. Tax Preparation and consultation Fees (paid in 2008)	\$ _____
E. Costs of Appraisals for determining a casualty loss or charitable donation	\$ _____
F. Costs of looking for a new job in the same line of work (not 1 <sup>st</sup> job) or driving to a 2 <sup>nd</sup> job (mileage)	\$ _____
G. Gambling Losses (not subject to 2% limit but limited to Gambling Winnings)	\$ _____

**Financial Check-up Questionnaire**

It is helpful to have a clear and up to date understanding of your overall financial situation. Please take a moment to complete the following questionnaire.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse: \_\_\_\_\_ Kids and Ages: \_\_\_\_\_

<b><u>I am (We are) interested in the following:</u></b>	<i>Concern</i>		
	<b>High</b>	<b>Low</b>	<b>None</b>
Establishing an IRA and/or personal retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring my child/grandchild will have the financial means to attend college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing towards a specific goal (vacation, new car, wedding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up a will to make sure my final wishes are known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring my insurance coverage is appropriate (are you paying too much)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving a higher yield on my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring I will have enough saved to provide the retirement lifestyle I desire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passing on my assets and avoiding as much estate, probate and inheritance taxes as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving my credit rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>In the near future I anticipate the following:</u></b>	<b>Yes</b>	<b>No</b>
Changing jobs	<input type="checkbox"/>	<input type="checkbox"/>
Retiring	<input type="checkbox"/>	<input type="checkbox"/>
Getting married or divorced	<input type="checkbox"/>	<input type="checkbox"/>
Having a child (or an additional child)	<input type="checkbox"/>	<input type="checkbox"/>
Starting a business	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing, refinancing, or selling a home	<input type="checkbox"/>	<input type="checkbox"/>
A child will be entering college	<input type="checkbox"/>	<input type="checkbox"/>
Taking a distribution from a retirement plan (401k, 403b, TIAA, IRA)	<input type="checkbox"/>	<input type="checkbox"/>
A loved one will be entering a care facility/nursing home	<input type="checkbox"/>	<input type="checkbox"/>

**Any other concerns you have:** \_\_\_\_\_  
\_\_\_\_\_

**2008 TAX YEAR QUESTIONNAIRE**

Complete this section if you or your spouse had any income from Business / Rentals in 2008.

Proprietor: \_\_\_\_\_ Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Business Address: \_\_\_\_\_

Principal Business/Profession (Product/Service): \_\_\_\_\_

On what basis is the business conducted? CASH ACCRUAL OTHER (Circle one)

Did you materially participate in the business? (at risk) YES NO

Was the business started or acquired during the year? If yes, then what date? \_\_\_\_\_

Was the business disposed of/sold during the year? If yes, then what date? \_\_\_\_\_

Did you use a home office for the business? (exclusive use) YES NO
Sq. footage of office: \_\_\_\_\_ Total sq. footage of home: \_\_\_\_\_ Date 1st used: \_\_\_\_\_

Did you run a Day-Care Facility out of your home? YES NO
Total hours used for daycare per year (Days x Hours per day): \_\_\_\_\_

Was a rental unit's personal use greater than 14 days or 10% of days rented? If so then no loss is allowed \_\_\_\_\_

**PROFIT OR LOSS FROM BUSINESS: (If Farm Income see page 8)**

**INCOME**

Gross Receipts/Sales for Business: \$ \_\_\_\_\_
Sales Returns & Allowances: \$ \_\_\_\_\_
Income from 1099's (not included above) \$ \_\_\_\_\_
Rent Received: \$ \_\_\_\_\_
Advance Rent Deposit received (not security): \$ \_\_\_\_\_
Other Income: \$ \_\_\_\_\_

**COST OF GOODS SOLD (if applicable)**

Inventory at beginning of the year: \$ \_\_\_\_\_
Purchases during the year: \$ \_\_\_\_\_
Above withdrawn for Personal Use: \$ \_\_\_\_\_
Inventory at end of the year: \$ \_\_\_\_\_
Cost of Labor/Subcontractors: \$ \_\_\_\_\_
Materials/Supplies: \$ \_\_\_\_\_

**EXPENSES**

Advertising: \$ \_\_\_\_\_
Bad debts from sales or services: \$ \_\_\_\_\_
Bank Charges: \$ \_\_\_\_\_
Commissions and Fees Paid: \$ \_\_\_\_\_
Dues and Publications: \$ \_\_\_\_\_
Insurance (other than Health): \$ \_\_\_\_\_
Health Insurance (premiums paid): \$ \_\_\_\_\_
Interest paid on loans for Business Assets: \$ \_\_\_\_\_
Laundry and Cleaning: \$ \_\_\_\_\_
Legal and Professional Services: \$ \_\_\_\_\_
Office Supplies and Postage: \$ \_\_\_\_\_
Supplies (Other): \$ \_\_\_\_\_
Utilities (Business premises): \$ \_\_\_\_\_
Telephone: \$ \_\_\_\_\_
Cellphone expense (business use %): \$ \_\_\_\_\_
Rent or Lease: \$ \_\_\_\_\_
Repairs and Maintenance: \$ \_\_\_\_\_
Mortgage Interest (Rental): \$ \_\_\_\_\_
Real Estate Taxes (Rental): \$ \_\_\_\_\_
Utilities (Rental, Home Office): \$ \_\_\_\_\_
Homeowners Insurance (Home Office): \$ \_\_\_\_\_

Wages (not reported above): \$ \_\_\_\_\_
Payroll taxes: (paid by Employer, not employee share)
Social Security and Medicare: \$ \_\_\_\_\_
Unemployment (Fed & State): \$ \_\_\_\_\_
Workman's Compensation: \$ \_\_\_\_\_
Employee Benefit Programs: \$ \_\_\_\_\_
Pensions/Profit Sharing: \$ \_\_\_\_\_
Taxes and Licenses: \$ \_\_\_\_\_
Auto Expenses See Page 6 below
Travel (Overnight): (Per Diem?)
Transportation (Airfare/Vehicle): \$ \_\_\_\_\_
Lodging: \$ \_\_\_\_\_
Cabs, Shuttle, Rentals, Tips: \$ \_\_\_\_\_
Other: \$ \_\_\_\_\_
Meals and Entertainment:
Meals and Tips: \$ \_\_\_\_\_
Entertainment: \$ \_\_\_\_\_
Other Business Expenses: \$ \_\_\_\_\_

**Depreciable Property and Equipment used in the Business with a useful life longer than 1 year :**

<u>Description of Property</u>	<u>Date Placed in Service</u>	<u>Cost or Basis</u>	<u>Estimated Life (Yrs)</u>	<u>Retired/Disposed in 2008 (Date, Price)</u>
_____	___/___/___	\$ _____	_____	_____
_____	___/___/___	\$ _____	_____	_____
_____	___/___/___	\$ _____	_____	_____
_____	___/___/___	\$ _____	_____	_____
_____	___/___/___	\$ _____	_____	_____
_____	___/___/___	\$ _____	_____	_____

\*\* Up to \$250,000 of qualifying business equipment purchased in 2008 may be expensed currently in lieu of depreciation.

Did you use a personal vehicle for business purposes in 2008? YES      NO  
\_\_\_\_\_      \_\_\_\_\_

Vehicle Description: \_\_\_\_\_ Date placed in service and Value: \_\_\_\_\_  
 Business Miles driven \_\_\_\_\_  
 Total miles (both business & personal) driven for the year: \_\_\_\_\_  
 Interest (not principal) paid on Vehicle loan: \$ \_\_\_\_\_ Parking Fees & Tolls: \_\_\_\_\_ License fees: \_\_\_\_\_

If you are choosing to deduct actual expenses (instead of the standard mileage rate) then enter the following:

Gas: \$ \_\_\_\_\_ Maintenance & Repairs: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_ Lease payments: \$ \_\_\_\_\_

Amortization (Organizational costs, Copyrights, Patents, Goodwill, etc):

<u>Description of Costs</u>	<u>Date Amortization Begins</u>	<u>Amortizable Amount</u>	<u>Amortization Period / %</u>
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____



1) When did you become the owner of the property (Date)? \_\_\_\_\_

**Yes**      **No**

2) Was the property totally destroyed? \_\_\_\_\_

3) Did you purchase replacement property? \_\_\_\_\_

4) Did you receive any insurance proceeds? \_\_\_\_\_

If so how much?      \$ \_\_\_\_\_

Were you eligible to make an insurance claim but chose not to? \_\_\_\_\_

Was any of the insurance proceeds for living expenses? \_\_\_\_\_

If so how much?      \_\_\_\_\_

5) Did you receive any proceeds from FEMA or other sources? \_\_\_\_\_

If so how much and from where? \_\_\_\_\_

Were any of these proceeds for living expenses? \_\_\_\_\_

If so how much?      \_\_\_\_\_

6) Did the reimbursements (insurance, FEMA, etc.) exceed the cost of the replacement property? \_\_\_\_\_

7) Do you expect any future reimbursements? \_\_\_\_\_

If so how much?      \$ \_\_\_\_\_

8) Was part of the home used for business purposes? \_\_\_\_\_

(Home office or rented out) If so, what percentage? \_\_\_\_\_

9) Did you have any clean-up expenses? \_\_\_\_\_

If so how much?      \$ \_\_\_\_\_

10) How much did you spend on repairs? \_\_\_\_\_

11) Was a vehicle damaged? \_\_\_\_\_

If so what was its value? \$ \_\_\_\_\_

12) What is the property's basis (original costs plus improvements)? \_\_\_\_\_

13) What was the Fair Market Value of the property before the flood? \_\_\_\_\_

14) What was the Fair Market Value of the property after the flood? \_\_\_\_\_

15) Was an appraisal completed after the flood? \_\_\_\_\_

If so how much did it cost?      \_\_\_\_\_

16) Did you have to take any funds out of a retirement plan after the flood to pay for expenses of the flood? \_\_\_\_\_

If you had multiple properties destroyed by the flooding please fill out a separate sheet for each property.

- |  |       |            |                       |
|--|-------|------------|-----------------------|
| 1) When was the property purchased (Date)?   | _____ |            |                       |
|  |       | <b>Yes</b> | <b>No</b>             |
| 2) Was the property totally destroyed?   | _____ | _____      |                       |
| 3) If completely destroyed, was there any salvage value?   | _____ | _____      |                       |
| 4) Did you receive any insurance proceeds?   | _____ | _____      |                       |
| If so how much?     \$ _____   |       |            |                       |
| Were you eligible to make an insurance claim but chose not to?   | _____ | _____      |                       |
| Was any of the insurance proceeds for living expenses?   | _____ | _____      | If so how much? _____ |
| 5) Did you receive any proceeds from FEMA or other sources?  | _____ | _____      |                       |
| If so how much and from where? _____   |       |            |                       |
| Were any of these proceeds for living expenses?  | _____ | _____      | If so how much? _____ |
| 6) Did the reimbursements (insurance, FEMA, etc.) exceed the cost of the replacement property?                 | _____ | _____      |                       |
| 7) Do you expect any future reimbursements?  | _____ | _____      |                       |
| If so how much?     \$ _____   |       |            |                       |
| 8) Was any of your inventory lost?   | _____ | _____      |                       |
| If so what was its value? _____  |       |            |                       |
| 9) Did you have any clean-up expenses?   | _____ | _____      |                       |
| If so how much?     \$ _____   |       |            |                       |
| 10) How much did you spend on repairs? _____   |       |            |                       |
| 11) What is the property's basis (original costs plus improvements)?   | _____ |            |                       |
| 12) What was the Fair Market Value of the property before the flood?   | _____ |            |                       |
| 13) What was the Fair Market Value of the property after the flood?  | _____ |            |                       |
| 14) Was an appraisal completed after the flood?  | _____ | _____      |                       |
| If so how much did it cost? _____  |       |            |                       |
| 15) If the business was shut down for a portion of the year was it operating again before the end of the year? | _____ | _____      |                       |
| If so, please list the number of employees paid after the business reopened and before 12/31/08.               |       |            | _____                 |

Employers can deduct up to 40% of the first \$6,000 paid to each employee before 12/31/08.