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Address Service Requested

IMPORTANT

**Tax Questionnaire
 Enclosed**



INCOME TAX GUIDE AND ORGANIZER

This questionnaire is provided to assist you in compiling the necessary information to prepare your tax return accurately and to assure that all income, credits and allowable deductions are properly taken into account. While every attempt has been made to cover all cases, you may have information that requires review. If so, please note your questions and return them with this form.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

PERSONAL DATA

TAXPAYER AND SPOUSE

TAXPAYER (OR SINGLE)		SPOUSE	
Last Name		Last Name	
First Name & Initial		First Name & Initial	
Occupation		Occupation	
Phone (Home)	(Work)	Phone (Home)	(Work)
Soc. Sec. Number	Date of Birth	Soc. Sec. Number	Date of Birth
Mailing Address <input type="checkbox"/> Check if address is new			County
City, State & Zip		E-Mail Address	

DEPENDENTS

Name (First, Initial and Last)	(D.O.B.)	X if post-secondary student	# of mos. lived in your home
		Social Security No.	Relationship

Social Security Numbers are required for all dependents.
 If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____

- QUESTIONS:** (Yes answers, include explanations)
- Did your name, address or marital status change during the year? Yes No
 - Are you being claimed as a dependent on another tax return? Yes No
 - Are you (or your spouse) blind or permanently disabled? Yes No
 - If you claim children above that don't live with you, are they allowed as a result of pre-1985 agreement? Yes No
 - Did you carry forward or incur any adoption expenses during the year? Yes No

INCOME

WAGES/SALARIES/W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

T/S/J Code: T — Taxpayer S — Spouse J — Joint Use these codes if married filing jointly

MISCELLANEOUS INCOME

(Show Losses in Brackets)

T/S/J	Source of Income	Amount
	Alimony (Not Child Support) (If you pay Alimony - list in misc. deductions)	
	Jury Duty (Or Other Public Service)	
	Tips/Gratuities (Not Reported on W-2)	
	Contest/Awards/Gambling Winnings (Attach 1099-MISC, W2G or Explain)	
	Commissions/Bonuses (Not Reported on W-2)	
	Pensions/Annuities (Furnish 1099-R Forms or Detail)	
	IRA/Keogh (Attach Form 1099-R)	
	Profit Sharing Distributions (Attach Form 1099-R)	
	Unemployment Compensation (Attach 1099-G Form)	
	Partnerships/Estates/Trusts (Furnish K-1 Forms or Details)	*
	Small Business Corporations/Sub Chapter S (Furnish K-1 Forms)	*
	Business/Self-Employed (Furnish Schedule or Details)	*
	Farm (Furnish Schedule or Details)	*
	Rental (Furnish Schedule or Details)	*
	Forgiven Debt	
	Other (Explain):	

* if you did not actively or materially participate in earning the income (or loss) listed

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired		Cost or Basis	
Improvements (Additions, Landscaping, Driveway, New Roof, etc.)			
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare for Sale)			
Date Old Residence Sold		Selling Price	
Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.)			
1. Was any part of residence rented or used for business?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did you own and use the home as your principal residence for at least 2 of the last five years?		You: Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Spouse: Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Was sale required due to job transfer, medical or unforeseen circumstance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date New Residence Acquired (Or Construction Began)			
Date Of Occupancy		Cost of New Residence	
If married, do you and your spouse have the same proportionate interest in the new residence as in the old? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Attach Copy of Real Estate Closing Papers for both the sale and purchase.

INTEREST INCOME (always use payer name listed on 1099)

C
O
D
E

T/S/J	Name of Payer	Interest Amount	Exempt

Penalty for early withdrawal of savings ()

- List interest income reported on all 1099-INT and 1099-OID forms.
- Attach all 1099 forms reporting Tax Withheld.
- Do not list IRA or Retirement Plan reported interest unless withdrawn and not redeposited in another Retirement Plan within 60 days.

Use Codes below if from indicated sources:
 MB MUNICIPAL BONDS
 IN INSTALLMENT SALES
 US U.S. BONDS
 TE TAX EXEMPT (explain)
 MF MORTGAGE FINANCED BY SELLER (list name, address & SSN)

LIST
CODE
HERE

DIVIDEND INCOME (please attach all 1099 DIV forms)

T/S/J	Name of Payer	Total Ordinary Dividends	Qualified Dividends	Capital Gains*	Non Taxable	<input checked="" type="checkbox"/>

- List Gross Dividends above as reported on 1099 DIV forms received.
- Attach all 1099 DIV forms.
- Dividends under \$10 do not require a 1099. if this 1099 DIV has information not listed above please check here.

* Related to mutual funds.

CAPITAL GAINS AND LOSSES

T/S/J	Description	Date Acquired MO/DA/YR	Date* Sold MO/DA/YR	Sale Price	Cost or Basis
	1.				
	2.				
	3.				
	4.				

1. If anything above was sold on the installment basis, list line number.** # _____
2. If so, how much did you receive on the principal during the year? \$ _____
3. How much (if any) was received on principal from a prior year installment sale? \$ _____
4. List all interest received from installment sales under **Interest Income** above.
5. If anything above was inherited and sold, list line number(s). # _____

*Be sure to enter exact date. **If new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation. (Please include copy of settlement papers).

NON-TAXABLE INCOME (Important to list even if not taxable)

Child Support/Payments/Assistance (Not Alimony)	
Veterans Benefits/Disability Income	
Workmen's Compensation/Loss of Time Payments	
Stimulus Payment Received	
Other (Explain):	

SOCIAL SECURITY

Net Benefit

Use amount reported in box 5 of Social Security Benefit Statement (SSA-1099) and attach a copy.	Taxpayer	
	Spouse	

INCOME TAXES PAID OR REFUNDED

If someone else prepared your taxes last year, please provide a copy.	Federal	State	Local	ESTIMATED TAX PAID		Federal	State	Local
				If not paid by due dates, list actual dates paid.				
Balance paid on last year's return (or prior years)				1st Qtr. 4/15				
				2nd Qtr. 6/15				
				3rd Qtr. 9/15				
				4th Qtr. 1/15				
Refunds received from last year's return (or prior years)								

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all cancelled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.
Please circle any deduction that is a disproportionate amount for only you or only your spouse (It may be to your advantage to file separately).

MEDICAL

Only the amount of un-reimbursed medical expenses that exceeds 7.5% of Adjusted Gross Income is allowed.

Description of Medical Expenses	Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	
Prescriptions & Drugs (Doctor Prescribed Only)	
Insulin (General Drugs Not Allowed)	
Eye Glasses/Contact Lenses	
Hearing Aids & Supplies	
X-Ray/Lab Fees	
Ambulance, Paramedics	
Nurses (Board & Room)	
Medical Aid Rental	
Equipment (Prescribed)	
Nursing Home Medical Care	
Medicare Part B Service Pmts	
Smoking Cessation Program	
Other:	
Medical Insurance Code: Pre-Tax = P After Tax = A Unsure = U ▼	
Insurance – Paid by You	
Group Health Plans (Deducted from Salary)	
Medicare Premiums (From Soc. Sec. Benefits & Supplemental Ins.)	
Other Insurance (Long Term Healthcare, MSA, Other)	
*Summary Total (Optional)	
Lodging: While away from home	
Transportation: Total miles driven for medical reasons or actual cost.	

TAXES

Description of Tax	State	Amount
Real Estate Taxes (Home) (Include if you plan to itemize or not)		
Real Estate Taxes (Other) (Not if included on Rental Schedule)		
Property Tax Rebates (If Any)		()
Personal Property Tax (If Any)		
Auto Licenses (Not a Deduction in All States)		
State or Local Income Taxes (If Not Listed Elsewhere)		
Sales Tax/Other: <small>If you paid any special assessments or substantial sales tax, please attach supporting documents.</small>		

INTEREST

Amounts, names, and social security numbers must match Form 1098 issued by financial institutions.

Mortgage Interest Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to an Individual (List name, address, Soc. Sec. No. below)	
	Name _____ Address _____	So. Sec. No. _____
Mortgage Interest Second Home	Paid to Financial Institution (Form 1098)	
	Paid to an Individual (List name, address, Soc. Sec. No. below)	
	Name _____ Address _____	So. Sec. No. _____

Did you acquire a new mortgage or borrow on an existing mortgage during the year?
 Yes No If yes, what is your combined mortgage debt? \$ _____

Mortgage insurance premiums (Contracts issued 2007 or later) \$ _____

Points paid to acquire new mortgage (if not included above) _____

Home Equity Loan Interest (Form 1098) _____

Home Improvement Loan Interest (Form 1098) _____

Student Loan Interest (Attach details of loan: who for, date of loan, purpose of loan) _____

Other: _____

Deductible Investment Interest (explain ie: Margin Interest). _____

NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

CONTRIBUTIONS

Receipts/canceled checks are now required for all cash donations.

Cash Contribution Must have receipts or bank records for all donations.	Amount
Church/Temple (Name)	
Cancer/Heart/Easter/Christmas Seals, etc. (attach list if more than one)	
Red Cross/United Way/YMCA/YWCA (attach list if more than one)	
Public TV/Radio	
Veteran's Org. (Name)	
Schools (Name & Describe)	
Other:	
Summary Total Optional – A summary total for cash/check contributions may be used. Political contributions are not deductible. Deduct value of gift received for any contributions.	
Non-Cash Contributions – Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500 explain method used to arrive at value (Items over \$5,000 require an appraisal). If you donated a vehicle, please attach your Charity's acknowledgement of value.	
Volunteer Work – Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

MISC. ITEMIZED DEDUCTIONS

Only the TOTAL amount that exceeds 2% of Adjusted Gross Income is Allowed.

Description of Miscellaneous Deductions	Amount
Tax Preparation Fees	
Safe Deposit Box	
Union / Professional Dues	
Business Gifts	
Subscriptions & Trade Journals	
Tools/Shoes/Glasses	
Telephone (business)	
Uniforms and Upkeep	
Job Hunting Expenses (Detail)	
Second Job Mileage	#
IRA/Keogh Fund Fees	
Investment Expenses (Describe):	
Gambling Losses: (Not subject to 2% limit but limited to Gambling Winnings)	
Alimony Paid: (Not subject to 2% limit)	
Alimony Paid to: (Name)	Soc. Sec. No. _____

CASUALTY/THEFT LOSSES

if loss is in Presidentially declared disaster area.

Only the TOTAL NET RESULT that exceeds 10% of Adjusted Gross Income is Allowed

Fire, Storm, Theft and Auto Damage – If more than one, provide similar detail for each.

Kind of Property or Item	Date Acquired	Cost or Basis	
		Insurance Paid	
Describe How or What Happened:	Date of Loss	Mkt. Value Before	
		Mkt. Value After	

CHILD AND DEPENDENT CARE

if you have employer provided dependent care benefits.

If required to be gainfully employed (or a full time student) if service performed in your home (Nanny)

Name/Address of Provider	Soc. Sec. or ID Number	Paid

Federal ID No. if required to file IRS wages reports.	Total Paid During Year	\$ _____
	No. of Children Under Age 13	# _____

Use Form W-10 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

MOVING EXPENSE

Miles from old home to old job	Miles from old home to new job
Cost to pack & ship household goods and personal items	\$ _____
Cost of travel and lodging from old to new residence (no meals)	\$ _____
Other:	\$ _____
Amount (if any) reimbursed by employer	\$ _____

RETIREMENT CONTRIBUTIONS

<input checked="" type="checkbox"/> if covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	If you want the maximum allowable deduction – write MAX in money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on 12/31
Single or Taxpayer	/ /					Single or Taxpayer
Spouse	/ /					Spouse

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled in a qualified institution.				Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest deduction, or U.S. Savings Bond Interest Income Exclusion)		
				1st Student	2nd Student	3rd Student
Note: <input checked="" type="checkbox"/> If student is attending less than 1/2 Time						
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)						
Tuition				Amount	Amount	Amount
Post-Secondary Years 1 and 2						
Post-Secondary Years after 1 and 2						
Fees, Books, Supplies						
				JOB RELATED EDUCATION <small>(Enter amounts only if job/career-related and only for you and your spouse)</small>		
Miles Driven				Taxpayer		Spouse
Room and Board						
Books and Supplies						
Seminar Fees						

EMPLOYEE BUSINESS EXPENSES

Vehicle Info.	Date Placed In Service	Make	Year	Model	Cost or Basis	New This Yr? <input checked="" type="checkbox"/>	Other Business Expense						
Vehicle 1	/ /						Taxpayer	Spouse	Taxpayer	Spouse			
Vehicle 2	/ /												
Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle													
Vehicle Mileage Detail			Odometer Reading		Vehicle 1	Vehicle 2							
<input type="checkbox"/> X If another vehicle is available for personal use			End of Year										
No. of round-trip miles from home to work			Beginning of Year										
Number of days worked last year?			Business Miles										
			Personal Miles										
			Other										
Vehicle Expenses (If both taxpayer & spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)													
	Vehicle 1	Vehicle 2			Vehicle 1	Vehicle 2							
Gas & Oil				Parking/Tolls									
Washing/Lube				Licenses									
Repairs/Maint.				Lease Payments									
Tires/Accessories				Other									
Insurance													
Travel Expenses — Away from Home (Days Gone Overnight)													
	Taxpayer	Spouse			Taxpayer	Spouse							
Transportation				Auto Rentals									
Lodging				Cabs, Bus, etc.									
Reimbursement for All Expenses Above — if not reported on W-2													
Reimbursement for All Expenses Above — if not reported on W-2													
Meals & Entertainment (Must have supportive records and receipts)													
Meals & Tips			Tickets & Events										
Entertainment			Gifts										
Reimbursement for Meals & Entertainment only - if not reported on W-2													
Did you purchase any other business equipment during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>													
If yes, attach information including: date bought, cost, description and trade-in details.													
I have sufficient written evidence to support use of vehicles and deductions listed.													
(Please Sign) _____													
HOME OFFICE													
Type of Business: _____													
If Justified for Business or Professional Use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>													
Date Acquired Home			Utilities										
Land Cost			Interest (Mortgage, Home Equity)										
Home Cost			Taxes										
Improvement Cost			Insurance										
Sq. ft. of living area			Rubbish & Maintenance										
Sq. ft. of office <small>(incl. inventory & sample storage)</small>			Other:										

OTHER INFORMATION

(you or spouse) For yes answers, attach detailed explanation.

<ol style="list-style-type: none"> 1. Were you notified by the IRS or STATE of a change to any prior year tax return? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Are any of your claimed dependents not residents or citizens of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Did you make any gifts of over \$13,000 to any individual (no tax advantage to you)? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Do you have any foreign income or foreign bank accounts? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme? Yes <input type="checkbox"/> No <input type="checkbox"/> 7. Did you become disabled during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> 8. Are you a handicapped employee? Yes <input type="checkbox"/> No <input type="checkbox"/> 9. Did you receive any distribution from an IRA, Profit Sharing or Pension Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 10. Have you used bartering to exchange any goods or services? Yes <input type="checkbox"/> No <input type="checkbox"/> 11. Did you live in or incur a loss in a Presidentially declared disaster relief area? Yes <input type="checkbox"/> No <input type="checkbox"/> 12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? Yes <input type="checkbox"/> No <input type="checkbox"/> 13. Did you start a new business during the year or do you expect to start one this coming year? Yes <input type="checkbox"/> No <input type="checkbox"/> 14. Did you pay anyone (over 18) \$1,700 or more to work at your home during the calendar year? If yes, submit details. Yes <input type="checkbox"/> No <input type="checkbox"/> 15. Did you donate a partial interest in any goods to charitable organizations? Yes <input type="checkbox"/> No <input type="checkbox"/> 16. Do you have children under age 19 with investment income (age 24 if dependent student)? Yes <input type="checkbox"/> No <input type="checkbox"/> 17. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<ol style="list-style-type: none"> 18. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> 19. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? You Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Yes <input type="checkbox"/> No <input type="checkbox"/> 20. Did you have a Medical or Health Savings Account (MSA or HSA) during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> 21. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals? Yes <input type="checkbox"/> No <input type="checkbox"/> 22. If over 70½, do you wish to waive your distribution requirements for 2009? Yes <input type="checkbox"/> No <input type="checkbox"/> 23. Did you receive employer provided educational assistance or transportation benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> 24. Did you pay long term healthcare insurance premiums or receive benefits during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> 25. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses. Yes <input type="checkbox"/> No <input type="checkbox"/> 26. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) Yes <input type="checkbox"/> No <input type="checkbox"/> 27. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> 28. Did you or your spouse have qualified military combat pay? Yes <input type="checkbox"/> No <input type="checkbox"/> 29. Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Yes <input type="checkbox"/> No <input type="checkbox"/> 30. Did you purchase a new home this year? Yes <input type="checkbox"/> No <input type="checkbox"/> 31. If over age 70½, did you make a direct contribution to a charity from an IRA? Yes <input type="checkbox"/> No <input type="checkbox"/> 32. Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)? Yes <input type="checkbox"/> No <input type="checkbox"/>
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SELF EMPLOYED INCOME/EXPENSE

NAME OF PROPRIETOR	BUSINESS ACTIVITY
BUSINESS NAME	PRODUCT OR SERVICE
BUSINESS ADDRESS	FEDERAL I.D. NUMBER

1. Business is conducted on the Cash Basis Accrual Other _____
2. Inventory (if applicable) is based on Cost Other _____
3. Do you use any part of your home for business? Yes No
4. Did you hire any new employees that may qualify for job credits? Yes No
5. How many months in business during year? # _____
6. Did you buy or sell any assets? Yes No (See back for details)

INCOME	COST OF GOODS SOLD (If Applicable)
Gross Receipts/Sales	Beginning of the Year Inventory
Returns & Allowances ()	End of the Year Inventory
*Income Reported on 1099's	Purchases
*Commissions	Above Withdrawn for Personal Use
Other:	Cost of Labor
	Materials/Supplies
	Other:
* Do Not Duplicate if included in Gross Receipts	

EXPENSES

Advertising	Wages (Not Reported Above)
Bad Debts (if reported as income)	Payroll Taxes
Bank Charges	Social Security and Medicare
Car/Truck Expense (Detail)	Unemployment (Fed & State)
Commissions & Fees Paid	Other Taxes
Dues & Publications	Real Estate
Employee Benefit Programs	Personal Property
Freight (Not Included Above)	Other:
Insurance (Business)	Automobile Exp. (Adequate records required)
Interest (Business)	Total Miles Driven No.
Laundry & Cleaning	Business Miles No.
Legal & Professional	Personal Miles No.
Office Supplies & Postage	Parking Expense
Pensions/Profit Sharing	Travel (Out of Town)
Utilities	Transportation (Air Fare)
Rent (Business)	Lodging
Repairs & Maintenance	Cabs, Bus, Rentals
Supplies (Other)	Other:
Telephone (Business)	Meals & Entertainment (at 100%)
Health Ins. (Personal 100%)	Meals & Tips
Other:	Entertainment
	Gifts, Tickets & Events
	Other:
Mortgage Interest (Paid to Financial Institution)	
Depreciation - If Predetermined (Attach Schedule)	
Other (Explain):	