

**WILLIAMS-KNOPP, INC.**  
**JONATHAN J. WILLIAMS, MBA**  
**ENROLLED AGENT**

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Dear Client(s):

This is your tax return questionnaire for tax year 2023.  
Please complete and return it as soon as possible.

**All necessary documents must accompany the completed form, including W2's, 1098's, 1099's, HEALTH INSURANCE FORMS 1095, and K-1's etc. Please MAIL, FAX, EMAIL OR SECURE UPLOAD the form back to us with copies of the documents and any other item or information that you wish us to review and consider.**

If you itemize your deductions, please put the total of your expenses in the appropriate spaces.

(Note: personal credit card interest expenses and other personal interest are not deductible).

All individuals who make estimated tax payments must include a record of the payments made for the tax year of 2023.

The IRS has substantial penalties for late filing and late payment of income tax. Many people wait to the last minute to file their returns and miss out on deductions that they could have taken if they were not pressured to make the tax deadline. In addition, many wait to make an appointment waiting for a few additional documents.

**We suggest that you wait until you have most of your information together and then send it in to us so that we may start your return. Additional information can be sent in as soon as it is received and eliminate last-minute arrangements.**

I would like to thank you for your continued patronage.

Feel free to refer us to your friends and family for their tax and accounting needs.

We offer a free half-hour phone consultation for all new clients, non-filers, and to review the previous year's tax returns.

Please call if you have any questions.

Sincerely,  
Jonathan J. Williams, MBA, EA

**(Remember that if you owe tax, you will pay additional interest and penalties if you file after April 15th, 2024)**

**TAX RETURN QUESTIONNAIRE**

**2023**

**FORM 1040**

<b>LAST NAME:</b>	FIRST:	SPOUSE
CHILDREN----AGE---SOCIAL SECURITY NUMBER	ADDRESS	
- -	CITY	
- -	STATE / ZIP	
- -	EMAIL:	
OTHER DEPENDENTS-NAMES & SSN'S	PHONE # HOME	
- -	PHONE # WORK	
WAGES-ATTACH ALL COPIES OF W-2'S	<b>RENTAL PROPERTY INCOME AND EXPS</b>	
INTEREST -ATTACH YEAR END STATEMENTS	DAYS RENTED _____	PERS DAYS _____
DIVIDENDS-ATTACH YEAR END STATEMENTS	RENTAL INCOME	\$ _____
PENSION,MISC.ETC-ATTACH YEAR END STATEMENTS	ADVERTISING EXP.	\$ _____
SOCIAL SECURITY-ATTACH YEAR END STATEMENTS	AUTO & TRAVEL	\$ _____
UNEMPLOYMENT COMP-ATTACH STATEMENTS	MAINTENANCE/CLEANING	\$ _____
ATTACH K-1 STATEMENTS & BROKERAGE STATEMENTS	INSURANCE	\$ _____
"S" CORPORATION INCOME - ATTACH K-1	LEGAL/PROF FEES	\$ _____
GAMBLING WINNINGS-ATTACH FORMS	1ST MTG.INTEREST	\$ _____
<b>DEDUCTIONS / CREDITS- ATTACH FORMS</b>	OTHER INTEREST	\$ _____
TRAD IRA (H)-AMT FOR YEAR=\$ _____	REPAIRS	\$ _____
TRAD IRA(W)-AMT FOR YEAR=\$ _____	SUPPLIES	\$ _____
SEP/IRA (H)-AMT FOR YEAR=\$ _____	REAL ESTATE TAXES	\$ _____
SEP/IRA (W)-AMT FOR YEAR=\$ _____	UTILITIES	\$ _____
SIMPLE IRA (H)-AMT FOR YEAR=\$ _____	FURNITURE **	\$ _____
SIMPLE IRA (W)-AMT FOR YEAR=\$ _____	APPLIANCES **	\$ _____
ROTH IRA (H)-AMT FOR YEAR=\$ _____	IMPROVEMENTS **	\$ _____
ROTH IRA (W)-AMT FOR YEAR=\$ _____	**ATTACH INVOICES**	\$ _____
MEDICAL EXPENSES-DRS.,HOSP.ETC=\$ _____	COST OF PROPERTY***	\$ _____
MEDICAL INSURANCE=\$ _____ DRUGS=\$ _____	DATE PURCHASED***	
TAXES-REAL ESTATE=\$ _____ \$ _____ \$ _____	ATTACH HUD1***	
INTEREST-HOME MTG.=\$ _____ +\$ _____	<b>SELF EMPLOYED BUSINESS</b>	
HOME EQUITY LOANS=\$ _____ +\$ _____	GROSS INCOME	\$ _____
EDUCATION EXP / CREDITS- ATTACH STATEMENTS	PURCHASES	\$ _____
CONTRIBUTIONS IN CASH/CHECK \$ _____	SUBCONTRACT LABOR	\$ _____
CONTRIBUTIONS OF PROPERTY \$ _____	MATERIALS/SUPPLIES	\$ _____
CASUALTY LOSSES-EXPLAIN IN DETAIL	ADVERTISING	\$ _____
GAMBLING LOSSES-ATTACH DETAIL	AUTO EXPENSE-Attach Log	\$ _____
<b>FOREIGN BANK ACCOUNTS - ATTACH DETAILS</b>	BANK CHARGES	\$ _____
	COMMISSIONS PAID(1099)	\$ _____
CHILD CARE - AGE OF CHILD _____	INTEREST EXPENSES	\$ _____
NAME OF CHILD _____	INSURANCE	\$ _____
NAME OF PROVIDER _____	PROF, & LEGAL FEES	\$ _____
ADDRESS OF PROVIDER _____	OFFICE/MISC EXPENSE	\$ _____
AMOUNT PD \$ _____	RENT EXPENSE EQUIP	\$ _____
TAX ID # OF PERSON/BUSINESS PAID _____	RENT EXPENSE OFFICE	\$ _____
<b>ESTIMATED TAXES -PAID QUARTERLY (1040 ES)</b>	REPAIRS	\$ _____
1st Qtr \$ _____	TRAVEL ON BUSINESS	\$ _____
2nd Qtr \$ _____	UTILITIES,PHONE	\$ _____
3rd Qtr \$ _____	EQUIP BOUGHT IN YR**	\$ _____
4th Qtr \$ _____	**ATTACH INVOICES	
TOTAL FOR THE YEAR = \$ _____		
<b>SEND TO : JONATHAN J. WILLIAMS, MBA, EA</b>	<b>** USE WHOLE DOLLARS ONLY-NO CENTS</b>	
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