

ROBERT HALL & ASSOCIATES

A Division of Montecito Financial Services, Inc.
300 West Glenoaks Boulevard, Suite 200
Glendale, CA 91202
(818) 242-4888
(818) 242-1060 (Fax)

December 31, 2009

Dear Client:

Thank you for your continued support as we approach our 39th year in business. Call us at 818-242-4888 to make your tax appointment (if you don't already have your pre-booked appointment). We have a limited number of appointments available to properly serve all of our clients. **Please remember that appointments with BOB HALL will carry a \$100.00 surcharge and with STEPHEN HALL a \$75.00 surcharge.**

After receiving your appointment, remember that this time is reserved for you! If for any reason the appointment cannot be kept, notification must be made to our appointment desk at least 48 hours in advance so that someone else may be assigned your time. **In the event that notification is not made 48 hours prior, a charge of \$75.00 will be made.**

The Small Business and Work Opportunity Tax Act requires our firm as tax return preparers to conform to a higher standard than the taxpayer when an undisclosed tax position is being taken on your tax return. This higher standard requires us to have a reasonable belief that the undisclosed positions will more than likely be acceptable by the IRS. As a result, it is absolutely necessary for you to complete this questionnaire or call our office for your **customized questionnaire** form that is detailed to your prior year history. If you do not complete this questionnaire form or the customized questionnaire form, it will require our firm additional time to prepare your tax return. Such additional time will cost you additional money. We want to save you money on your tax preparation cost. Please complete the questionnaire form in order to save you money in tax preparation charges.

Please bring the following items for your interview:

1. The attached worksheet filled out with your figures and the appropriate paperwork for backup.
2. ***A voided check for E-filing.***
3. ***All of your W-2 forms, 1099 forms and Schedule K-1's.***
4. Records of other income such as property sales, business and/or rental income and expenses.
5. Records of any expenses incurred for your employment.
6. Your house payment book or 1098 form from lender.
7. Loan or purchase contracts for business assets sold and/or purchased.
8. Escrow statements on real estate sold or purchased.
9. Cancelled checks or other record of property tax paid.
10. Copies of you and your children's Social Security cards.

TABLE OF CONTENTS

1. Name/Address/Phone # Change	Pg 2	9. Alimony/IRA Contributions	Pg 5
2. Dependents w/Social Security #	Pg 2	10. Auto Details	Pg 6
3. Estimated Taxed Paid	Pg 3	11. Household Employee Expenses	Pg 6
4. Income	Pg 3	12. Renter's Credit	Pg 6
5. Tax Deductions	Pg 4	13. Notes for Additional Info & Questions	Pg 6
6. Child Care Expenses	Pg 5	14. Rental Income & Expenses	Pg 7
7. Education Expenses	Pg 5	15. Sole Proprietorship Income & Expense	Pg 8
8. Other Expenses	Pg 5	(Schedule C)	

Don't forget our Referral Program. Refer a client for the 2009 tax year preparation (Long Form) and we'll send you a thank you card. Collect five cards and bring them in and we in turn will give you \$200.00 credit on your next tax return.

A HAPPY AND HEALTHY 2010 TO YOU AND YOUR FAMILY FROM OUR FAMILY,
Robert W. Hall, EA Stephen E. Hall, EA Robert Hall

P.S.: Our 39th anniversary has been possible because of your continued support and referrals.

Please note any changes that happened this year 2009 or fill out if you are a new client.

5.1

CLIENT INFORMATION

Taxpayer

Spouse

First Name & Initial		
Last Name		
Social Security Number		
Occupation		
Date of Birth		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Address	Street Address	
	Apartment Number	
	City	
	State	
	ZIP Code	

5.1

Social Security Numbers Mandatory at Birth (must be name on Social Security Card)

Dependents	Name in Full	Date of Birth	Social Security #	Relationship	Mos. In Home

The following questionnaire of special categories could lead to helpful deductions. Please check the items that apply and bring supporting information to the interview.

Check, if yes

Check, if yes

Did you pay premiums or receive long term care insurance or Medicare?		Did you purchase any special clothing, tools or equipment required for your job?	
Were there any births, adoptions, marriages, divorces or deaths in your immediate family during the year?		Did you purchase a new residence or sell your old residence?	
Did you have a second job at any time during the year?		Did you receive a notice from the IRS or other taxing authority regarding a prior year tax return?	
Do you subscribe to or purchase trade journals, books, publications or other materials related to your job?		Did you refinance your residence or take a home equity loan? If yes, bring all escrow closing papers.	
Were you job-hunting at any time during the year?		Did you open a medical savings plan or health savings plan?	
Did you pay someone to care for your children while you worked or looked for work?		Did you conduct business from your home?	
Did you adopt a child?		Does anyone owe you money that has become uncollectible?	
Did you repay any unemployment or social security benefits?		Did you convert a Traditional IRA to a Roth IRA?	
Did you earn income or pay taxes in another state?		Did you exchange funds from a pension or IRA plan?	
Did you earn income or pay taxes in another country?		Did you exchange funds from one mutual fund to another?	
Did you incur a loss because of damaged or stolen property?		Did the IRS disallow EIC in a prior year?	
Do you own any worthless securities? If yes, bring them.		Did you purchase a new hybrid vehicle in?	
Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts in a trust?		Did you add any energy efficient improvements (insulation systems, exterior windows & doors, metal roofs) to your home?	
Did you have any children under age 18 on Jan. 1, 2009 with interest & dividend income in excess of \$850?		Did you (or someone on your behalf, incl. your employer) make contributions to a health savings account this year?	
Did you modify any real estate loans?		Do you have any debt cancellation?	
Did you let real estate property foreclose?		Did you or your spouse have a financial interest in or signature or authority over a foreign financial account. (such as a bank or securities account)	Yes
Did you buy any real estate?			No

REQUIRED- ENTER PAYMENTS MADE TOWARD 2009 TAXES

	IRS AMT. PAID	DATE PAID	STATE AMT. PAID	DATE PAID
6				
April 15, 2009	\$		\$	
June 15, 2009	\$		\$	
September 15, 2009	\$		\$	
January 15, 2010	\$		\$	
Total	\$		\$	

INCOME BRING ALL 1099'S

PENSION 1099	TAXPAYER	SPOUSE	MISCELLANEOUS INCOME	AMOUNT
Social Security 14.1			Unemployment Compensation 14.2	
Distribution from Pension 13			Alimony Received 14.1	
Distribution from IRA 13			Gambling Winnings 13	
			Gambling Losses 25	()

INTEREST 1099 - INT	AMOUNT	11	Bring 1099-INT, OID, etc.	11

Seller Financed Mortgages. Include Name, address AND ID of Payer!	Name:	Amt.	Seller Financed Mortgages. Include Name, address AND ID of Payer!	Name:	Amt.
	Address:			Address:	
	SS# or Federal ID#			SS# or Federal ID#	

12

DIVIDENDS 1099 - DIV	Ordinary Dividends	Cap. Gains Dividends	Non-Taxable Dividends

12

STOCKS, BONDS, OTHER 1099-B (BRING COST BASIS ON ALL SALES & YEAR END STATEMENTS)

Description	Date Acquired	Date Sold	Sales Price	Cost & Expense

BRING K-1'S FROM PARTNERSHIPS, ESTATES, TRUSTS AND S-CORPORATIONS

If you Bought or Sold a K-1 during 2009, please list the entity name:

DEDUCTIONS 30		REQUIRED 25	EXPENSES INCURRED	AMOUNT	
MEDICAL EXPENSES		AMOUNT	AS AN EMPLOYEE	Taxpayer	Spouse
Medicine, Drugs, Insulin			Bond of Employment		
Total Insurance Premiums			Business Gifts (\$25 /person per year)		
Total Doctors, Dentists, etc.			Business Telephone		
Total Hospitals, Clinics & Hospice			Cellular Charges (Business Only)		
Glasses, Hearing Aids, Batteries			Clerical Services		
Orthopedic Equipment			Computer (Upgrades, Software, etc.)		
Lab Fees & X-Rays			Credential Renewal		
Travel expense (.24/mile)			Income Protection Expense (Legal, etc.)		
Long Term Care Premiums			Investment Income Expense		
Stop Smoking Programs, Products			Job Search Mileage		
Other (Please list)			Laundry & Uniform Expense		
Insurance Reimbursement		()	Meals & Entertainment (Business only)		
TAX EXPENSES		Required	Military- Cleaning		
State Tax for Prior Years			Military- Lodging		
Real Estate Taxes, Home			Military-Uniforms		
Real Estate Taxes, Investment			Online Fees/ Internet Fees		
DMV Fees	No. of Vehicles:		Pager Fees		
Boat Licensing Fees			Postage/deliver		
Personal Property Tax (Boat, Office Equipment, etc. not Real Estate or Buildings)			Printing		
Sales Tax Paid – on All Items i.e. clothing, sundries			Professional Dues & Publications		
Sales Tax Paid – Lg. Purchases i.e. Boats, Autos, etc.			Professional Supplies		
			Promotion		
INTEREST EXPENSES		Required	Research expense		
Home Mortgage Interest to Banks, 1st			Safe Deposit Box Rental		
Name of Bank			Safety Equipment		
Home Mortgage Interest to Banks, 2nd			Tax Preparation Fees		
Name of Bank			Technical References		
Mortgage paid to Individ.	Name of Payee:		Trade Journals		
	Address	Social Security #	Typing Services		
Mortgage paid to Individ.	Name of Payee:		Union Dues		
	Address	Social Security #	Work Tools		
Loan Points Paid in 2008			Square Footage of NEW Home Office		
Investment Interest, Brokerage			Square Footage of Entire Home		
Investment Interest, Land			Office in the home- Repairs & Maint.		
CHARITABLE CONTRIBUTIONS			Office in the home- Utilities & Insurance		
CASH OR CHECKS			Office in the home- Rent		
House of Worship			CASUALTY- THEFT		
Payroll Deductions			Bring Police or Insurance Report & List of Damages		17
Cancer/Heart Fund					
United Way Fund			NOTES:		
Other (please list)					
NON-CASH – BRING RECEIPTS		Required			
Goodwill/Salvation Army					
Other (please list)					
Travel (.14/mile)If a single donation is \$250 or more, please bring docs					

CHILD CARE EXPENSES

33.1 CHILD CARE INFORMATION (NOTE: THE ID# IS MANDATORY IF YOU HAD CHILD CARE)	
Care Provider's Name:	Care Provider's Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone#:
Identifying Number (95# or SS#):	Identifying Number (95# or SS#):
Amount incurred in 2009 & paid in 2009:	Amount incurred in 2009 & paid in 2009:
Amount incurred in 2008 & paid in 2009:	Amount incurred in 2008 & paid in 2009:

ADOPTION EXPENSES

Child's First Name:	Social Security #:	Adoption Expenses: 37
Child's Last Name:	Date of Birth:	Circle One: Special Disabled Foreign

EDUCATION EXPENSES

Did you or your spouse have any <u>work related</u> Education Expenses?	Amount	Did you, your spouse or your children have any other Education Expenses?	Amount
Total Miles Driven		Total Miles Driven	
Tuition & Registration		Tuition & Registration	
Books & Supplies		Books & Supplies	
Printing & Copying		Printing & Copying	
Transcripts		Transcripts	
Parking & Tolls		Parking & Tolls	
Other Transportation		Other Transportation	
Other (please list)		Other (please list)	

STUDENT LOAN INTEREST DEDUCTION

Student Name:	Interest Amount: 24
---------------	------------------------

OTHER EXPENSES

MOVING EXPENSES		TRAVEL EXPENSES		Amount
Date Left: / /09	State:	Meals & Entertainment		
Date Arrived: / /09	State:	Local Transportation		
Miles from Former Residence To:	New Job Site (Miles):	Parking Fees and Tolls		
	Old Job Site (Miles):	Lodging		
Travel & Lodging (No Meals)	Amt:	Car Rental		
Transportation- Household Goods		Airfare		
Storage Fees		Laundry & Cleaning		
Other		Tips & Baggage		
27		Other 30		

ADJUSTMENTS TO INCOME

	Amount 24		Amount 24
Contributions to Taxpayer's IRA		Contributions to Spouse's IRA	
Contributions to Taxpayer's Roth IRA		Contributions to Spouse's Roth IRA	
Contributions to Taxpayer's SEP		Contributions to Spouse's SEP	
Contributions to Taxpayer's Keogh		Contributions to Spouse's Keogh	
Contributions to Education IRA		Contributions to Education IRA	
Alimony Paid			
Ex-Spouse's Name & Social Security #			

AUTOMOBILE DETAILS

VEHICLE #1				VEHICLE #2			
Total Miles Driven	Amt:	Repairs	Amt:	Total Miles Driven	Amt:	Repairs	Amt:
Total Business Miles		Tires & Batteries		Total Business Miles		Tires & Batteries	
Total Commute Miles		Interest		Total Commute Miles		Interest	
Other (please list)		Lease Payments		Other (please list)		Lease Payments	
		Gasoline & Oil				Gasoline & Oil	
Insurance		Other (please list)		Insurance		Other (please list)	
Parking & Tolls				Parking & Tolls			

HOUSEHOLD EMPLOYEE EXPENSES

DID YOU HAVE HOUSEHOLD EMPLOYEE EXPENSES?		State Reporting Number:		42
Employee:		Employee:		
Amount:		Amount:		
Social Security #:		Social Security #:		
Dates Worked: / /09 To / /09		Dates Worked: / /09 To / /09		

Bring Payroll Records.

RENTER'S CREDIT - CALIFORNIA

CLEAN FUEL VEHICLE

Landlord's Name:	Date acquired in 2009:
Property Address:	Cost:
Landlord's Address:	
Rented From: To:	
Landlord's Phone #:	

REAL ESTATE – SHORT/SALE/FORECLOSURE QUESTIONS

Circle one

Did you sell a home due to a short sale?	Yes	No
Did you let a home go to foreclosure?	Yes	No
Did you let any debt get canceled?	Yes	No
If yes to any of these questions, bring all paperwork.		

ENERGY-EFFICIENT HOME IMPROVEMENTS

Did you make any energy-efficient improvements to your principle residence during the year, such as solar electric property, fuel cells, solar water heating, geothermal heat pump, small wind energy property, storm windows/doors insulation, water heater, or heating and air conditioning unit?

DESCRIPTION OF IMPROVEMENTS/EXPENDITURE	DATE PLACED IN SERVICE	AMOUNT
		\$

NOTES

RENTAL INCOME & EXPENSES

BRING ALL 1099'S

Location & Description of Property	18	Date Acquired	No. Days Personal Use	Ownership Percentage	% Owner Occupied
Prop #1					
Prop #2					
Prop #3					
Prop #4					
Prop #5					
Prop #6					

Enter Income & Expenses Amount at 100%	Prop #1	Prop #2	Prop #3	Prop #4	Prop #5	Prop #6
Total Gross Income Received						
Advertising						
Association Dues						
Auto & Travel						
Cleaning & Maintenance						
Commissions						
Gardening & Landscaping						
Insurance						
Interest- Mortgage Paid to Banks						
Interest- Other						
Legal & Professional Fees						
Licenses & Permits						
Management Fees						
Office Expenses						
Pest Control						
Repairs- Carpenter & Screens						
Painting & Decorating						
Plumbing & Electrical						
Roofing						
Salaries & Wages (Bring Payroll Records- Required)						
Security & Safety						
Supplies						
Taxes- Property/Real Estate						
Other						
Trash Removal						
Telephone						
Utilities						
Replacements						
Depreciation (Bring Schedules)						
Totals						

Be sure to bring your escrow papers, county tax bill or other proof of cost and receipts or purchase contracts for any large purchase.

**THE FOLLOWING IS A GUIDELINE, BRING YOUR P & L OR INCOME STATEMENT
SOLE BUSINESS OWNER/SOLE PROPRIETORSHIP**

BUSINESS INCOME & EXPENSE – SCHEDULE C

Business Name: 16	Business Activity Including Product or Service:
City, State, Zip:	Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other
Employer ID#	Inventory Method: <input type="checkbox"/> Cost <input type="checkbox"/> Lower C/M <input type="checkbox"/> Other
	Who operates This Business (please circle): <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

BRING ALL 1099'S

Gross Receipts/ Total Income		Office Expense	
Returns & Allowances	()	Outside Services/Contract Services	
Beginning Inventory		Parking	
Purchases		Pension & Profit Sharing Plans	
Cost of Items for Personal Use		Postage	
Cost of Labor		Printing	
Materials & Supplies		Rent or Lease of Machinery/Equipment	
Other Costs		Rent or Lease of Other Business Property	
Ending Inventory	()	Repairs	
Accounting		Research Expense	
Advertising		Security & Safety	
Amortization (Bring Schedule)		Storage	
Bad Debts		Supplies	
Bank Service Charges		Taxes- Business	
Car & Truck Expenses		- Payroll	
Cellular Phone Charges		- Property	
Collection Expenses		- Other	
Commissions		Telephone	
Computer Upgrade		Tools	
Computer Software		Travel- Airfare	
Online Charges		- Lodging	
Depreciation (Bring Schedules)		- Meals	
Dues & Publications		- Other	
Education Expenses		Utilities	
Employee Benefit Programs		Wages (Bring Payroll Records- Required)	
Freight & Delivery		Office in Home- Sq. Footage of Office	
Gifts		Office in Home- Total Sq. Footage of Home	
Insurance		Office in Home- Rent	
Interest Expense - Mortgage		Office in Home- Insurance	
Interest Expense - Other		Office in Home- Utilities	
Janitorial Service		Office in Home- Repairs & Maintenance	
Laundry & Cleaning		Office in Home- Supplies	
Legal & Professional Fees			
Licenses & Permits		Purchase of Home	
Meals & Entertainment		Other (please list) Go to pg 6 under notes	
List all Assets Bought or Sold by the Business during 2009.			