

Case Number 186650

Personal Financial Questionnaire

Client and Spouse Information (Please Enter Missing Information)

Full Name: **Ammos Chorny**

SSN: **065-66-4891**

DOB: **07/02/1961**

Home Phone:

Cell Phone: **(239)537-5257**

Work Phone: 239-434-1818

Fax:

Email: **ammos@cyberabbi.com**

Full Name: **Aviva Chorny**

SSN: **099-68-7670**

DOB: **12/25/1961**

Home Phone:

Cell Phone:

Work Phone:

Home Address: 6645 Marbella Lane Naples FL 34105

Mailing Address (If Different): 6645 Marbella Lane Naples FL 34105

Dependents

Name	Age	Relationship	Does this person live with you?	If 18+, will you claim them this year?
_____	_____	_____	() Yes () No	() Yes () No
_____	_____	_____	() Yes () No	() Yes () No
_____	_____	_____	() Yes () No	() Yes () No
_____	_____	_____	() Yes () No	() Yes () No
_____	_____	_____	() Yes () No	() Yes () No

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Case Information

Case#: **186650**

Agencies: Federal, (ex. "Federal / State")

Agency Names: IRS (ex. "IRS and State of California")

Tax Type (Personal/Biz): **Personal**

Total Tax Liability: **\$250,000.00**

Tax years owed to Federal:

Tax years not filed Federal:

Tax years owed to State:

Tax years not filed State:

Business Information

Are you self-employed/receive 1099 income? Yes No

Is your spouse self-employed/receive 1099 income? Yes No

IF YES, PLEASE COMPLETE THE PROFIT AND LOSS STATEMENT ON PAGE 9 AS WELL AS THE INFORMATION BELOW

Do you or your spouse operate a business? Yes No

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Employment Information

Employer: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Monthly Income: _____ How often are you paid (Weekly, Monthly etc) ? _____

Employment Start Date: _____

Spouse's Employer: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Spouse Monthly Income: _____ How often is Spouse paid? (Weekly, Monthly etc.) _____

Employment Start Date: _____

Other Sources of Income

Do you receive income from sources other than your own business or your employer? () Yes () No

Type of Income

Monthly Amount

Social Security _____

Pension _____

Child Support _____

Rental _____

Unemployment _____

Other (specify): _____

Current Garnishment Info

Type of Garnishment: Social Security/Pension Levy Wage Garnishment

In order to properly handle your **current** wage garnishment please include:

Notice of Levy received by employer: **Please send in with completed Personal Questionnaire**
Fax number for payroll department: _____
Day of the week payroll processes: _____ *different than day check is issued
How much is being taken **per paycheck**: _____

Banking and Financial Information

Do you have a checking account? () Yes () No

1. a. Name of Institution: _____

b. Amount of money in account today: _____

2. a. Name of Institution: _____

b. Amount of money in account today: _____

Do you have a savings, brokerage, money market or other account? () Yes () No

1. a. Name of Institution: _____

b. Amount of money in account today: _____

Do you have any stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, or 401(k) plans? () Yes () No

1. a. Name of Institution: _____

b. Type of Account: _____

c. Current Value: _____

d. Loan Amount (if applicable): _____

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Do you own any life insurance with a Cash Value? () Yes () No Which type? () Term () Whole

No Name of Insurance Company: _____

Policy Number: _____ Owner of Policy: _____

Cash value: _____ Outstanding loan on policy (if applicable): _____

Real Estate Owned or Being Purchased

Do you own any real estate? () Yes () No

Property:

Describe ownership type (joint, sole owner, community property, partnership, entirety): _____

Complete Physical address: _____

County: _____

What is the reasonable value that you would expect to receive if you sold the property? \$ _____

When did you buy this property? _____ What was the original purchase price? _____

Total amount owed on 1st mortgage? \$ _____ Monthly mortgage payment amount? \$ _____

Total amount owed on 2nd mortgage? \$ _____ Monthly mortgage payment amount? \$ _____

Date 1st mortgage went into effect _____ Date of final payment amount _____

Date 2nd mortgage went into effect _____ Date of final payment amount _____

Automobiles

Do you own or are you purchasing/leasing any vehicles? () Yes ()

No Vehicle #1:

Year: _____ Make: _____ Model: _____ Mileage: _____

Current Value: \$ _____ Amount Owed: \$ _____ Monthly payment: \$ _____

Date of purchase: _____ Date of final payment: _____

Vehicle #2:

Year: _____ Make: _____ Model: _____ Mileage: _____

Current Value: \$ _____ Amount Owed: \$ _____ Monthly payment: \$ _____

Date of purchase: _____ Date of final payment: _____

Other Liabilities

Do you have any other liabilities? () Yes () No

1. Description of liability: _____

Amount owed: \$ _____ Amount of monthly payments: \$ _____

2. Description of liability: _____

Amount owed: \$ _____ Amount of monthly payments: \$ _____

Monthly Income

1. Gross Monthly Income \$ _____

Please provide a copy of your two most recent paycheck stubs. Please provide a copy of your spouse's two most recent paystubs

Monthly Living Expenses

1. Monthly mortgage/ rent payment? \$ _____

2. Utilities

Gas/electric \$ _____

Telephone \$ _____

Water, Sewer and garbage removal \$ _____

3. Transportation

Gasoline for your cars \$ _____

Automobile Insurance \$ _____

4. Health Care

Health Insurance premiums (including payroll deductions) \$ _____

Prescriptions \$ _____

5. Other Expenses

Alimony, child support, any other court ordered payments \$ _____

Job related dues and educational expenses \$ _____

Necessary child care expense \$ _____

Other expenses (Describe) Non-covered medical expenses \$ _____

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12 Month Profit and Loss Projection (For 1099/Self Employed ONLY)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YEARLY
Revenue (Sales)													
Gross Sales													
Commissions													
Total Revenue (Sales)													
Cost of Sales													
Materials Purchased													
Inventory Purchased													
Total Cost of Sales													
Gross Profit													
Expenses													
Salary expenses													
Payroll expenses													
Outside services													
Supplies (office and operating)													
Repairs and maintenance													
Advertising													
Vehicle Payment													
Car, delivery and travel													
Accounting and legal													
Rent													
Telephone													
Utilities													
Insurance													
Taxes (real estate, etc.)													
Interest													
Depreciation													
Other expenses (specify)													
Misc. (unspecified)													
Total Expenses													

**PLEASE RETURN THIS COMPLETED QUESTIONNAIRE ALONG
WITH VERIFICATION OF YOUR CURRENT INCOME
(i.e. PAYSTUBS, CANCELLED CHECKS, etc)**

By signing and dating this questionnaire you affirm that this information is true and accurate to the best of your knowledge and that you will furnish the above requested financial documentation for the use of assessing the best possible resolution of your income tax liabilities.

Please note Oxford Tax Partners, LLC will only use your personal/financial information to resolve your income tax liability, and that information shall not be disseminated without your express consent. All information contained in this financial questionnaire is property of Oxford Tax Partners, LLC and cannot be used for any purpose without OTP's express written consent.

Client Signature _____ Date _____

Spouse Signature _____ Date _____