

Please complete this Questionnaire before your appointment and bring the following:

- Last year's tax return (new clients only)
- Please provide all statements (W-2s, 1099s, etc.)

**1. Personal Information** \* Caution - If you have been a victim of identity theft, please contact this office immediately.

Name (First, Initial, Last)		Social Security Number	Date of Birth ✓ Box if Deceased:	Occupation	Driver's License Number
Taxpayer			<input type="checkbox"/>		
Spouse			<input type="checkbox"/>		
Street Address		City	State	Zip	Home Phone
Taxpayer E-mail Address				Cell Phone	
Spouse E-mail Address				Cell Phone	

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Marital Status</u>			
Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Married	Will File Jointly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Single	Date of Divorce:	_____	
Pres. Campaign Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Widow(er)	Date of Spouse's Death:	_____	

**2. Dependents (Children & Others)** Note: For children of divorced or separated parents, the dependency generally goes to the parent with whom the child resided for the longer period of time during the year.

Name (First, Initial, Last)	Relationship	Date of Birth	Social Security Number (Required)	Months Lived With You <sup>(1)</sup>	✓ If Disabled	✓ If Full Time Student	Dependent's Gross Income

Did you receive Advance Child Tax Credit? If so, how much? \_\_\_\_\_

<sup>(1)</sup>Away at school, hospitalized, etc., counts as living with you. If determining which parent had custody the greater part of the year, the determination is generally based upon the number of nights the dependent spent in each parent's home.

**3. Medical Insurance Information (ACA)**

<input type="checkbox"/> ✓ If you had coverage through a Government Marketplace. If so, provide all 1095-As received from the Marketplace.	<input type="checkbox"/> ✓ If you, your spouse or dependent was covered by another individual's policy with the Marketplace. If so, provide the 1095-A for that policy.
<input type="checkbox"/> ✓ If a dependent filed a tax return (provide a copy).	<input type="checkbox"/> ✓ If you received 1095-Bs or 1095-Cs (provide copies).

**4. General Information**

- |   |   |
|---|---|
| 1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No  | 8. Did you receive any correspondence from the IRS or State tax agency? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| 2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No  | 9. Did you gift a total of more than \$15,000 (cash or property) to any one person? <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 3. Did you receive rent from real estate, farm, or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No  | 10. Did you have any debt forgiven or property foreclosed upon? <input type="checkbox"/> Yes* <input type="checkbox"/> No                               |
| 4. Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 11. (a) If you paid rent, how much did you pay for the year? _____<br>(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. Were you involved in any manner with a foreign trust or financial institution? Did you own property in a foreign country? Did you make or receive gifts to/from a non-resident alien or foreign entity? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Did you pay interest on a student loan for yourself, spouse, or a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 6. Did you refinance your main home or other property? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 13. Did you receive distribution from a qualified state tuition program? <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 14. Did you have any cryptocurrency transactions during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
|   | 15. Did you invest in a Qualified Opportunity Fund during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
|   | 16. Did you receive the Economic Impact Payment #3 (Notice 1444-C)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how much? _____ |

\* Contact us for further instructions.

## 5. Wage, Salary, SS & RR Income

Attach W-2s

Employer	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Social Security (SSA-1099)	<input type="checkbox"/>	<input type="checkbox"/>
Railroad Retirement (RRB-1099)	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Interest Income

Attach 1099-INT & Broker Statements

Payer's Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
Tax Exempt (note if also state exempt)	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

## 7. Dividend Income

From Mutual Funds & Stocks — Attach 1099-DIV

Payer's Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** Some dividends include income from U.S. Savings Bonds and T-bills which is tax free for state purposes. Dividends can also include income from municipal bonds which could be non-taxable federal, state or both. Be sure to provide source documents in these situations.

## 8. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income — Attach K-1

_____
_____
_____

## 9. Investments Sold (Use Part 10 for sales of real estate.)

Stocks, Bonds, Mutual Funds, Gold, Silver, Bitcoin or similar cryptocurrencies, Partnership interest — Attach 1099-B & list the transactions below or provide a broker's statement with the same information.

Investment	✓ If Inherited	Date Acquired	Date Sold	Cost or Other Basis ✓ Box if broker reported basis to IRS on 1099-B	Sale Price
_____	<input type="checkbox"/>			<input type="checkbox"/>	
_____	<input type="checkbox"/>			<input type="checkbox"/>	
_____	<input type="checkbox"/>			<input type="checkbox"/>	
_____	<input type="checkbox"/>			<input type="checkbox"/>	

## 10. Property Sold

Attach 1099-S and Closing Statements

Property	Date Acquired	Cost plus Improvements
Primary Home*		
Vacation Home		
Land		
Other		

\* If home sale, answer the following questions:

- ✓ If **previous** home was sold before May 7, 1997.
- ✓ If **previous** home was sold within 2 years.
- ✓ If office-in-the-home was claimed for this home.
- ✓ If the home was previously a rental or acquired via a tax deferred exchange.

## 11. IRA (Individual Retirement Account)

Contributions for tax year — Please provide Form 5498 if available.

	Contribution Amount	Date Contributed <sup>(2)</sup>	✓ If a Roth IRA
Taxpayer			
Spouse			

<sup>(2)</sup> IRA contributions can be made up to the April due date for the tax return, and there is no longer an age limit.

Amounts Withdrawn — Attach 1099-R

Plan Trustee	Reason for Withdrawal (If under age 59½)	Rolled Over Within 60 Days?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you made non-deductible IRA contributions in any past year, please provide Form 8606 from your prior year return.

Did you take a Coronavirus-Related Distribution in 2020?  Yes  No

Are you paying the tax over 3 years?  Yes  No

Did you redeposit any this year?  Yes  No

If yes, how much? \_\_\_\_\_

## 12. Pension, Annuity Income

Attach 1099-R

Payer	Reason for Withdrawal (If under age 59½)	Rolled Over Within 60 Days?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach SSA-1099, RRB-1099

### 13. Other Income

List All Other Income (including non-taxable)

Alimony Received \_\_\_\_\_  
 Date of Alimony Agreement: \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Scholarships (grants) \_\_\_\_\_  
 Unemployment Compensation \_\_\_\_\_  
 Amount Repaid: \_\_\_\_\_  
 Prizes, Bonuses, Awards \_\_\_\_\_  
 Gross Gambling, Lottery Income \_\_\_\_\_  
 Gambling Losses: \_\_\_\_\_  
 Unreported Tips and Gratuities \_\_\_\_\_  
 Director/Executor's Fee \_\_\_\_\_  
 Commissions \_\_\_\_\_  
 Jury Duty and Election Worker Pay \_\_\_\_\_  
 Worker's Compensation \_\_\_\_\_  
 Disability and Veteran's Income \_\_\_\_\_  
 Hobby Income \_\_\_\_\_  
 Payments from Prior Installment Sale \_\_\_\_\_  
 State Income Tax Refund (1099-G) \_\_\_\_\_  
 Other: \_\_\_\_\_

### 14. Medical/Dental Expenses

	<u>Filer</u>	<u>Spouse</u>
Long-term Care Premiums	_____	_____
Medicare Premiums	_____	_____
(not payroll tax)	_____	_____
Med & Dental Insurance Premiums	_____	_____
Prescription Drugs, Insulin	_____	_____
Eye Exam, Glasses, Contacts	_____	_____
Hearing Aids, Batteries	_____	_____
Handicapped Home Modifications	_____	_____
Medical Equipment, Supplies	_____	_____
Medical Therapy	_____	_____
Hospital and Nursing Homes	_____	_____
Doctor, Dentist, Christian Science	_____	_____
Practitioner, Nursing Care, etc.	_____	_____
Mileage	_____	_____ mi

### 15. Taxes Paid

Real Property Tax (attach bills; note date(s) paid) \_\_\_\_\_  
 Personal Property Tax \_\_\_\_\_  
 Other Taxes: \_\_\_\_\_

### 16. Home Mortgage Interest Expense

**Note:** Home equity debt interest not deductible for federal.  
 1<sup>st</sup> & 2<sup>nd</sup> Home Mortgage Acquisition Debt Interest (attach 1098) \_\_\_\_\_  
 Home Interest Paid to an Individual \_\_\_\_\_  
 Paid to: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Unconventional 2<sup>nd</sup> Home (motor home, boat) \_\_\_\_\_

### 17. Investment Interest

Investment Interest \_\_\_\_\_  
 Investment Expenses \_\_\_\_\_

### 18. Miscellaneous Deductions

Gambling Losses (limited to taxable winnings) \_\_\_\_\_  
 Impairment Related Business Expenses \_\_\_\_\_  
 Repayment of Previously Taxed Income (only if more than \$3,000) \_\_\_\_\_  
**Note:** Tax reform, for federal purposes, repealed all miscellaneous deductions that were subject to the 2% of AGI limitation – see list below. However, some states may still allow them. Only enter if allowed by your state.  
 Employee Business Expenses \_\_\_\_\_  
 Investment Expenses \_\_\_\_\_  
 Attorney Fees \_\_\_\_\_  
 Casualty Losses (losses in federally declared disaster areas are still allowed on federal return) \_\_\_\_\_

### 19. Charitable Contributions

**Note:** Non-itemizers can deduct up to \$300 (\$600 married joint) of 2021 cash contributions.  
**All** cash charitable contributions must be documented with either a bank record or written verification from the charity.  
 House of Worship \_\_\_\_\_  
 United Way \_\_\_\_\_  
 Scouts, Heart, Cancer, etc. \_\_\_\_\_  
**Note:** Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.

Non-Cash (clothing & household items) \_\_\_\_\_  
 Vehicle Donation (provide copy of 1098-C) \_\_\_\_\_  
 Out-of-Pocket Volunteer Expenses \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 Volunteer Auto Travel \_\_\_\_\_ mi

### 20. Military Moving Expenses

Allowed only if pursuant to a military order.  
 Cost to Move Household Goods \_\_\_\_\_  
 Lodging En Route (do not include meals) \_\_\_\_\_  
 Auto Travel \_\_\_\_\_ mi Air Fare \_\_\_\_\_

### 21. Self-Employed Business Income

If you obtained a PPP loan. Amount forgiven \$ \_\_\_\_\_  
  If you claimed employee retention credit &/or paid sick/family leave credit.  
 Income \_\_\_\_\_  
 Cost of Goods Sold \_\_\_\_\_  
 Dues: Union, Professional \_\_\_\_\_  
 Materials and Supplies \_\_\_\_\_  
 Licenses \_\_\_\_\_  
 Tools, Safety Equipment \_\_\_\_\_  
 Wages Paid \_\_\_\_\_  
 Business Meals at a restaurant \_\_\_\_\_  
 Gifts (max. \$25/person per year), Sales Expenses \_\_\_\_\_  
 Work Related Education Expenses \_\_\_\_\_  
 Taxes and Permits \_\_\_\_\_  
 Office in Home. In Square Feet  
 a) Total Home: \_\_\_\_\_  
 b) Office: \_\_\_\_\_  
 c) Storage: \_\_\_\_\_  
 Insurance \_\_\_\_\_ Rent \_\_\_\_\_  
 Maintenance \_\_\_\_\_ Utilities \_\_\_\_\_

## 22. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Social Security Number or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

## 23. Self-Employed Business Mileage

- If you have evidence to support your vehicle deductions.
- If the evidence is written.
- If you sold or traded a vehicle used for business. If yes, please attach a copy of the new vehicle purchase agreement.

Total Miles for Year (personal & business) \_\_\_\_\_ mi  
 Business Miles (not to and from your business location) \_\_\_\_\_ mi  
 Round Trip Commuting Distance home to business location \_\_\_\_\_ mi  
 Gas, Oil, Lubrication \_\_\_\_\_  
 Repairs, Batteries, Tires, etc. \_\_\_\_\_  
 Wash, Wax \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Vehicle Loan Interest \_\_\_\_\_  
 Lease Payments \_\_\_\_\_  
 License, Personal Property Tax \_\_\_\_\_

## 24. Self-Employed Business Travel

Do not enter unreimbursed employee business expenses. They are no longer deductible.

Airfare, Train, etc. \_\_\_\_\_  
 Baggage Handling, Tips, etc. \_\_\_\_\_  
 Lodging (do not include meals) \_\_\_\_\_  
 Restaurant Meals (no. of days): \_\_\_\_\_  
 Other Meals (no. of days): \_\_\_\_\_  
 Taxi, Car Rental, Uber, etc. \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Reimbursement Received \_\_\_\_\_

## 25. Estimated Tax Paid

Due Date	Date Paid	Federal	State

## 26. Other Deductions

Alimony Paid to: \_\_\_\_\_  
 Date of Divorce Agreement: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_ \$ \_\_\_\_\_  
 Student Loan Interest Paid \$ \_\_\_\_\_  
 Educator Expenses \$ \_\_\_\_\_  
 Health Savings Account \$ \_\_\_\_\_  
 Penalty, Early Withdrawal of Savings \$ \_\_\_\_\_

## 27. Education Expenses

In order to claim an education credit, you **MUST** provide the 1098-T issued by the educational institution.

Student's Name	Type of Expense	Amount

## 28. Refund Direct Deposit

Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Your Account Number:		
Bank Routing # (9 digits):		

## 29. Questions You May Have

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residence:  
 Town: \_\_\_\_\_ County: \_\_\_\_\_  
 Village: \_\_\_\_\_ School District: \_\_\_\_\_  
 City: \_\_\_\_\_

To the best of my knowledge, the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

\_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_