

CUSTOMER NAME:

If any of the following items pertain to **YOU** or **YOUR SPOUSE** in 2020, please check the appropriate box and provide additional information if necessary.

YES	NO	GENERAL INFORMATION <i>If yes, provide details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital or filing status change during the year? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year? <i>Provide new address</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did your driver's license information change within the last twelve months? <i>Provide copies of updated licenses.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any changes in dependents (i.e., have a new child, have a child turn 19 who is not a full-time student or have a child turn 24)? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have health care coverage through the marketplace exchange in 2020? (<i>Forms 1095-A</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months? <i>Provide voided check.</i>

YES	NO	INCOME INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive wages? (<i>Forms W-2</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive interest or dividend income? (<i>Forms 1099-INT or 1099-DIV</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you rollover retirement funds or receive a retirement distribution? (<i>Forms 1099</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive social security benefits? (<i>Forms SSA-1099</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment benefits? (<i>Forms 1099-G</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stocks, bonds or other investment property? (<i>Forms 1099-B</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell real estate? (<i>Closing disclosure, formerly known as the HUD-1, and/or Forms 1099-S</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven? (<i>Forms 1099-C</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? (<i>Forms 1099-Q</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution or contribute to a Health Savings Account (HSA)? (<i>Forms 1099-SA</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes? <i>Provide details</i> _____

YES	NO	BUSINESS/RENTAL/FARM INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have, did you start, or did you acquire an interest in a flow through entity ? (partnership, LLC, S corporation or trust?) (<i>Schedule K-1</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or did you start a sole proprietorship business (other than flow-through entity)? (Download Business Income Organizer)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or did you purchase a rental property and/or royalty income ? (Download Rental & Royalty Income Organizer)
<input type="checkbox"/>	<input type="checkbox"/>	Do you have or did you start a farm ? (Download Farm Income Organizer)
<input type="checkbox"/>	<input type="checkbox"/>	Was an area of your home used <u>regularly</u> and <u>exclusively</u> for business? (Download Business Use of Home Organizer)

CUSTOMER NAME:

YES	NO	DEDUCTION INFORMATION <i>If yes, provide details or copies of the applicable form listed below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay college education tuition and fees? <i>(Forms 1098-T)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student loan interest? <i>(Forms 1098-E)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay after-tax or self-employed health insurance premiums? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to an individual or self-employed retirement account? <i>Provide details</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur major medical, vision, dental or prescription drug costs? <i>(Summarize expenses)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay real estate taxes? <i>(County tax bills)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay ad valorem (personal property) taxes for your car tag? <i>(Car tag receipts)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay sales tax on major purchases, such as autos, boats, etc.? <i>(Purchase document)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay mortgage interest? <i>(Forms 1098)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay interest on a home equity line of credit? <i>(Forms 1098 and details of what the funds were used for)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance a mortgage? <i>(Closing disclosure, formerly known as the HUD-1, and term of the loan)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make cash charitable contributions? <i>(Copies of any giving statements that you received from the non-profit organizations)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make non-cash charitable contributions? <i>If the total amount donated is greater than \$500, provide the date for each contribution and the fair market value (thrift shop value) for the contributed items, along with copies of the thrift store receipts.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay child and dependent care costs? <i>(Copy of the year-end statement from the provider [including the name, address and the social security number or the employer identification number of the provider])</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make solar, wind, geothermal or fuel cell energy efficiency improvements to your primary residence? <i>(Copy of the receipt and a description of the improvements)</i>

YES	NO	MISCELLANEOUS INFORMATION <i>If yes, provide details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? _____
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency? <i>(Copies of the tax notice(s) received)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you need a paper copy of your tax return? <i>Additional processing & handling fees will apply to your return.</i>

YES	NO	ESTIMATED TAXES <i>If yes, provide details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any Federal 2020 estimated tax payments? <i>(Provide amounts and dates paid.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any State 2020 estimated tax payments? <i>(Provide amounts and dates paid.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2021 taxable income and withholdings to be significantly different from 2020? <i>(Provide details)</i>

CUSTOMER NAME:

YES **NO** **CORONAVIRUS AID, RELIEF & ECONOMIC SECURITY ACT (CARES ACT) *If yes, provide details.***

COVID-19

- Did you receive an economic impact (*i.e., stimulus*) payment? *If so, how much?* _____
- Did you receive a distribution from your retirement plan because of COVID? *If so, how much in total?* _____
- *If yes above, do you plan to include the distribution amount in income over a 3-year period (2020, 2021, and 2022)?*
- Did you receive unemployment compensation because of COVID? (**Forms 1099-G**)
- Did your sole proprietorship receive a PPP loan and/or an Economic Injury Disaster Loan (EIDL) in 2020? (**Provide all loan documentation**)
- If you are self-employed, do you plan to defer payment of 50% of the Social Security portion of your self-employment tax liability until December 31, 2021 with the remaining 50% deferred until December 31, 2022?

HURRICANES – Personal Loss

Did you incur an unreimbursed loss (**a loss in excess of insurance or FEMA reimbursement**) in a federally declared disaster area?

If yes above, please complete this table and provide supporting records.

	Property A	Property B	Property C
Indicate type of property	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Description of property (<i>personal residence, rental home, etc.</i>)			
City, State, Zip			
Date acquired			
Cost of property			
Date of loss			
Description of loss			
Was insurance claim made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received FEMA assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair market value <u>BEFORE</u> loss			
Fair market value <u>AFTER</u> loss			
Total out of pocket expenses			

