

## Personal Information

If anything changed from prior year, check this box.

Taxpayer

Spouse

First Name & Initial				
Last Name				
Social Security No				
Date of Birth				
Occupation				
Home Phone				
Work Phone				
Other Phone				
E-Mail Address				
Street Address		Apt No		
City		State	Zip	

## Dependents

Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Do you have health insurance coverage from the Marketplace?		
Did you receive any advance child tax credit payments?		
Did you receive unemployment or Disability Income?		
Did you purchase, sell or refinance any of your homes or take an equity loan?		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA?		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Did you receive any Economic Impact payments (stimulus checks)?		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents?		
Did you receive, sell, send, exchange or otherwise dispose of any financial interest in any virtual currency?		

## Required Document Check List

<u>    </u> Bring All Wage Statements (W-2's)	<u>    </u> Bring Soc Security/Railroad Benefits (SSA-1099)
<u>    </u> Bring All Pension, Annuity IRA Documents (1099-R)	<u>    </u> Bring Interest Income Statements (1099-INT)
<u>    </u> Bring All Trust & Estate Documents (K-1's)	<u>    </u> Bring Dividend Income Documents (1099-DIV)
<u>    </u> Bring Property Sold Documents (1099-S)	<u>    </u> Bring Day Care Statements
<u>    </u> Bring Real Estate Tax Bill	<u>    </u> Bring any letters received from IRS or state
<u>    </u> Bring Health Ins Marketplace Statements (1095's)	<u>    </u> Bring Education Forms (1098-T, 1099-Q)

### Adjustments to Income

Alimony Paid	
Name _____	SSN _____
Amount Paid:	\$ _____
IRA/SEP Contribution Taxpayer	\$ _____
IRA/SEP Contribution Spouse	\$ _____
Student Loan Interest	\$ _____
Health Savings Account	\$ _____

### Other Income

Alimony Received	\$ _____
Gambling/Lottery Winnings (Bring W-2 G's)	\$ _____
Jury Duty	\$ _____
Disability Income	\$ _____
State Income Tax Refund	\$ _____
Other	\$ _____

## Investments Sold

Bring All 1099-B's and Confirmation slips

Investment	Date Acquired	Date Sold	Sold Basis	(cost)	Sale Price

### State Information

If rent paid:                      Amount                      No Months                      W / Heat Y/N  
                                                  \$ \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
                                                  \$ \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

#### Health/Long Term Care Insurance

	Yes	No
Amount Paid for health insurance - employer paid a portion	_____	_____
Amount Paid for health insurance - not employed or retired	_____	_____
Amount Paid for health insurance - employer did not contribute	_____	_____

**Note: If health insurance premiums are deducted pre-tax, disregard.**

### Estimated Tax Payments

	Federal		State
Prior Year - Jan 15, 2021	_____		_____
1st Qtr - Apr 15, 2021	_____		_____
2nd Qtr - Jun 15, 2021	_____		_____
3rd Qtr - Sep 15, 2021	_____		_____
4th Qtr - Jan 17, 2022	_____		_____
<b>Total</b>	=====		=====

### Itemized Deductions

#### Medical Dental Expenses

Medical Ins Prem (pd by you) \_\_\_\_\_  
 Long Term Care Insurance \_\_\_\_\_  
 Prescription Drugs \_\_\_\_\_  
 Glasses, Contacts \_\_\_\_\_  
 Hearing Aids, Batteries \_\_\_\_\_  
 Medical Equipment, Supplies \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Doctor, Dentist, Specialist \_\_\_\_\_  
 Medical Miles \_\_\_\_\_ Miles  
 Other \_\_\_\_\_

#### Charitable Contributions (Receipts Required)

Church Cash Contributions \_\_\_\_\_  
 You must have receipts for cash contributions  
 Other Cash Contributions \_\_\_\_\_  
 Donated Goods \_\_\_\_\_  
 Must have receipts from organization  
 Organization donated to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Volunteer mileage \_\_\_\_\_ Miles

#### Real Estate Taxes Paid

Real Estate Taxes -Prin Residence \_\_\_\_\_  
 Other Real Estate Taxes \_\_\_\_\_  
 Personal Property Tax \_\_\_\_\_  
 Sales Tax \_\_\_\_\_  
 Other \_\_\_\_\_

#### Bring Tax Bills

\_\_\_\_\_

#### Miscellaneous Expenses

Gambling Losses \* \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

#### Mortgage Interest Expense

Mort Int Paid - Bring 1098 \_\_\_\_\_  
 Equity Line of Credit \_\_\_\_\_  
 Use of Equity Loan \_\_\_\_\_  
 Interest pd to others - no 1098 \_\_\_\_\_  
 Paid to: Name \_\_\_\_\_  
                   Address \_\_\_\_\_  
                   Soc Sec No/EIN \_\_\_\_\_

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

\* Gambling losses require documented substantiation.

### Day Care Expenses

Children cared for _____	
Provider 1 _____	Provider 2 _____
Address _____	Address _____
Soc Sec No/EIN _____	Soc Sec No/EIN _____
Amt Pd _____	Amt Pd _____

**Schedule C Business Income and Expenses** The IRS has determined that small business owners are very likely candidates to make mistakes applying the tax law. Accordingly, anticipate more audits for business owners in the near future. Please review the following information carefully to assure compliance with the law.

Business Name \_\_\_\_\_

**Total Sales** \$ \_\_\_\_\_ Owner  Taxpayer  Spouse

Holding deposits until next year is *not* a tax planning item. IRS requires all receipt to be reported in the year received. If there are absorbent deposits that occur following the year end, photo copy all checks being deposits to confirm the payment dates.

Credit Cards - Do you accept credit cards from your customers? If you have transactions exceeding \$20,000 and more than 200 transactions, your credit card service is required to send a 1099-K to you. Bring all 1099's to your appointment (1099-K's, 1099-MISC, 1099-NEC)

During 2020, did you refinance using your primary resident to secure a business loan? Bring all Paperwork.  
 Balance on note prior to re-finance: \_\_\_\_\_ Balance on Note at 12-31: \_\_\_\_\_

Expenses	
Advertising	_____
Business Mileage # _____	_____
Commissions	_____
Contract Labor	_____
Dues & Subscriptions	_____
Insurance (Other than Health Ins)	_____
Interest - Mortgage	_____
Interest - Other	_____
Legal & Professional Fees	_____
Meals & Entertainment	_____
Office Expense	_____
Rent - Building	_____
Rent - Equipment	_____
	*Repairs & Maintenance _____
	Supplies _____
	Taxes _____
	**Telephone _____
	Tools & Equipment _____
	Travel Expenses _____
	Uniforms _____
	Utilities _____
	Vehicle Expense _____
	Wages _____
	Employee Health Ins (see back) _____
	Other _____
	Other _____

\*Do any amounts shown in Repairs and Maintenance add value to the property, prolong, useful life, or adapt it to new uses? If so, these amounts can be depreciated. Bring in description of alteration, cost, and in service date.

\*\*Cell Phones: Does the business blend itself in such a manner that a cell phone is an ordinary and necessary component of the business? Is the cell phone on your business card? Is the cell phone number listed on your letterhead and/or yellow page advertising?

Cost of Goods Sold	
Beginning Inventory	_____
Purchases	_____
Less Personal Use	( _____ )
Direct Labor	_____
Supplies	_____
Other	_____
Ending Inventory	_____

Credit Card purchases - Did you use a credit card for business purchases? Payment by credit card is considered to be a payment of cash at the time of the charge, not at the time when the credit card company is paid. Please bring a copy of December 31st credit card statement with business purchases.

**Schedule C Home Office Expenses**

Is a home office used for administrative or management activities for business? \_\_\_\_\_

Total Square Feet of Home \_\_\_\_\_ Purchase Price of Residence \_\_\_\_\_  
 Total Square Feet of Office \_\_\_\_\_ *Bring in Real Estate Tax Bill for 2021* \_\_\_\_\_

Simplified method available. Square footage of office space x \$5 for maximum of \$1,500 deduction.  
 Expenses: Mortgage Insurance \_\_\_\_\_ Property Insurance \_\_\_\_\_  
 Real Estate Taxes \_\_\_\_\_ Utilities \_\_\_\_\_



