

2021 Tax Preparation Questionnaire

Name(s) _____

Phone(s) _____

Email(s) _____

Common Forms and Documents. Please check all that apply and are included:

- | | | |
|--|--|--|
| <input type="checkbox"/> W-2 | <input type="checkbox"/> 1099 | <input type="checkbox"/> K-1 |
| <input type="checkbox"/> 1098 - Mortgage Interest | <input type="checkbox"/> 1098-T for Tuition | <input type="checkbox"/> Real Estate Tax Bill/Receipt |
| <input type="checkbox"/> 5498 - Mortgage Interest | <input type="checkbox"/> Divorce Decree | <input type="checkbox"/> Real Estate Closing Statement |
| <input type="checkbox"/> 1098-E - Student Loan Int. | <input type="checkbox"/> 1095-A - Marketplace Health Insurance (Obamacare) | |
| <input type="checkbox"/> Prior Year Tax Return (If we did not prepare your return last year) | | |

Covid-19 Payments received. These are not taxable, but are necessary to know to calculate the credits on your return properly. Please fill in the following amounts received:

Economic Impact Payment #3 (Third stimulus payment. Maximum amount was \$1,400 per person, including dependents, and would have come after March 2021). Includes any "plus-up" payment received later in 2021, if full amount was not initially received. Please include IRS Notice 1444-C and/or Letter 6475 if received. \$ _____

Advance Child Tax Credit Payments. Provide total received for the months of July 2021 through December 2021. Please provide IRS Letter 6419 if received, which was issued in January 2022. \$ _____

Additional Questions. Please provide explanations for any Yes:

	Yes	No
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change bank accounts for direct deposit of any refunds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you get an Identity Protection PIN (IP PIN) from the IRS? Provide IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed, or provided to anyone else? Who?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Covid-19 Sick Pay or Family Leave Pay?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any changes in dependents from the prior year? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or were student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start or sell a business or buy or sell rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or purchase any real estate during the year? Need closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you repay, in <u>2021</u> , any Covid-related retirement distributions that you received in <u>2020</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

(OVER)

	Yes	No
Did you make any contributions to an IRA, Roth, other qualified retirement plan? Please circle which type and indicate who made contributions.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes? Self-employed only, not working from home for an employer.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign accounts or foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? Please provide notice.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out of state purchases that you did NOT pay sales tax on?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any private school tuition (K-12) in 2021? Provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Amount of rent paid in 2021. Was heat included? Yes___ No___		\$_____
Health insurance paid in 2021 (not pre-tax) Medicare included? Yes__ No__		\$_____

ANY QUESTIONS NOT ANSWERED WILL BE ASSUMED TO BE "NO"

Acknowledgement of Engagement:

The information I provided is complete and accurate to the best of my knowledge. I have provided or have retained the necessary documentation of the income and deductions listed. I understand that I am responsible for the accuracy of the information used in preparation of my tax return, and for reviewing my tax return before it is filed.

Signature

Date

Dates of Birth for everyone on your tax return if we did not prepare your return last year: