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Wendy Erdenbrack, CPA
Intake/Interview Questionnaire

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Tax Year 2020

You will need: Tax information such as forms W-2, 1099, 1098, 1095
Driver's Licenses for you and your spouse

Part 1 – Your Personal Information (if you are filing a joint return, enter the primary taxpayers name first)

Your SSN Your last name M.I. First name Daytime telephone

Spouse's SSN Spouse's last name M.I. First name Daytime telephone

Mailing address Apt # City State Zip Code Municipality/ School District

Have you moved in the last 12 months? Yes No If yes, date that you moved? _____

Email Address: _____

Your Date of Birth Your job title Your driver license information

License number:

State:

Did the IRS issue you an identity Protection PIN: Yes

Issue date:

If, yes please provide here:

Expiration date:

Spouse Date of Birth Spouse job title

Spouse's driver license information

License number:

State:

Did the IRS issue your spouse an identity Protection PIN: Yes

Issue date:

If, yes please provide here:

Expiration date:

Part II – Marital Status and Household Information

As of December 31, 2020, what was your marital status?

Single, not married

Married

a.) If yes, did you get married in 2020? Yes No

b.) Did you live with your spouse during any part of the last 6 months of 2020? Yes No

Divorced Date of final decree: _____

Legally Separated Date of separate maintenance decree: _____

Widowed Date of spouse's death: _____

List the names below of: **Everyone** who lived with you last year (other than your spouse) or **Anyone** you supported but did not live with you last year – **THIS IS WHO YOU ARE CLAIMING AS A DEPENDENT ON YOUR TAX RETURN**

Name (First & Last)	Date of Birth	Social Security Number	Relationship to you	# of months in your home in 2020	Full-time College Student in 2020 (yes/no)	Did you provide more than 50% of their support in 2020? Y/N

The tax return will be setup for efling, unless you opt out. **Would you like to efile?** Yes No

If receiving a refund, do you want your refund directly deposited into your bank account? Yes No

Name of bank of financial institution: _____

Routing Number: _____ Account Number: _____ Checking Savings

How did you hear about us?

Part III – Check appropriate box for each question and provide details either on this sheet or a separate sheet

	Yes	No																									
	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a taxable item on the internet or out of state and not pay sales tax? Please provide the gross amount of purchase: _____.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you withdraw money from an IRA? Please provide 1099-R(s) and the year end balance of your IRA accounts, if a portion is non-taxable due to non-deductible contributions in prior years (Form 8606).																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any federal, state, or local quarterly estimates? If yes, please provide amounts paid:																								
			<table border="1"> <thead> <tr> <th></th> <th>Federal</th> <th>State</th> <th>Local</th> </tr> </thead> <tbody> <tr> <td>1st Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3rd Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4th Q</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Federal	State	Local	1 st Q				2 nd Q				3 rd Q				4 th Q				Total			
	Federal	State	Local																								
1 st Q																											
2 nd Q																											
3 rd Q																											
4 th Q																											
Total																											
Everyone	<input type="checkbox"/>	<input type="checkbox"/>	Deductions for (provide totals): <input type="checkbox"/> Real Estate Taxes _____ <input type="checkbox"/> Mortgage Interest _____ <input type="checkbox"/> Charity _____ All can claim up to \$300 in 2020.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Deduction for medical expenses? <input type="checkbox"/> Other Out of Pocket _____ <input type="checkbox"/> Health, Vision, Dental, LT Care Premiums _____ <input type="checkbox"/> Mileage _____																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay or receive alimony or separate maintenance payments from agreements entered into prior to 1/1/2019? If yes, provide the recipient's Name, SSN and amount: _____.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign financial bank accounts?																								
	<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Bitcoin?)																								
	<input type="checkbox"/>	<input type="checkbox"/>	Have you purchased and installed energy-efficient home items? (Such as windows, furnace, insulation, etc.). If yes provide details.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your home in 2020 and pay origination or refinance points? If yes, please enter the number of years for the loan: _____ and provide a copy of the HUD-1																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay student loan interest? If yes provide 1098-E.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did a lender cancel any of your debt in 2020? (i.e. credit card or mortgage?)(Attach any Forms 1099-A or 1099-C).																								
	Retired	<input type="checkbox"/>	<input type="checkbox"/>	Are you eligible for a property tax rebate (typically over the age of 65)? If yes, please provide a <u>receipted</u> copy of your spring and fall real estate taxes.																							
<input type="checkbox"/>		<input type="checkbox"/>	Are you eligible for a rent rebate (typically over the age of 65)? If yes, who is your landlord _____? and what is your monthly rent _____?																								
<input type="checkbox"/>		<input type="checkbox"/>	Self employed expenses or unreimbursed employee expenses? If yes, provide a detailed breakdown of expenses (State and Local).																								
Working	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Health Savings Account (HSA)? If yes, please provide from 5498-SA, 1099-SA, and any personal contributions to the account (not employer contributions): _____.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you have health insurance through the Healthcare Marketplace (healthcare.gov) or receive any advance premium credit? If yes, please provide us with your 1095 A.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Do you live or work in York City?																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a retirement account OUTSIDE of an employer plan? If yes, the amount contributed: IRA <input type="checkbox"/> Solo 401(K) <input type="checkbox"/> Roth IRA <input type="checkbox"/>																								
Dependents	<input type="checkbox"/>	<input type="checkbox"/>	Child or dependent care expenses such as daycare? If yes, please provide a statement from the provider with the provider's name, identification number, and amount paid.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your family in college? If yes, provide 1098-T statement.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your dependents claiming themselves on their tax return? If yes, who? _____.																								
	<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a 529 College Savings Plan? Please provide amount paid in 2020 for each child.																								

Intake/Interview Questionnaire

Tax Credits

Part IV – Tax Credits

Yes	No	If you have a dependent under age 17, please answer the following questions for Child Tax Credit:
<input type="checkbox"/>	<input type="checkbox"/>	Did the child live with you for more than half of 2020?
<input type="checkbox"/>	<input type="checkbox"/>	Is the child your son or daughter?
<input type="checkbox"/>	<input type="checkbox"/>	Is your dependent a U.S. citizen, national or resident of the U.S.?
<input type="checkbox"/>	<input type="checkbox"/>	Can anyone else claim the child as their dependent?
<input type="checkbox"/>	<input type="checkbox"/>	Have you permitted someone else to claim this child for 2020? If someone else permitted you to claim the child, please attach form 8332.
<input type="checkbox"/>	<input type="checkbox"/>	Did the child provide over half of his or her own support?
<input type="checkbox"/>	<input type="checkbox"/>	Can you be claimed as a dependent on someone else federal tax return?

Yes	No	If you or a dependent attended college in 2020, please answer the following questions:
<input type="checkbox"/>	<input type="checkbox"/>	Please provide us with a copy of your 1098-T? We require a copy of this form.
<input type="checkbox"/>	<input type="checkbox"/>	Did you or the dependent student pay any qualified educational expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of the educational expenses shown on the 1098-T reimbursed to you through a scholarship, grant, VA benefit or employer assistance? If yes, how much:_____.
<input type="checkbox"/>	<input type="checkbox"/>	If the student withdrew from classes, did they receive a refund of educational expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Has the student or parents claimed the American Opportunity Tax Credit in a prior tax year? If yes, how many years:_____.

Yes	No	Head of Household – Not Married and claiming a dependent
<input type="checkbox"/>	<input type="checkbox"/>	Are you claiming head of household? If yes, please check the following: <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married, but lived apart for last 6 months of the year If separated or divorced , do you have documentation to support claiming HOH (divorce decree or separation agreement)? Yes <input type="checkbox"/> No <input type="checkbox"/> If, married but living apart for the last 6 months of the year , check the box next to any of the following to verify maintaining more than half the cost of your home (you do not need to provide us with these documents)? <input type="checkbox"/> Lease agreement <input type="checkbox"/> Letter from social services <input type="checkbox"/> Utility bills <input type="checkbox"/> Other (write in): _____.

Yes	No	Earned Income Tax Credit (EITC - Income Limit approx. \$55,000)
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive any non-taxable support or income? If yes, please check the following: <input type="checkbox"/> Family support <input type="checkbox"/> Housing assistance <input type="checkbox"/> Other (write in):_____. <input type="checkbox"/> Food stamps <input type="checkbox"/> Childcare assistance
<input type="checkbox"/>	<input type="checkbox"/>	Are you self-employed? If yes, answer the following questions: Do you maintain separate bank accounts (personal & business)? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any 1099-Misc forms to support your income? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have documentation to show that your child lived with you for more than half the year (school records, medical records, or daycare record)? (Please circle at least one)
<input type="checkbox"/>	<input type="checkbox"/>	Were either you or your spouse a nonresident alien for any part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Was your primary residence in the United States for more than half the year?

Yes	No	All Must Answer
<input type="checkbox"/>	<input type="checkbox"/>	Were any of these credits disallowed or reduced in a prior year?

Taxpayer Signature: _____

Date: _____

Part V – COVID Related Questions for 2020 - Check appropriate box for each question and provide amounts.

Yes No

Did you receive the Economic Impact Payment (stimulus) payments?

This will not be taxable income but needs to be included on the tax return for 2020.

Amount received in spring/summer of 2020? _____

Amount received in December 2020/January 2021? _____.

Please provide Notice 1444(s) if unsure.

Did you withdraw money from your retirement account(s) for specific reasons related to COVID? How much did you withdraw that relates to COVID? _____. You may be required to provide documentation to the IRS under their guidelines for COVID.

Please use this space to provide any additional information in order to accurately prepare your tax return or attach other documents containing the additional information.