

2020 Tax Intake Form – Complete Only Applicable Fields, Please Skip Sections If We Already Have Your Info From Prior Tax Filings

New Clients – Please provide us a copy of your prior year tax returns and depreciation schedules

FILING STATUS

Single
Married Filing Joint
Married Filing Single
Head of Household
Qualifying Widower

ADDRESS

Street & Apt. No.
City
State & Zip
County
School Code (if app)

TAXPAYER

Social Security Number
First Name
Middle Initial
Last Name
Email Address
Occupation
Mark if Legally Blind
Mark if Dependent of Another
Date of Birth
Date of Death
Work/Daytime Phone
Home/Evening Phone

SPOUSE

Social Security Number
First Name
Middle Initial
Last Name
Occupation
Mark if Legally Blind
Mark if Dependent of Another
Date of Birth
Date of Death
Work/Daytime Phone
Home/Evening Phone

DEPENDENTS			
<u>First, Middle Initial, Last Name</u>	<u>D.O.B</u>	<u>Social Security Number</u>	<u>Relationship</u>

EMPLOYMENT & RETIREMENT INFORMATION:

A.) Are You Employed? Yes No

B.) Are you Unemployed? Yes No

C.) Are you contributing to a 401k, 403b or other pre-tax account? Yes No

D.) Have you ever opened any form of pretax account in the past? Yes No

E.) Have you considered a ROTH conversion of pretax accounts? Yes No

F.) Would you like a ROTH conversion tax "WHAT IF" prepared with your return?

STATE & OTHER

A.) Are you requesting state return(s)? Yes No If yes, what State(s):

B.) Are you requesting local, school, RITA or county return(s)? Yes No Please specify:

Tax Client Income and Expense Questions

Please Provide Us Your Form 1095(s) In Order to Complete The Health Insurance Mandate Tax Forms

Please Let Us Know if You Had More Than \$10,000 in a Foreign Bank Account at Any Point During 2020

Please Let Us Know if You Had Non-Cash Foreign Assets Exceeding \$50,000 in Value at Any Point During 2020

Please Let Us Know if You Invested in Bitcoin or any other Cryptocurrencies in 2020 or prior years

The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation. Missing information will delay the processing of the return.

BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)

- 1 ☐ Did your marital status change from the prior year?
- 2 ☐ Did you change your address from last year?
- 3 ☐ Any change in your dependents from last year?
- 4 ☐ Did you have children under 19 (or 24 if a full time student) who had more than \$2,200 in unearned income?
- 5 ☐ Are all your dependents either US Residents or Citizens?
- 6 ☐ Did you pay any adoption expenses?
- 7 ☐ Did you provide over half the support for someone you aren't claiming as a dependent?
- 8 ☐ Are you being claimed or eligible to be claimed as a dependent of someone else's return?
- 9 ☐ Were either you or your spouse in the military or National Guard?
- 10 ☐ Did you purchase or sell your primary residence? Or did you refinance your primary residence?
- 11 ☐ Have you been notified by the IRS of changes to a previously submitted tax return? Or have you received any other IRS or State Notices?
- 12 ☐ Did you make any gifts over \$15,000 to any individuals?

Comments/Description:

INCOME

Please check any of the following that you and/or your spouse received:

- 1 ☐ W-2 Income
- 2 ☐ Interest and/or Dividends
- 3 ☐ Tax Exempt Interest and/or Dividends
- 4 ☐ Taxable refunds, credits or offsets? (including prior year State refunds)
- 5 ☐ Alimony
- 6 ☐ Business income (Self Employment Income)
* If "yes" please fill out Schedule C Worksheet and provide financials.
- 7 ☐ Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**
Amount of any Capital Loss Carryforward from 2019 \$ _____
- 8 ☐ Any other Assets Sold or any other Gains or Losses
- 9 ☐ Rental Real Estate Income
* If "yes" please fill out Schedule E Worksheet
Amount of any Passive Activity Loss Carryfwd from 2019 \$ _____
- 11 ☐ K-1's (1120S, 1065, 1041)
- 12 ☐ Unemployment
- 13 ☐ Social Security Income
- 14 ☐ Other Income: Please list: _____
- 15 ☐ Foreign Income
- 16 ☐ IRA or Pension Distributions
A.) Are any of these Rollovers? (Should not be taxed) _____
B.) Are any of these ROTH conversions (taxable) _____

ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse:

- 1 ☐ Educator Expenses (Teaching Expenses)
- 2 ☐ Health Savings Account Deductions
- 3 ☐ Moving Expenses
- 4 ☐ Contributions to SEP, SIMPLE and other Qualified Plans
- 5 ☐ Self Employed Health Insurance
- 6 ☐ Alimony
- 7 ☐ IRA Contributions
- 8 ☐ Student Loan Information
- 9 ☐ Tuition and Fees Deduction (you or your dependents)

TAX AND CREDITS

For the following, please check any of the following that apply:

- 1 ☐ Itemized Deductions
* If "yes" please fill out Schedule A Worksheet
- 2 ☐ Child and Dependent Care Expenses
- 3 ☐ First Time/Long Time Homebuyer
- 4 ☐ Energy Efficiency Related Upgrades/Repairs
- 5 ☐ Oil & Gas Investment credits
- 6 ☐ Other tax shelters or credits

ESTIMATED PAYMENTS (Please fill in if Estimates were made or refunds from a prior year were applied)

- 1 Estimated Payments made for 2019 Return
\$ _____ Federal _____ Date _____ Qtr
\$ _____ Federal _____ Date _____ Qtr
\$ _____ Federal _____ Date _____ Qtr
\$ _____ Federal _____ Date _____ Qtr

\$ _____ State _____ Date _____ Qtr
\$ _____ State _____ Date _____ Qtr
\$ _____ State _____ Date _____ Qtr
\$ _____ State _____ Date _____ Qtr

E-FILE / FILING INFO -- REFUND / PMT INFO

- 1 How do you want any refund sent to you? Must check one
☐ Direct Deposit (takes a few days)
☐ Applied to Next Year's Return
☐ Paper Check in the Mail (could take several weeks)
- 2 Any taxes due will be paid by check along with Voucher provided by tax preparer. It is the taxpayer's responsibility to mail payments before tax due dates.

Special Information for the Tax Preparer

General

YES NO

Is there something "unique" that the preparer should pay special attention to or know?

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Tax Client Home Office Deduction Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank.

General

Date home was first used for Business?

--

Square Footage of Area Used for Home Business

--

Total Square Footage of the Home

--

Deduction Expenses:

Current Year

Casualty Losses

\$

Deductible Mortgage Interest

\$

Real Estate Taxes

\$

Insurance

\$

Rent

\$

Repairs and Maintenance

\$

Utilities

\$

Other:

\$

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\$

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\$

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\$

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\$

Depreciation:

Do you have depreciable assets? Yes

No

If yes...please provide a detailed depreciation schedule.

The schedule should include: (Prior year detail is preferred)

a. Asset Description

b. Date Placed in Service

c. Cost

d. Accumulated Depreciation

e. Method of Depreciation and Years

Two Forms of ID Required For ALL Returns

Taxpayer Name _____

Social Security Number _____

Spouse Name _____

Social Security Number _____

Photo ID #1-Required

1 Other Form of ID-Required

Photo ID #1-Required

1 Other Form of ID-Required

Place Voided Check Here if Client Wants Direct Deposit

I hereby authorize the use of this identification above to electronically file my federal tax return according to IRS Publication 1345.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Spouse)

Tax Client Schedule A Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Include any back-up documents under Scan Coversheet.

Medical Expenses	2020	
Medical & Dental Expenses	\$	
Medical Insurance Premiums Paid		
(Other than Social Security Medicare Payments)	\$	
Long Term Care Premiums	\$	
Prescription Drugs and Medications	\$	
Medical Miles Driven		

Tax Expenses – LIMITED TO \$10,000	2020	
State and Local Income Taxes Paid		
(Other than those on W-2s, 1099s, etc...)	\$	
2019 Income Taxes Paid in 2020	\$	
Real Estate Taxes	\$	
Personal Property Taxes	\$	
Other Taxes:		
	\$	
	\$	
Qualified New Vehicle Taxes	\$	
Additional State or Local/Taxes	\$	

Interest Expense	2020	
Home Mortgage Interest reported on Form 1098	\$	* Include Form under Scan Coversheet
Home Mortgage Interest paid to others	\$	
Refinancing Points Paid in 2020	\$	
Investment Interest (other than K-1)	\$	

Contributions	2020	
Cash Contributions	\$	
(Note: Please provide a detailed list for donations over \$500)		
Non Cash Contributions	\$	
(Note: Please provide a detailed list for donations over \$500)		
Volunteer Mileage Driven		

Casualty & Theft Losses
If you had any casualty or theft losses during the year, please provide detail below, including date,description, amount of casualty or loss, any insurance reimbursement & basis in the property.

Tax Client Schedule C Info-One Form Per Business

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH Sch C

**** Please Note:** If possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If available, write "See next xx pages" below and stack under this page. If not available, please use the input sheet below.

Business Info: (Required for all)

Taxpayer <input type="checkbox"/>	or Spouse <input type="checkbox"/>	Address of Business _____
Name of Business _____		Business Code _____
EIN Number (If any) _____		Date Business Started _____
Accounting Method <input type="checkbox"/>	Cash	Did you materially participate in the business? Yes No
<input type="checkbox"/>	Accrual	
<input type="checkbox"/>	Other _____ (Specify)	

General Questions: (Required for all)

1.) Are you claiming use of a home office?	Yes	No	If yes...please include Home Office Deduction Worksheet
2.) Do you have depreciable assets?	Yes	No	If yes...please provide a detailed depreciation schedule.
The schedule should include: (Prior year detail is preferred)			
a. Asset Description			
b. Date Placed in Service			
c. Cost			
d. Accumulated Depreciation			
e. Method of Depreciation and Years			
3.) Vehicle Information	Year/Make/Model:		Date Placed in Service: _____
	Total Miles Driven: _____	Business Miles: _____	Commuting Miles: _____
4.) Self Insured Health Insurance Deduction?	Yes	No	If yes...how much did you pay?

Income Questions: (Required if no P&L or Trial Balance Available)

Total Sales	_____
Other Income	_____

Cost of Goods Sold: (Required if no P&L or Trial Balance Available)

Beginning Inventory	_____
Purchases	_____
Cost of Labor	_____
Materials and Supplies	_____
Ending Inventory	_____

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising	\$ _____	Repairs & Maintenance	\$ _____
Auto Expenses	\$ _____	Supplies	\$ _____
(other than Mileage)	\$ _____	Taxes & Licenses	\$ _____
Commissions	\$ _____	Travel	\$ _____
Contract Labor	\$ _____	Meals (Total)	\$ _____
Depletion	\$ _____	Utilities	\$ _____
Depreciation (Need Sched)	\$ _____	Wages	\$ _____
Employee Benefit Programs	\$ _____	Other:	_____
Insurance (Other than Health)	\$ _____		\$ _____
Interest	\$ _____		\$ _____
a.) Mortgage	\$ _____		\$ _____
b.) Other	\$ _____		\$ _____
Legal & Professional	\$ _____		\$ _____
Office Expense	\$ _____		\$ _____
Pension & Profit Sharing Plans	\$ _____		\$ _____
Rent or Lease	\$ _____		\$ _____
a.) Vehicles, Machinery	\$ _____		\$ _____
b.) Other	\$ _____		\$ _____

Tax Client Schedule E Info-One Page Per Property

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH property

Taxpayer Name _____

Social Security Number _____

Spouse Name _____

Social Security Number _____

General: (Required for all)

Property Description _____

Address _____

City _____ State _____ Zip _____

Owner of Property ☐ Taxpayer

☐ Joint

General Questions:

1. Enter "X" for Active Participant. ☐

2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days. ☐

If Checked, enter the number of days for personal use _____

If Checked, enter the number of days rented _____

3. Do you have depreciable assets? Yes No *If yes...please provide a detailed depreciation schedule.*

The schedule should include: (Prior year detail is preferred)

a. Asset Description

b. Date Placed in Service

c. Cost

d. Accumulated Depreciation

e. Method of Depreciation and Years

Income:

Current Year

Rents Received

\$ _____

Royalties

\$ _____

Property Expense:

Current Year

Advertising

\$ _____

Cleaning/Maintenance

\$ _____

Commissions

\$ _____

Insurance

\$ _____

Legal and Other Professional

\$ _____

Management Fees

\$ _____

Qualified Mortgage Interest

\$ _____

Other Interest

\$ _____

Repairs

\$ _____

Supplies

\$ _____

Real Estate Taxes

\$ _____

Other Taxes

\$ _____

Utilities

\$ _____

Other:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below. No need to re-write here as long as info is easily readable by tax preparer

* Use a separate Worksheet for EACH property

Assets

Depreciation (Please provide detailed schedule - see above)

New Assets Placed in Service This Year:

Date Placed

in Service

Purchase Amount

1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____

