

PHILIPPS AND BROOKS CLIENT INFORMATION SHEET

Taxpayer Name _____ SS# _____ DOB _____

Spouse's Name _____ SS# _____ DOB _____

Address _____

Email _____ Home Number _____ Cell Number _____

Dependents:

Name	DOB	SS#

Driver's License Information:

	Taxpayer:	Spouse:
License or ID number		
Issuing State:		
Issue Date:		
Expiration Date:		
Document number:		

Please answer each question by circling Y or N to help us understand your current year tax situation. For every question answered Y(yes), please provide details on the reverse side of this page. If a question does not pertain to you, please circle N.

1.	Did your marital status change during the year?	Y	N
2.	Name change during the year? If yes, was Social Security notified? Y N	Y	N
3.	Did your address change during the year?	Y	N
4.	Were you a resident or receive income in more than one state this year? What state?	Y	N
5.	Were there any changes in dependents?	Y	N
6.	Did any of your dependent children under age 18 (24 if college student) have any income?	Y	N
7.	Are you or any dependents blind or disabled?	Y	N
8.	Did you incur any childcare or dependent care expenses?	Y	N
9.	Did you or a dependent reside in assisted living/nursing home during 2020?	Y	N
10.	Did you or anyone in your household receive an Identity Protection PIN? If yes, please provide us with a copy of this notice.	Y	N
11.	Did you contribute to a 529 plan? If yes, how much \$_____ What state? _____	Y	N
12.	Did you or any member of your household pay educational expenses for post-secondary education? Do you have any student loan interest?	Y	N
13.	Did you cash any series EE or I U.S. Savings Bonds that were issued after 1989 and paid for qualified higher education expenses?	Y	N
14.	Did you contribute to/receive a distribution from any retirement plan or did you convert retirement funds to a Roth IRA?	Y	N
15.	Did you buy or sell any stocks or bonds in 2020?	Y	N
16.	Did you have any worthless stock in 2020?	Y	N
17.	Did you pay or receive alimony? Select one ___pay ___receive To/From: _____ SS# _____ Amt \$ ____ Date of original divorce or separation agreement	Y	N
18.	Did you make cash or non-cash charitable contributions?	Y	N
19.	Did you pay wages of more than \$2,200 to any one household employee?	Y	N
21.	Did you make any energy efficient improvements to your home in 2020? If so, please submit details.	Y	N

22.	Did you make any large purchases (vehicle/boat/RV) in 2020? If so, submit copy of sales receipt.	Y	N
23.	Did you purchase, sell or refinance your principal residence or 2 nd home, or take out a home equity loan? If you sold your home did you claim First Time Home Buyer Credit when you purchased it?	Y	N
24.	Did you have any casualty losses due to federally declared disaster?	Y	N
25.	Do you have a vacation home that was rented to someone else at any time?	Y	N
26.	Did you make any gifts directly or through a trust, which exceeded \$15,000 per person?	Y	N
27.	Did you have any financial interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country at any time during 2020? If yes, did the value of these accounts exceed \$10,000 at any time during the calendar year?	Y	N
28.	During 2020, did you have an interest in a foreign financial account and if so, where?	Y	N
29.	During this past year, did you receive a distribution from or have benefits as a grantor or transferor to a foreign trust?	Y	N
30.	Did you and your dependents have health care coverage for the full year from an employer sponsored plan? Did you receive an advance premium for health insurance purchased through a Health Insurance Marketplace (Exchange)? If yes, attach Form 1095-A.	Y	N
31.	Did you or your spouse contribute to or receive a distribution from a Health Savings Account?	Y	N
32.	If you or your spouse are self-employed, did you pay any health or long-term care insurance premiums?	Y	N
33.	At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	Y	N
34.	Did you receive NYS property tax freeze credit? If yes, enter the amount \$ _____.	Y	N
35.	Did you receive an economic stimulus payment during 2020? Amount #1 \$ _____ #2 \$ _____	Y	N