

MARTIAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> HEAD OF HOSEHOLD <input type="checkbox"/> MARRIED JOINT <input type="checkbox"/> MARRIED SEPARATE									
New clients, how did you hear about us? Google    Yelp    Internet					Who referred you?				
1. If Filing Married Separately, is your spouse Itemizing? Or claiming mortgage interest deduction?..... 2. Did you make <b>CASH</b> Charitable Donation(s) totaling \$300 or more during the year? ..... 3. Can someone claim YOU as a dependent? ..... 4. Did you purchase/sell/exchanged any virtual/crypto currency?..... 5. Did <b>ANYONE</b> in your household have <b>HEALTH INSURANCE</b> through the Marketplace? ..... <i>If Yes, do you have <b>FORM 1095-A?</b> We will need it to complete your tax return .....</i> 6. Receive COVID Advanced Child Tax Credit/Economic Impact Payments? How many children? ....								Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
If Yes, upload IRS letters <b>6419-G, 1444, or 6475</b> . Otherwise refund will be delayed. Specify Received Amount: <b>Not Providing the correct amount will cause Tax Return Processing/Refund delays. ~ 6 Months</b>								<input type="checkbox"/>	<input type="checkbox"/>
TAXPAYER INFORMATION					SPOUSE INFORMATION				
Name (First, Initial, Last Name)					Name (First, Initial, Last Name)				
SSN		Date of Birth			SSN		Date of Birth		
Driver License/State ID #	State	ISS Date	Exp Date		Driver License/State ID#	State	ISS Date	Exp Date	
Occupation				Disabled	Occupation				Disabled
Cell Phone	Alternate Phone				Cell Phone	Alternate Phone			
May we contact you by text message?      Yes <input type="checkbox"/> No <input type="checkbox"/>					May we contact you by text message?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
E-Mail Address					E-Mail Address				
Mailing Address				Apt	City			State	Zip
Did you live at this address all year?      Yes <input type="checkbox"/> No <input type="checkbox"/>					Moved Date:				
If you moved in 2021, provide Previous Address:					County:				
DID YOU RECEIVE ANY NON-TAXABLE INCOME?					YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		How much per Month/Year		
<b>STIMULUS</b> - Providing Incorrect amount can delay refund ~ 6 months!					- Third Payment (before off set)		\$		
Child Support? .....							\$		
Received/Paid Alimony? .....Please Specify Divorce Date: .....							\$		
Worker's Compensation? .....							\$		
What was your PRIOR YEAR Earned Income (2020) (New Clients Only).....							\$		
DEPENDENT INFORMATION									
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses <input checked="" type="checkbox"/>	Disabled <input checked="" type="checkbox"/>	College Student <input checked="" type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>		

**DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (✓All that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Wages-W2's. Indicate # of W2's Forms _____         | <input type="checkbox"/> K-1. or Royalties. # of Forms: _____                                 | <input type="checkbox"/> Medical Expenses.   |
| <input type="checkbox"/> Interest - 1099-INT. Indicate # of Forms _____     | <input type="checkbox"/> Rental Home. # of Rentals: _____State_____                           | <input type="checkbox"/> Contribute to Health Savings Account or Flex Spending 1099-SA                             |
| <input type="checkbox"/> Dividends- 1099-DIV. Indicate # of Forms _____     | <input type="checkbox"/> Sale of Real Estate, or 1099-S                                       | <input type="checkbox"/> Alimony Paid? Divorce-Date: _____ Amount: _____   |
| <input type="checkbox"/> Active Duty Military? State of Record? _____       | <input type="checkbox"/> Unemployment Compensation(1099-G)                                    | <input type="checkbox"/> Alimony Received? Divorce-Date: _____ Amount: _____                                       |
| <input type="checkbox"/> Business Income (Sch C, 1099-MISC, 1099-NEC)       | <input type="checkbox"/> Social Security Benefits (1099-SSA)                                  | <input type="checkbox"/> Contribute/withdrew from 529 Education Savings plan?                                      |
| <input type="checkbox"/> Stock Sale/Capital Gains-1099-B. # Forms: _____    | <input type="checkbox"/> Foreign Financial account over \$10,000                              | <input type="checkbox"/> Contribute to Traditional IRA for 2021? Amount: _____                                     |
| <input type="checkbox"/> Unreported tip Income more than \$20               | <input type="checkbox"/> Were you a citizen or have income from or live in a foreign country? | <input type="checkbox"/> Did you Convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA - Form 8606? |
| <input type="checkbox"/> IRA/Pension Distributions (1099-R). # Forms: _____ | Did You Pay Student Loans - Form 1098E  | Did you go through bankruptcy, foreclosure, or repossession proceedings?   |
| Did you give a gift of more than \$15,000 to one or more people?            | Did you incur a loss because of damaged or stolen property?                                   | Were you notified or audited by either the IRS or State taxing agency?   |
| Did you pay anyone for domestic services in your home?                      | Any Out of State Purchases  | Teachers: Did You Incur in out of pocket classroom expenses up to \$250. If Yes, state amount:                     |
| Did You Pay Mortgage Interest - Form 1098?                                  | Taxpayer IRS Identity Pin:  |  |
| Did you Pay Real Estate Taxes - Form 1098?                                  | Spouse IRS Identity Pin:  |  |
| Did you Pay Personal Property Tax? Vehicles                                 | Gambling/lottery winnings   |  |
| Purchase energy-efficient improvements for your home? or Electric vehicle?  | Refinance or obtained mortgage equity loan.If Yes   |  |
|   | Amount used for something other than acquiring or improving home:                             |  |

**MEDICAL/DENTAL EXPENSES - Only list out of pocket expenses not paid by insurance or others - No Need to upload receipt - We will ask if needed**

Medical insurance premiums (paid by you):	Medical Equipment, supplies:
Long Term Care insurance	Nursing Care
Prescription Drugs	Medical therapy
Glasses, contacts	Hospital Expense
Hearing aids, batteries	Doctor/Dental/Orthodontist
Braces	Medical Mileage

**DAY CARE EXPENSES - Please Upload Receipts**

<b>Provider # 1</b>	<b>Provider #2</b>
Address	
EIN/SS#	
Amount Paid	
Child Name	

ESTIMATED TAX PAYMENTS	FEDERAL PAYMENTS	ESTIMATED STATE PAYMENTS	INDCATE STATE:
IRS 2020 Refund Applied to 2021 Taxes:		State 2020 Refund Applied to 2021 Taxes:	
<b>Quarter 1</b>			
<b>Quarter 2</b>			
<b>Quarter 3</b>			
<b>Quarter 4</b>			

**REAL ESTATE AND PROPERTY TAX PAYMENTS**

Real Estate Taxes Paid in 2021 for your House:	Property Tax Paid (Vehicle, Boat, etc.):
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**PRINCIPAL RESIDENCE**

<b>Did You sell your principal residence in 2021?</b> YES NO	<b>Did you purchase a new residence?</b> YES NO
Did you own and use it as a principal residence for the last two of five years before the sale?	Yes No Move in Date
Did you sell a previous residence within two years before the sale date and exclude any gain?	Yes No
After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)?	Yes No
Did you purchase any energy-efficient improvements such as qualified solar electric, water heating, fuel cell, wind or geothermal device?	Yes No
Did you receive a first-time homebuyer credit for a home purchased in 2008?	Yes No If Yes, enter amount of credit:
<b>IF SOLD:</b> Original purchase date: Original Purchase Price: Purchase Closing Costs: Improvements (Kitchen, roof, etc.):	Sale Date: Sale Price: Sale Commission: Sale Closing Costs: Sale Improvements (Roof, Bathroom, etc.): Other Selling Expenses: <b>Please Provide Original Purchase Settlement Document (2 Page) Closing Costs. Also Sale Settlement Document</b>

### CHARITABLE DONATIONS MADE BY CHECK OR CASH

**NOTE: The IRS requires that ALL cash contributions of less than \$250 be evidenced by a check or written receipt from the charitable organization, or by a payroll deduction. Cash contributions without a written receipt from the charity are NOT allowed per the IRS. To confirm that you have such a written receipt, insert "Yes" in column C. Failure to inset a check mark in Column C will be considered by us that you lack the required documentation and cannot claim a tax deduction.**

**NOTE: For individual donations OVER \$249, the IRS requires that you have a contemporaneous written acknowledgement from the charity stating that you did NOT receive any goods or services in return for your donation. If your receipt lacks this required IRS language, contact the donee organization and request that it send you a receipt with the IRS required language. Insert a "Yes" in column D if you have already received the required written statement from the charity. Failure to have this acknowledgement results in no tax deduction allowed.**

**NOTE: The IRS does NOT allow taxpayers to deduct cash contributions to a place of worship which are not substantiated by a written proof of the donation. Thus, rather than putting cash in a basket being passed around the church, be sure to insert your check in the envelope provided by your place of worship so that you can claim a tax deduction.**

**Do NOT send MAG TAX SERVICE LLC YOUR INDIVIDUAL RECEIPTS - If necessary, we will request them.**

[illegible]

## NON-CASH CHARITABLE DONATIONS

**Do NOT send MAG TAX SERVICE LLC YOUR INDIVIDUAL RECEIPTS - If necessary, we will request them.**

**Note 1: If your non-cash contributions total less than \$500, you only need to provide the name of the organization and the fair market value of your donation in the table below.**

**Note 2:** If any donation exceeds \$250, by listing the donation below, you're acknowledging that you have a receipt from the charity stating that no goods or services were received by you in exchange for your donation.

**Note 3: If your non-cash contributions total more than \$500, provide ALL the information requested below (including street, city, state, & zip code of charity). Failure to provide ALL of the requested information means that you cannot claim a charitable contribution. Use your best estimate when providing date of purchase and cost when purchased.**

**Note 4: For non-cash contributions over \$5,000, the IRS requires that a written and independent appraisal report be attached to your tax return.**

**Note 5: Do not send us your Goodwill or other charitable receipts. Simply complete this schedule.**

**Note 6: The IRS recommends that you photograph donated goods to substantiate value and condition.**

[illegible]

**Attach Forms 1098-E, 1098-T, and 1099-Q)**

1) Student's Name .....	_____	_____	_____
2) If in college, was student enrolled at least half-time for at least one academic period beginning in 2021? .....	Yes      No	Yes      No	Yes      No
3) Felony Conviction? <sup>1</sup> .....	Yes      No	Yes      No	Yes      No
4) Educational Purpose (degree seeking, job related).....	_____	_____	_____
5) Name of Institution.....	_____	_____	_____
6) Total Amount Paid (attach detailed list of expenses) (Include Book Cost not included in 1098 form) .....	\$ _____	\$ _____	\$ _____
7) Paid By Whom? .....	_____	_____	_____
8) Student's Grade or Year in College .....	_____	_____	_____
9) Scholarships received?			

Rental Income	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
Rent Received				
Expenses				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Date Placed in Service:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

**Do NOT send MAG TAX SERVICE LLC YOUR INDIVIDUAL RECEIPTS - If necessary, we will request them....**

Income		Expenses continue...	
Gross Income/Revenue		Interest expense	
Other income		Janitorial, Trash, Cleaning	
Returns and Allowances		Licenses & Permits	
<b>Cost of Sales</b>		Meals	
Beginning Inventory		Office Expenses	
Purchases		Postage and shipping	
Cost of Labor		Printing	
Materials & supplies		Professional fees (accounting, legal, payroll)	
Freight in		Recruiting	
Other		Rent - Equipment	
Ending inventory		Rent - Property	
<b>Expenses</b>		Repairs & maintenance	
Advertising and Marketing		Royalty payments	
Automobile - Complete page 20		Salary and wages	
Bank and Credit Card fees		Security	
Commissions & fees		Supplies	
Computer and Internet		Taxes - Employer Payroll	
Contracted Services - Temporary Help		Taxes - other	
Delivery & Freight		Taxes - Real Estate	
Dues & Subscriptions		Telephone	
Education and Training		Travel and lodging	
Employee Benefits		Uniforms	
Fines & Penalties		Utilities (electric, gas, water, heating)	
Home Office - Complete page 21		Other:	
Insurance - Auto		Other:	
Insurance - Cyber		Other:	
Insurance - General Liability		Other:	
Insurance - Health & Dental		Other:	
Insurance - Workers Compensation		Other:	

**Please answer the following questions:**

- 1 What type of business are you operating? \_\_\_\_\_
- 2 What is the name of your business? \_\_\_\_\_
- 3 What is your business address? \_\_\_\_\_
- 4 Do you materially participate in the operation of this business? \_\_\_\_\_
- 5 Did you make any payments that would require you to file form 1099? \_\_\_\_\_

**If you purchased any assets or made improvements greater than \$2,500, please complete table below. Do not include these expenditures above.**

[illegible]

## HOME OFFICE DEDUCTION INFORMATION

**Note: Telework does not qualify for home office deduction. Do not complete if you are teleworking**

### For Sole Proprietors or Single Member LLC that file Schedule C

Note: To claim a home office deduction you must be able to answer "YES" to the following questions:

	YES	NO
1. Are you engaged in a trade or business?	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>
2. Is your home office your primary place of business?	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>
3. Is the portion of your residence used EXCLUSIVELY for business purposes?	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>
4. Is the portion of your residence used REGULARY for business purposes?	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 50px; height: 25px; border: 1px solid black;" type="text"/>

Note: If both spouses each have a self-employed business and wish to claim the home office deduction, please complete a separate schedule for each spouse.

1 Total square feet of your home?	
2 Square feet of business use?	
3 Date home first used for business?	
4 Original Purchase price of home?	
5 Value of Land when home was purchased?	
6 Amount spent for homeowner insurance?	
7 Amount spent on utilities?	
8 Amount spent on mortgage interest & PMI?	
9 Amount spent of real estate taxes?	
10 Amount spent for rent?	
11 Amount spent for repairs & maintenance?	
12 Other expenses:	
13 Other expenses:	

**Home Improvements: If you made improvements greater than \$2,500, please complete table below. Do not include these expenditures above.**

Date of Purchase	Item purchased	Purchase Price

**I acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I have submitted this information for the sole purpose of preparing my tax return (s). Each item can be substantiated by receipt, canceled checks, or other documents. I guarantee payment of the preparation fee and any related charges as agreed to by confirmation of MAG TAX Service LLC quoted price. Do you want to allow MAG TAX Service LLC to discuss your Federal Return with the IRS if necessary?    Yes:        No:**

Routing Number:

\_\_\_\_\_  
Signature of Tax Payer

\_\_\_\_\_  
Date Signed

Account Number: