

CLIENT TAX PREPARATION QUESTIONNAIRE 2021

These are questions we would normally ask you while sitting with us during preparation. Please read carefully.

NAMES (TP / SP)

Address Line 1 _____ TP CELL _____
 PHONE # _____ TP EMAIL _____

Address Line 2 _____ SP CELL _____
 PHONE # _____ SP EMAIL _____

IF WE DO NOT HAVE YOUR SOCIAL SECURITY NUMBER AND BIRTH DATE ON FILE PLEASE LIST THEM BELOW

FULL LEGAL NAME _____ SOC SEC # _____ Date of Birth _____ Occupation _____

TP _____

SP _____

YES **NO** CHECK IF THE FOLLOWING APPLY DURING 2021:

DID YOU OR YOUR SPOUSE RECEIVE AN IRS PIN DUE TO IDENTITY THEFT? (PLEASE PROVIDE DOCUMENTS)

DID YOUR MARITAL STATUS CHANGE (HOW SO) _____
 Did you and your spouse live in SEPARATE households for the entire year? _____ For the last 6 months? _____

DID YOUR ADDRESS CHANGE? IF YOU MOVED TO OR FROM ANOTHER STATE;
 WHERE? _____ DATE OF MOVE? _____

DO YOU LIVE INSIDE THE CITY LIMITS OF ST LOUIS CITY DURING PART OR ALL OF 2021? MONTHS IN CITY _____

DID YOU LOSE ANY OF THE DEPENDENTS LISTED ON YOUR 2020 TAX RETURN?
 Which dependents did you lose? _____ Why? _____
 Which dependents did you lose? _____ Why? _____

DID ANY OF YOUR DEPENDENTS LIVE IN YOUR HOME FOR LESS THAN 6 MONTHS OF 2020? (NOT INCLUDING TIME AWAY FOR SCHOOL)
 If yes, where did they live when not in your home? Are you still claiming him/her as a dependent?

DID YOU ADD ANY DEPENDENTS IN 2020?

Name	Relationship	Birth Date	Social Security #	Months in Home

IS IT POSSIBLE THAT A DIFFERENT TAXPAYER MIGHT CLAIM ANY OF YOUR DEPENDENTS? EXPLAIN

DID YOUR DEPENDENT UNDER 13 USE DAYCARE, SUMMER DAY CAMPS OR AFTER SCHOOL PROGRAMS?
 YOU ARE REQUIRED TO PROVIDE THE FULL NAME, ADDRESS, EIN OR SSN OF PROVIDERS AND AMOUNT PAID

Provider	\$ Amount Paid	Dependent Served

DID YOU MAKE ESTIMATED QUARTERLY TAX PAYMENTS, 1040-ES?

FEDERAL	DATE PAID	AMOUNT	STATE	DATE PAID	AMOUNT
1ST Q			1ST Q		
2ND Q			2ND Q		
3RD Q			3RD Q		
4TH Q			4TH Q		

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DID YOU OR YOUR SPOUSE CONTRIBUTE TO A TRADITIONAL IRA OR ROTH IRA (NOT AN EMPLOYER'S PLAN)?

	TRADITIONAL	\$ AMOUNT	ROTH	\$ AMOUNT
TAXPAYER	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
SPOUSE	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU WITHDRAW MONEY FROM A PENSION PLAN, 401(K), OR IRA?

401K _____ IRA _____ ROTH IRA _____ SIMPLE _____ SEP _____ 403B _____ 457 _____ OTHER _____

Be sure to enclose all of the 1099R forms.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE OR PAY ALIMONY/MAINTENANCE? \$ _____ /PER MONTH NUMBER OF MONTHS _____

DATE OF SETTLEMENT _____ - _____ - _____ IF YOU ARE NEW - WE NEED OTHER PARTIES SSN _____ - _____ - _____
THIS ONLY APPLIES IF YOU HAVE A PRE 2019 DIVORCE. THIS HAS NOTHING TO DO WITH CHILD SUPPORT

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU OR YOUR SPOUSE TAKE COLLEGE COURSES? **PLEASE PROVIDE 1098-T.** Spent on **JUST** books & supplies \$ _____

Did you receive any reimbursements for the EDUCATION EXPENSES from your employer or the governeemt? Explain

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOUR DEPENDENT GO TO COLLEGE/TRADE SCHOOLS? **PLEASE PROVIDE 1098-T.** Spent on **JUST** books & supplies \$ _____
AMOUNTS SPENT ON ROOM AND BOARD IS NOT PART OF THIS CALULATION. ONLY BOOKS, SUPPLIES, & RELATED FEES.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU CONTRIBUTE TO A 529 ACCOUNT (COLLEGE FUND)? \$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU HAVE ANY DISTRIBUTIONS FROM A 529 ACCOUNT? IF **YES** PLEASE PROVIDE ALL 1099-Q's ISSUED.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SELL STOCKS/BONDS/MUTUAL FUNDS, OTHER THAN IN AN IRA, 401(K), OR PENSION FUND?

PLEASE PROVIDE SALE INFORMATION (INCLUDING ALL COST BASIS' FOR ALL TRANSACTION) (Broker 1099B)

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU SHORT SALE A PROPERTY, FILE A BANKRUPTCY, OR HAD DEBT FORGIVEN? Explain

<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU RECEIVED A 1099-A OR C PLEASE PROVIDE THOSE FORMS

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU PURCHASE REAL ESTATE?

ADDRESS OF PROPERTY _____ Date Of Purchase _____ Purchase \$ _____ Type of Use (Rental? Vacation? Home? Etc.) _____

<input type="checkbox"/>	<input type="checkbox"/>
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Provide Closing Statements for each purchase. (Also refered to as HUD-1 or ALTA statement). Ask your RE agent or title company for a copy.

DID YOU SELL REAL ESTATE?

ADDRESS OF PROPERTY _____ Date Of Sale _____ Purchase \$ _____ Type of Use (Rental? Vacation? Home? Etc.) _____

Provide Closing Statements for each purchase. (Also refered to as HUD-1 or ALTA statement). Ask your RE agent or title company for a copy.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INVEST IN A **NEW** BUSINESS VENTURE? If YES, please contact our office to discuss what might be needed.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INHERIT REAL ESTATE, STOCKS, BONDS, OR IRAs? Are you to get a K-1 from the estate or trust?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU HAVE AN INTEREST OR SIGNATURE AUTHORITY OVER A FOREIGN BANK OR INVESTMENT TYPE ACCOUNT DURING ANY TIME IN 2020?

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE A DISTRIBUTION FROM, OR WERE YOU THE GRANTOR OF, OR TRANSFEROR TO, A FOREIGN TRUST OR DID YOU HAVE AN INTEREST IN ANY FOREIGN ASSETS OR ACCOUNTS.

<input type="checkbox"/>	<input type="checkbox"/>
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DID THE TOTAL BALANCES OF ALL FOREIGN ACCOUNTS EQUAL OR EXCEED \$10,000 AT ANY TIME DURING THE YEAR?

(PENALTY FOR FAILING TO REPORT FOREIGN ACCOUNTS IS \$10,000 PER ACCOUNT PER YEAR!)

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE, SELL, EXCHANGE, OR OTHERWISE DISPOSE OF ANY FINANCIAL INTEREST IN ANY VIRTUAL CURRENCY? (I.E., BITCOIN)

YOU ARE REQUIRED BY LAW TO REPORT THE GAINS FOLLOWING SIMILAR RULES FOR STOCK SALES.

<input type="checkbox"/>	<input type="checkbox"/>
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MEDICAL EXPENSES (OTHER THAN MEDICAL INSURANCE) UNREIMBURSE BY INSURANCE OR HSA \$ _____
(Doctors, dentists, therapy, medical devices, home alterations, hospitals, medical travel,etc.)

<input type="checkbox"/>	<input type="checkbox"/>
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TOTAL MEDICAL INSURANCE PREMIUMS (OTHER THAN MEDICARE AND OTHER THAN THOSE PAID THROUGH PAYROLL DEDUCTION WITH PRE TAX DOLLARS) \$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU ENGAGE THE SERVICES OF ANY HOUSEHOLD EMPLOYEES? (PLEASE PROVIDE PAYROLL DOCUMENTS AND SCHEDULE H)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

MEDICARE PREMIUM THAT WERE NOT PAID THRU SOCIAL SECURITY OR RAILROAD RETIREMENT DEDUCTIONS \$ _____

DID YOU REFINANCE YOUR PRIMARY RESIDENCE IN 2020. IF YES PLEASE PROVIDE CLOSING DISCLOSURE DOCS.

IF YES, DID YOU TAKE OUR ANY CASH TO USE ON THINGS OTHER THEN THE HOUSE? I.E. BUY A CAR OR PAY CREDIT CARDS?

PLEASE PROVIDE DETAILS _____

<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU ARE OVER 70, DID YOU CONTRIBUTE TO A CHARITABLE ORGANIZATION DIRECTLY FROM AN IRA ORGANIZATION AMOUNT

<input type="checkbox"/>	<input type="checkbox"/>
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CONTRIBUTIONS TO CHARITY: MONETARY Checks & Cash \$ _____

You are required to have records to prove contributions and letters from organizations for any contribution over \$250

<input type="checkbox"/>	<input type="checkbox"/>
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CONTRIBUTIONS TO CHARITY: NONCASH

LIST THE ORGANIZATIONS YOU CONTRIBUTED TO AND THE **DOLLAR VALUE** OF THE GOODS DONATED.

	ORGANIZATION AND ADDRESS	DATE OF CONTRIBUTION	DISCRIPTION OF DONATED GOODS	FAIR MARKET VALUE / THRIFT SHOP VALUE
#1				
#2				
#3				
#4				

Helpful sites for valuing items: check websites of Donation Calculator.Com or satruck.org/home/donation value guide

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU INCUR UNREIMBURSED EXPENSES DOING CHARITABLE VOLUTEER WORK?

Total cost of goods, office supplies, travel, meeting expenses, etc. _____

Total miles driven for charitable work _____

<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU PARTICIPATED IN THE AFFORDABLE CARE ACT (OBAMACARE) YOU MUST PROVIDE A FORM 1095-A.

You cannot file the TAX RETURN without this form. The return will NOT get processed and you will receive a notice from the IRS.

<input type="checkbox"/>	<input type="checkbox"/>
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HSA - DID YOU MAKE ANY CONTRIBUTIONS TO A HAS PLAN OUT SIDE OF WORK? \$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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HSA - WAS ALL OF THE DISTRIBUTION ACTUALLY USED FOR MEDICAL PURPOSES?

<input type="checkbox"/>	<input type="checkbox"/>
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SELF-EMPLOYED INDIVIDUALS: YOU MAY RECEIVE A NEW TYPE OF 1099. **1099-NEC (NON EMPLOYEE COMPENSATION)**

If you need worksheets to help your organize and prepare you income and expenses by category, please call us.

<input type="checkbox"/>	<input type="checkbox"/>
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RENTAL REAL ESTATE OWNERS: If you need worksheets to help you organize and prepare your income and expenses, call us.

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU DO ENERGY EFFICIENT IMPROVEMENTS? PLEASE PROVIDE \$ AMOUNT FOR EACH

SOLAR \$ _____ FURNACE 96%+ \$ _____ AC SEER 16+ \$ _____ WINDOWS \$ _____

EXTERIOR DOORS \$ _____ INSULATION \$ _____ WATER HEATER/BOILER 90% + EFF. \$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU PURCHASE A **NEW** HYBRID PLUG IN OR ALL ELECTRIC VEHICLE? COST \$ _____

MAKE _____ MODEL _____ VIN _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

DID YOU RECEIVE THE 3rd STIMULUS PROGRAM PAYMENT FROM THE US GOVERNMENT? FORM 1444-C

THIS CREDIT WAS **\$1,400** FOR TAXPAYER, SPOUSE AND DEPENDENTS HOW MUCH? \$ _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID ANY OF YOUR DEPENDENTS RECEIVE **DIRECT** PAYMENTS FROM THE STIMULUS PROGRAM?

(This is NOT the amount YOU received because you have a dependent)

LIST EACH DEPENDENT AND THE AMOUNT THEY RECEIVED _____

<input type="checkbox"/>	<input type="checkbox"/>
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DID YOU RECEIVE ANY ADVANCED CHILD TAX CREDIT PAYMENTS. IF SO YOU SHOULD HAVE A FORM FROM THE IRS.

WE MUST HAVE THIS FORM TO COMPLETE YOUR RETURN.

(ALMOST DONE CONTINUES ON NEXT PAGE)

PLEASE, DO NOT HESITATE TO CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THIS FORM OR QUESTIONS GENERATED FROM FILLING OUT THIS FORM.

BE SURE TO INCLUDE ALL OF YOUR:

W2s	SOCIAL SECURITY SSA-1099's
INTEREST INCOME 1099's	MORTGAGE INTEREST STATEMENTS
DIVIDEND INCOME 1099's	UNEMPLOYMENT COMPENSATION / 1099G
STOCK SALES 1099B BROKER STATEMENTS	ANY OTHER 1099's
PENSION/IRA 1099R's	K-1's FROM PARTNERSHIPS / S-CORPS / TRUSTS / ESTATES
GAMBLING W2-G's	REAL ESTATE & PERSONAL PROPERTY TAX PAYMENTS

WHAT STATES ARE BEING FILED OTHER THEN MISSOURI? This information will need to be seperately stated if you need an extension for time to file.

DO YOU EXPECT TO HAVE TO FILE A RETURN FOR W-2 WAGES EARNED IN THE CITY OF ST. LOUIS OR KANSAS CITY?

ST. LOUIS CITY Y / N KANSAS CITY Y / N

DO YOU EXPECT TO HAVE TO FILE A RETURN FOR BUSINESS INCOME NOT ON A W-2 IN THE CITY OF ST. LOUIS OR KANSAS CITY?

ST. LOUIS CITY Y / N KANSAS CITY Y / N

DO YOU HAVE ANY QUESTIONS, COMMENTS OR CONCERNS FOR US FOR YOUR **2021** RETURN?

PLEASE PROVIDE A COPY OF A BLANK CHECK OR YOU CAN JUST FILL IN THE SPACES BELOW TO PROVIDE YOUR BANK NAME, ROUTING NUMBER, AND ACCOUNT NUMBER IF YOUR ACCOUNT HAS NOT CHANGED SINCE YOU PROVIDED A CHECK TO US IN PRIOR YEARS. IF YOUR ACCOUNT CHANGED, PLEASE PROVIDE A VOIDED CHECK OR A COPY OF A CHECK.

NAME OF BANK _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

BY SIGNING THE BELOW YOU ACKNOWLEDGE THIS INFORMATION TO BE TRUE AND CORRECT IN PREPARING YOUR TAX RETURN.

SIGNATURE OF PERSON COMPLETING QUESTIONAIRE _____

DATE: _____

TAXPAYER

SPOUSE (IF APPLICABLE)