

# CLIENT TAX PREPARATION QUESTIONNAIRE 2020

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

NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

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
_____	_____	_____

CHECK IF THE FOLLOWING APPLY DURING 2020:

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

2  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? \_\_\_\_\_

3  DID YOUR ADDRESS CHANGE? IF YOU MOVED TO ANOTHER STATE, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

4  DO YOU LIVE INSIDE THE CITY LIMITS OF ST LOUIS CITY DURING PART OR ALL OF 2019? MONTHS IN CITY \_\_\_\_\_

5  DID YOU LOSE ANY OF THE DEPENDENTS LISTED ON YOUR 2019 TAX RETURN?  
 Which dependents did you lose? \_\_\_\_\_ / \_\_\_\_\_ Why? \_\_\_\_\_  
 Which dependents did you lose? \_\_\_\_\_ / \_\_\_\_\_ Why? \_\_\_\_\_

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

7  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  
 \_\_\_\_\_

8  DID YOUR DEPENDENT UNDER 13 USE DAYCARE, SUMMER DAY CAMPS OR AFTER SCHOOL PROGRAMS?

Provider	Address	Amount Paid	Providers ID Number	Dependent Served
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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

**ROTH** Contributor Amount **TRADITIONAL** Contributor Amount

\_\_\_\_\_  
\_\_\_\_\_

11  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.

12  WAS THE WITHDRAWAL FROM THE IRA/RETIREMENT PLAN TAKEN BECAUSE COVID HAD A FINANCIAL IMPACT ON YOU?

To be exempt from the early withdrawal penalty, you must have been affected by the virus.

13  DO YOU INTEND TO PAY PART OR ALL OF THE IRA/RETIREMENT WITHDRAWAL AMOUNT BACK INTO A QUALIFIED PLAN

WITHIN 3 YEARS? Explain \_\_\_\_\_

14  DID YOU RECEIVE OR PAY ALIMONY/MAINTENANCE? \$\_\_\_\_\_/PER MONTH NUMBER OF MONTHS \_\_\_\_\_

DATE OF SETTLEMENT \_\_\_\_/\_\_\_\_/\_\_\_\_\_

15  DID YOU OR YOUR SPOUSE TAKE COLLEGE COURSES? **PLEASE PROVIDE 1098-T.** Spent on books & supplies \$\_\_\_\_\_

Did you receive any reimbursements from your employer or the government? Explain

16  DID YOUR DEPENDENT GO TO COLLEGE/TRADE SCHOOLS? **PLEASE PROVIDE 1098-T.** Spent on books & supplies \$\_\_\_\_\_

17  DID YOU CONTRIBUTE TO A 529 ACCOUNT (COLLEGE FUND)? \$\_\_\_\_\_

18  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)**

19  DID YOU SHORT SALE A PROPERTY, FILE A BANKRUPTCY, OR HAD DEBT FORGIVEN? Explain

20  IF YOU RECEIVED A 1099-A OR C PLEASE PROVIDE THOSE FORMS

21  DID YOU PURCHASE REAL ESTATE?

Address Date Cost Type of Use (Rental? Vacation? Home? Etc.)

\_\_\_\_\_  
\_\_\_\_\_

Provide Closing Statements for each purchase. (Also referred to as HUD-1 or ALTA statement)

22  DID YOU SELL REAL ESTATE?

Address Date Cost Type of Use (Rental? Vacation? Home? Etc.)

\_\_\_\_\_  
\_\_\_\_\_

Provide Closing Statements for each sale. (Also referred to as HUD-1 or ALTA statement)

23  DID YOU INVEST IN A **NEW** BUSINESS VENTURE?

24  DID YOU INHERIT REAL ESTATE, STOCKS, BONDS, OR IRAS?

25  DID YOU HAVE A FOREIGN BANK OR INVESTMENT TYPE ACCOUNT DURING ANY TIME IN 2020?  
26  DID THE TOTAL BALANCES OF ALL FOREIGN ACCOUNTS EQUAL OR EXCEED \$10,000 AT ANY TIME DURING THE YEAR?

27  DID YOU SELL OR USE E-CURRENCY TO MAKE PURCHASES? (FOR EXAMPLE,BITCOIN)  
YOU ARE REQUIRED BY LAW TO REPORT THE GAINS FOLLOWING SIMILAR RULES FOR STOCK SALES.

28  IF YOU ARE OVER 70, DID YOU CONTRIBUTE TO A CHARITABLE ORGANIZATION DIRECTLY FROM AN IRA  
ORGANIZATION \_\_\_\_\_ AMOUNT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29  CONTRIBUTIONS TO CHARITY: MONETARY Checks & Cash \$ \_\_\_\_\_  
You are required to have records to prove contributions and letters from organizations for any contribution over \$250

30  CONTRIBUTIONS TO CHARITY: NONCASH  
LIST THE ORGANIZATIONS YOU CONTRIBUTED TO AND THE VALUE YOU WOULD PLACE ON THE GOODS DONATED.

Organization	Date of Contribution	Description of Goods	Estimated Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

31  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 \_\_\_\_\_

32  **IF YOU PARTICIPATED IN THE AFFORDABLE CARE ACT (OBAMACARE) YOU MUST PROVIDE A FORM 1095-A.**  
You cannot file without this form.

33  MEDICAL EXPENSES (OTHER THAN MEDICAL INSURANCE) UNREIMBURSE BY INSURANCE OR HSA \_\_\_\_\_  
(Doctors, dentists, therapy, medical devices, home alterations, hospitals, medical travel,etc.)

34  TOTAL MEDICAL INSURANCE PREMIUMS (OTHER THAN MEDICARE AND OTHER THAN THOSE PAID THROUGH PAYROLL DEDUCTION) \_\_\_\_\_

35  MEDICARE PREMIUM THAT WERE NOT PAID THRU SOCIAL SECURITY OR RAILROAD RETIREMENT DEDUCTIONS \_\_\_\_\_

36  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.

37  IF SELF-EMPLOYED DID YOUR BUSINESS RECEIVE A PPP LOAN? AMOUNT \_\_\_\_\_  
HAS IT ALREADY BEEN FORGIVEN? \_\_\_\_\_ DO YOU EXPECT IT WILL BE FORGIVEN? \_\_\_\_\_

38  RENTAL REAL ESTATE OWNERS: If you need worksheets to help you organize and prepare your income and expenses, call us.

39  DID YOU DO ENERGY EFFICIENT IMPROVEMENTS? PLEASE PROVIDE \$ AMOUNT FOR EACH  
SOLAR \$ \_\_\_\_\_ FURNACE 96% EFFICIENT \$ \_\_\_\_\_ AC SEER 16 \$ \_\_\_\_\_ WINDOWS \$ \_\_\_\_\_  
EXTERIOR DOORS \$ \_\_\_\_\_ INSULATION \$ \_\_\_\_\_ WATER HEATER/BOILER 90% EFF. \$ \_\_\_\_\_

40  DID YOU PURCHASE A **NEW** HYBRID PLUG IN OR ALL ELECTRIC VEHICLE? MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COST \_\_\_\_\_

41  DID YOU RECEIVE THE **1st** STIMULUS PROGRAM PAYMENT FROM THE US GOVERNMENT?  
HOW MUCH? \_\_\_\_\_

42  DID YOU RECEIVE THE **2nd** STIMULUS PROGRAM PAYMENT FROM THE US GOVERNMENT?  
HOW MUCH? \_\_\_\_\_ WHEN? \_\_\_\_\_

43  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 \_\_\_\_\_

(ALMOST DONE CONTINUES ON NEXT PAGE)

44  IF YOU OR YOUR SPOUSE WERE **SELF-EMPLOYED** AND ANY OF THE FOLLOWING APPLY, YOU MAY BE ELIGIBLE FOR A CREDIT:

LOST DAYS OF WORK BECAUSE YOU HAD THE CORONA VIRUS, QUARANTINED, SUBJECT TO ISOLATION ORDER, HAD SYMPTOMS AND WAITING ON DIAGNOSIS, CARING FOR SPOUSE OR DEPENDENT WITH VIRUS, CARING FOR CHILDREN BECAUSE SCHOOL OR DAYCARE WAS CLOSED/ DAYS LOST BY YOU \_\_\_\_\_ DAYS LOST SPOUSE \_\_\_\_\_  
(MAX 10 DAYS EACH)

LOST DAYS OF WORK WHEN YOU OR SPOUSE WERE CARING FOR A CHILD DUE TO SCHOOL OR DAY CARE CLOSINGS  
DAYS LOST BY YOU \_\_\_\_\_ DAYS LOST BY SPOUSE \_\_\_\_\_ (MAX 50 DAYS EACH)

**BE SURE TO INCLUDE ALL OF YOUR:**

**W2s**

**INTEREST INCOME 1099s**

**DIVIDEND INCOME 1099s**

**STOCK SALES 1099B BROKER STATEMENTS**

**PENSION/IRA 1099Rs**

**GAMBLING W2Gs**

**SOCIAL SECURITY SSA-1099s**

**MORTGAGE INTEREST STATEMENTS**

**UNEMPLOYMENT COMPENSATION 1099G**

**K-1s FROM PARTNERSHIPS/S CORPS/TRUSTS/ESTATES**

**ANY OTHER 1099S**

**REAL ESTATE & PERSONAL PROPERTY TAX PAYMENTS**

QUESTIONS:

DO YOU HAVE ANY QUESTIONS, COMMENTS OR CONCERNS FOR US FOR YOUR **2020** 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 \_\_\_\_\_