

Tax Filing Requirements Checklist

Name(s):	me(s):Phone:	
Home Address:		
	questions relating to our tax returns and beneath trms that we will need to complete your return. Ple	-
fill in necessary information	on and place a check in the box once you verify you	ı have the
document(s) to provide to	us. If a certain question does not apply to you or y	your family,
please just skip it or cross	it out.	
Did you get married and/o	or divorced or separated (circle one) during 2020?	Yes or No
 date this legally too 	ok place:	
 court paperwork 		
Did you have a child born	or adopted in 2020?	Yes or No
 date of birth or ado 	option:	
- birth certificate		
 adoption certificate 	e 🗆	
- social security card	I 🗆	
Did you receive the Econo	omic Impact Payment (stimulus) in 2020?	Yes or No
 amount of paymen 	t:	
- IRS notice 1444		
Did you have earned incom	me (from employment) in 2020?	Yes or No
- W-2(s)		
Did you receive unemployment in 2020?		Yes or No
- 1099 - G		
Did you have self-employment and/or rental income in 2020?		Yes or No
- 1099(s)		
- Income log		
- Expenses log		
- Vehicle log		
If you are self-employed d	lid you contribute to a retirement plan?	Yes or No
- type of plan:		
- amount of contribu	ıtion:	
	lid you pay for self-employed health insurance?	Yes or No
- amount paid in 202	20:	

Did you have any partnership interest in 2020?	Yes or No
- \mathbf{K} -1(s)	
Did you have any interest income in 2020?	Yes or No
- $1099-INT(s)$	
Did you have any dividend income in 2020?	Yes or No
- 1099 -DIV(s)	
Did you have Market Place Health insurance in 2020?	Yes or No
- 1095-A □	
Did you sell any stock or other property in 2020?	Yes or No
- 1099 - $B(s)$	
Did you have any debt discharged in 2020?	Yes or No
- 1099-A or 1099-C □	
Did you have any retirement plan distributions in 2020?	Yes or No
- 1099-R(s) □	
- If yes and you are under age 59 1/2 were these distributions due	e to a financial
hardship because of COVID-19?	Yes or No
- If yes, please explain:	
Did you have any child-care expenses in 2020?	Yes or No
- Year-end statement	
- child's name:	
- provider's name:	
- provider's address:	
nuovidou's FIN ou sociale	
- provider's EIN or social:	Yes or No
- 1098-T	165 01 110
- student's name:	
- dates of attendance:	
- full or part time:	
- full of part time.	
Is there any additional information that you feel is relevant to the com	pletion of your tax
return for 2020? If so, please use the following space to give us those of	_
Total 101 2020 11 00, Prouse use one rone with a process of the contract of	

Please include this form with your documents you submit to us either by dropping off or uploading to the secure portal once you have everything together. Thank you!