

**FILING STATUS**

- Single
- Married Filing Joint
- Married Filing Single
- Head of Household
- Qualifying Widower

**ADDRESS**

Street & Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ School Code (if app) \_\_\_\_\_

**TAXPAYER**

Social Security Number \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
 Preferred Method of Contact  Email  Phone  Text  
 Occupation \_\_\_\_\_  
 Yes  No Legally Blind     Yes  No Dependent of Other

**SPOUSE**

Social Security Number \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
 Preferred Method of Contact  Email  Phone  Text  
 Occupation \_\_\_\_\_  
 Yes  No Legally Blind     Yes  No Dependent of Other

**DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)**

<u>First, Middle Initial, Last Name</u>	<u>Student?</u>	<u>D.O.B</u>	<u>Social Security #</u>	<u>Disabled?</u>	<u>Relationship</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**EMPLOYMENT & RETIREMENT INFORMATION**

- Yes  No - Are you employed?
- Yes  No - Are you contributing to a 401(k), 403(b), or other pre-tax account?

**STATE & OTHER**

- Yes  No - Are you requesting state return(s)? If yes, what state(s): \_\_\_\_\_
- Yes  No - Are you requesting local, school, RITA, or county return(s)? Please Specify: \_\_\_\_\_

**E-FILE / FILING INFO - - REFUND / PMT INFO**

1. How do you want any **refund** sent to you? MUST CHECK ONE

- Direct Deposit (few days) Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_
- Applied to next year's return
- Paper check by mail (could take several weeks)

2. Any **taxes due** may be paid by check or online along with voucher provided by tax preparer. \*It is the taxpayer's responsibility to make payments before tax due dates.

Please Note: The following worksheets are intended to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. There is a "Scan Coversheet" available by separate download that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents. The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation and avoid delays.

**BASIC QUESTIONS**

Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check any that apply to you OR your spouse)

- 01.  **Did you receive a subsidy to help purchase health insurance through the Healthcare Marketplace? If yes, include form 8885.**
- 02.  Did you change your address from last year?
- 03.  Any change in your dependents from last year?
- 04.  Did you have children under 19 (or 24 if a full-time student) who had more than \$2,200 in total unearned income?
- 05.  Are all your dependents either US residents or citizens?
- 06.  Did you pay any adoption expenses?
- 07.  Did you provide over half the support for someone you aren't claiming as a dependent?
- 08.  Are you being claimed or eligible to be claimed as a dependent on someone else's return?
- 09.  Were either you or your spouse in the military or National Guard?
- 10.  Did you purchase, sell or refinance your primary residence?
- 11.  Have you been notified by the IRS of changes to a previously submitted tax return, or received any other IRS or state notices?
- 12.  Did you make any gifts over \$15,000 to any individuals?
- 13.  Did you buy and/or sell any virtual currency (ie Bitcoin, Ether, Roblox, etc.)? If so, please provide all transaction details to preparer.
- 14.  Did your marital status change from the prior year?

Details: \_\_\_\_\_

**INCOME**

Please check any of the following that you and/or your spouse received:

- 01.  W-2 Income
- 02.  Income from loans, grants or pandemic related programs
- 03.  Interest and/or Dividends  Tax exempt Interest and/or Dividends
- 04.  Taxable refunds, credits or offsets (including prior year state refunds)
- 05.  Business income (self-employment Income)
- \*If "yes" please fill out Schedule C worksheet and provide financials
- 6.  Stock sales (capital gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**
  
- 7.  Any other assets sold or any other gains or losses
- 8.  Rental real estate income
- \* If "yes" please fill out Schedule E worksheet

**Amount of any passive activity loss carryforward from 2020 \$** \_\_\_\_\_

- 09.  K-1's (1120S, 1065, 1041)
- 10.  Unemployment
- 11.  Social Security income
- 12.  Foreign income
- 13.  **Alimony (Applies ONLY to divorce decrees effective prior to 1/1/19)**  
Alimony received \$ \_\_\_\_\_ (rcvd from whom?)  
Name/SS# \_\_\_\_\_
- 14.  Other income: Please list: \_\_\_\_\_

**TAX DEDUCTIONS AND CREDITS**

For the following, please check any of the following that apply:

- 01.  Itemized deductions  
\*if "yes" please fill out a Schedule A worksheet
- 02.  Energy efficiency related upgrades/repairs
- 03.  Oil & Gas investments credits
- 04.  Other tax shelters or credits
- 05.  Child care expenses paid \$ \_\_\_\_\_  
Provider name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Provider EIN: \_\_\_\_\_

**ESTIMATED PAYMENTS MADE FOR 2021 RETURN  
(or refunds from a prior year applied to current)**

- \$ \_\_\_\_\_ Fed \_\_\_\_\_ Date \_\_\_\_ Qtr
- \$ \_\_\_\_\_ Fed \_\_\_\_\_ Date \_\_\_\_ Qtr
- \$ \_\_\_\_\_ Fed \_\_\_\_\_ Date \_\_\_\_ Qtr
- \$ \_\_\_\_\_ Fed \_\_\_\_\_ Date \_\_\_\_ Qtr
- \$ \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_ Qtr
- \$ \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_ Qtr
- \$ \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_ Qtr
- \$ \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_ Qtr

**ADJUSTMENTS TO INCOME**

Please check any of the following that apply to you and/or your spouse:

- 1.  Educator expenses (teaching expenses)
- 2.  Health Savings Account deductions: Out of Pocket contributions only \$ \_\_\_\_\_
- 3.  Moving expenses (active military only, service related)
- 4.  Contributions to SEP, SIMPLE, and other qualified plans
- 5.  Self-Employed health insurance
- 6.  IRA contributions: Roth \$ \_\_\_\_\_ Pre-Tax \$ \_\_\_\_\_
- 7.  Student loan and/or tuition & fees deduction (you or your dependents)
- 8.  **Alimony (Applies ONLY to divorce decrees effective prior to 1/1/19)**  
Alimony paid \$ \_\_\_\_\_ (paid to whom?)  
Name/SS# \_\_\_\_\_

CARES Act PL116-136, March 27, 2020 & Tax Cuts and Jobs Act PL115-97 December 22, 2017

1.  Yes  No: For W-2 employees, were you mandated to work from home by your employer due to COVID?

If Yes:

- Yes  No: Is/was your home in a different state than your normal workplace?
- Yes  No: Did your state withholding change on your W-2 after you started working from home?
- Yes  No: Did you start new withholding in your state of residence after being sent home to work?
- Yes  No: Do you intend to file tax returns in multiple states?

2.  Yes  No: Did you spread taxation of a COVID related IRA withdrawal in 2020 and make one of three payments in 2020?

If Yes, how did you spread IRA Tax:

Over 3 years  one year  other: \_\_\_\_\_

3.  Yes  No: Did you make charitable contributions in 2021? If yes, how much was in CASH? \$ \_\_\_\_\_ up to \$300 in cash contributions may be deducted **per taxpayer** (\$600 max) even if you don't itemize. Non-cash or additional cash contributions beyond what is listed above should be included on Sched A Sheet (if applicable).

4.  Yes  No: Did you contribute more than 60% of your income to a qualified charity in the form of cash in 2021?

If Yes, you may elect to eliminate the pre-CARES Act 60% limitation for cash contributions in 2021, and may deduct up to 100% of your Adjusted Gross Income.

I would like to deduct \_\_\_\_\_% of my Adjusted Gross Income

05.  Yes  No: Did you receive advance payments of the Child Tax Credit in 2021?

If Yes, how much \$ \_\_\_\_\_

06.  Check here if you did NOT receive the third Economic Impact Payment (ie stimulus check) in 2021 and you would like to claim it now or if you received a portion of the payment.

If you received partial payment how much did you receive?

**Complete this section if you own a business (use separate sheets if you own more than one):**

Name of Business: \_\_\_\_\_

07.  Yes  No : Did you use or take advantage of the WOTC (Work Opportunity Tax Credit) or did you receive a tax credit for paid sick and family leave under FFCRA (Families First Coronavirus Response Act)?

08.  Yes  No : Did you apply for and receive a Paycheck Protection Program (PPP) Loan in 2021?

09. If you did receive a PPP loan, how much did you receive? \$ \_\_\_\_\_

10.  Yes  No : Did you include those loan proceeds in your income/revenue on Schedule C or E?

11.  Yes  No : Did you apply for and receive loan forgiveness in 2021?

If Yes, amount forgiven? \$ \_\_\_\_\_

12.  Yes  No : Did you apply for and receive an Economic Injury Disaster Loan (EIDL) through SBA in 2021?

If Yes, amount forgiven? \$ \_\_\_\_\_

13.  Yes  No : Did you include those loan proceeds in your company revenue on Schedule C or E?

14.  Yes  No : Did you apply for and receive loan forgiveness in 2021?

If Yes, amount forgiven? \$ \_\_\_\_\_

**TAX Client Schedule A Info**Fill out COMPLETELY or check  "N/A". Include any back-up documents under Scan Coversheet

<b>Medical Expenses</b>	<b>Current Year</b>
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid	\$ _____
Long Term Care Premiums	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Fed Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No State Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No Not Qualified but Grandfathered Deductible?	
Prescription Drugs and Medications	\$ _____
Medical Miles Driven	_____

<b>Tax Expenses*</b>	<b>Current Year</b> * Effective 1/1/2018, Total Tax deduction limited to \$10,000
State/Local Income Taxes Paid (Other Than those on W-2s, 1099s, Etc.)	\$ _____
2020 State Income Taxes Paid in 2021	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Qualified New Vehicle Taxes	\$ _____
Additional State or Local/Taxes	\$ _____
Other Taxes: _____	\$ _____

<b>Interest Expense</b>	<b>Current Year</b>
Home Mortgage Interest reported on form 1098	\$ _____ Include Form under Scan Cover Sheet
Date Mortgage Contracted*	_____ (Only needed for jumbo mortgages over \$750,000)
Date Mortgage Closed*	_____ (Only needed for jumbo mortgages over \$750,000)
Home Mortgage Interest paid to others	\$ _____
HELOC Interest Used for Home Improvement	\$ _____
Refinancing Points Paid in 2021	\$ _____
Investment Interest (other than K-1)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to learn how to pay off your mortgage early?	

<b>Contributions</b>	<b>Current Year</b>
Cash Contributions (above \$300/600 taken on 1040)	\$ _____
Non-Cash Contributions	\$ _____
Volunteer Mileage Driven	_____

<b>Casualty &amp; Theft Losses – Related to Federally-declared Disaster ONLY</b>
If you had any casualty or theft losses during the year, please provide detail below: Including date, description, amount of casualty or loss, any insurance reimbursement and basis in the property.
_____
_____

# Tax Client Schedule C Info - One Form Per Business

Fill out COMPLETELY or check  "N/A". Use a separate Worksheet for EACH Schedule C. **\*\*Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next \_\_\_\_\_ pages" and stack under this page. If not available, please use the input sheet below.**

### Business Info: (Required for all)

Taxpayer or  Spouse

Address of Business: \_\_\_\_\_  
\_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Code: \_\_\_\_\_

EIN Number (If any): \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Cash Accounting Method

Yes  No Do you do your own books/accounting

Accrual

Yes  No Would you consider outsourcing to us?

Other(Specify): \_\_\_\_\_

Yes  No Are you a specified Service Trade or Business (eg: attorneys, accountants, doctors, etc.)

### General Questions: (Required for all)

Yes  No Are you claiming use of a home office? *If yes, please include Home Office Deduction Worksheet*

Yes  No Do you have depreciable assets? *If yes, please provide a detailed depreciation schedule*

The Schedule should include: (Prior year detail is preferred):

A. Asset Description

D. Accumulated Depreciation

B. Date Placed in Service

E. Method of Depreciation and Years

C. Cost

Yes  No Self-Insured Health Insurance Deduction? *If yes, how much did you pay?* \$ \_\_\_\_\_

Vehicle Information: Year/Make/Model: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_

Total miles driven: \_\_\_\_\_ Business miles: \_\_\_\_\_ Commuting miles: \_\_\_\_\_

### Income Questions: (Required if no P&L or Trial Balance Available)

Yes  No Do you know what your business is worth?

Total Sales: \$ \_\_\_\_\_

Yes  No Would you like to know?

Other Income: \$ \_\_\_\_\_

Yes  No Was any revenue received from PPP/SBA type loans?  Yes  No Included Above?

Amount: \$ \_\_\_\_\_

### Cost of Goods Sold: (Required if no P&L or Trial Balance Available)

Yes  No Do you have employees other than yourself?

Beginning Inventory: \$ \_\_\_\_\_

Yes  No Do you use subcontractors?

Purchases: \$ \_\_\_\_\_

Yes  No Do you do your own payroll?

Cost of Labor: \$ \_\_\_\_\_

Yes  No Would you consider outsourcing payroll to us?

Materials and Supplies: \$ \_\_\_\_\_

Ending Inventory: \$ \_\_\_\_\_

### General Expenses: (Required if no P&L or Trial Balance Available)

Advertising: \$ \_\_\_\_\_ Legal & Professional: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_

Auto Expenses: \$ \_\_\_\_\_ Office Expense: \$ \_\_\_\_\_ Meal (Client/Prospect): \$ \_\_\_\_\_

(Other than Mileage): \$ \_\_\_\_\_ Wages to Self: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_ Wages to Children: \$ \_\_\_\_\_ Other (List Below): \$ \_\_\_\_\_

Contract Labor: \$ \_\_\_\_\_ Wages to Others: \$ \_\_\_\_\_ a.) \_\_\_\_\_: \$ \_\_\_\_\_

Depletion: \$ \_\_\_\_\_ Pension/Prof Sharing Plans: \$ \_\_\_\_\_ b.) \_\_\_\_\_: \$ \_\_\_\_\_

Depreciation (Need Sched): \$ \_\_\_\_\_ Rent or Lease: \$ \_\_\_\_\_ c.) \_\_\_\_\_: \$ \_\_\_\_\_

Employee Ben Programs: \$ \_\_\_\_\_ a.) Vehicles, Machinery \$ \_\_\_\_\_ d.) \_\_\_\_\_: \$ \_\_\_\_\_

Insurance (NOT Health): \$ \_\_\_\_\_ b.) Other: \$ \_\_\_\_\_ e.) \_\_\_\_\_: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_ Repairs & Maintenance \$ \_\_\_\_\_ f.) \_\_\_\_\_: \$ \_\_\_\_\_

a.) Mortgage: \$ \_\_\_\_\_ Supplies: \$ \_\_\_\_\_ g.) \_\_\_\_\_: \$ \_\_\_\_\_

b.) Other: \$ \_\_\_\_\_ Taxes & Licenses: \$ \_\_\_\_\_ h.) \_\_\_\_\_: \$ \_\_\_\_\_

# Tax Client Home Office Deduction Info

Note: Effective 2018, Home Office Deduction is available only to self-employed.

Fill out COMPLETELY or check  "N/A".

## General

Date home was first used for business: \_\_\_\_\_  
Square Footage of Area Used for Home Business: \_\_\_\_\_  
Total Square Footage of the Home: \_\_\_\_\_

## Simplified Option

The IRS now allows an optional standard \$5 per square foot deduction (maximum 300 square ft)

If you would like to choose this option rather than Standard Option, enter the necessary info below, otherwise, skip this section and complete the Standard Option section below.

Yes  No I would like to use the "Simplified Option" to claim my Home Office Deduction

Total square feet claimed for Home Office (cannot exceed 300 sq ft): \_\_\_\_\_

See: <https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction> for further information regarding Home Office Deduction

--OR--

## Standard Option – Deduction Expenses

### Current Year

Casualty Losses:	\$ _____
Deductible Mortgage Interest:	\$ _____
Real Estate Taxes:	\$ _____
Insurance:	\$ _____
Rent:	\$ _____
Repairs and Maintenance:	\$ _____
Utilities:	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

## Depreciation:

Yes  No Do you have depreciable assets?

If yes, describe: \_\_\_\_\_

## Additional Questions/Information

Yes  No Are you being forced to work from home by your employer for pandemic related reasons?

Describe anything unique that the tax preparer should know about your situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TAX Client Schedule E info-One Page Per Property

Fill out COMPLETELY or check  "N/A". Use a separate worksheet for EACH property

### General: (Required for all)

Property Description: \_\_\_\_\_

Taxpayer  Joint - Owner of Property

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### General Questions:

1.  Yes – Check for Active Participant

2.  Yes – Check if property was used for personal use by you or your family for more than 14 days or 10% of the total rented days

If checked, enter the number of days for personal use: \_\_\_\_\_

If checked, enter the number of days rented: \_\_\_\_\_

#### Questions Related to Rental of Your Personal Dwelling (Airbnb, VRBO, etc.)

If only a portion of the dwelling is rented out:

1a. Enter number of rooms, OR square footage of area rented: \_\_\_\_\_  Rooms  Sq Ft (Check one)

1b. Enter total number of rooms OR total square footage of dwelling: \_\_\_\_\_  Rooms  Sq Ft (Check one)

2. Repairs/Supplies\* related directly to area being rented (can deduct all): \$ \_\_\_\_\_

\*Do NOT include these again in Repairs/Supplies below

3. Rent you paid (if you rent rather than own the dwelling you're renting out): \$ \_\_\_\_\_

### Income:

#### Current Year

Rents Received \$ \_\_\_\_\_

Royalties \$ \_\_\_\_\_

Income received from PPP/SBA type loans \$ \_\_\_\_\_  Yes  No Included Above?

### Property Expense:

#### Current Year

*Note: IF printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below.*

Advertising \$ \_\_\_\_\_

Cleaning/Maintenance \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Legal and Other Professional \$ \_\_\_\_\_

Management Fees \$ \_\_\_\_\_

Qualified Mortgage Interest \$ \_\_\_\_\_

Other Interest \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Real Estate Taxes \$ \_\_\_\_\_

Other Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

### Assets:

*Existing Assets: Please provide a detailed depreciation schedule. The schedule should include: a) Asset Description b) Date Placed in Service c) Cost d) Accumulated Depreciation e) Method of Depreciation and Years*

Description: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_