

### Personal Information

If anything changed from prior year, check this box.

Taxpayer

Spouse

First Name & Initial			
Last Name			
Social Security No			
Date of Birth			
Occupation			
Home Phone			
Work Phone			
Other Phone			
E-Mail Address			
Street Address		Apt No	
City	State	Zip	

### Dependents

Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Do you have health insurance coverage?		
Did you receive unemployment or Disability Income?		
Did you purchase, sell or refinance any of your homes or take an equity loan?		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA?		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Do you have any income from foreign country?		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents?		
Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency?		

### Required Document Check List

- |   |  |
|---|--|
| <p><input type="checkbox"/> <b>Bring All Wage Statements (W-2's)</b></p> <p><input type="checkbox"/> <b>Bring All Pension, Annuity IRA Documents (1099-R)</b></p> <p><input type="checkbox"/> <b>Bring All Trust &amp; Estate Documents (K-1's)</b></p> <p><input type="checkbox"/> <b>Bring Property Sold Documents (1099-S)</b></p> <p><input type="checkbox"/> <b>Bring Real Estate Tax Bill</b></p> <p><input type="checkbox"/> <b>Bring Health Ins Marketplace Statements (1095's)</b></p> | <p><input type="checkbox"/> <b>Bring Soc Security/Railroad Benefits (SSA-1099)</b></p> <p><input type="checkbox"/> <b>Bring Interest Income Statements (1099-INT)</b></p> <p><input type="checkbox"/> <b>Bring Dividend Income Documents (1099-DIV)</b></p> <p><input type="checkbox"/> <b>Bring Day Care Statements</b></p> <p><input type="checkbox"/> <b>Bring Home Refinancing Documents</b></p> <p><input type="checkbox"/> <b>Bring Education Forms (1098-T, 1099-Q)</b></p> |
|---|--|

Adjustments to Income	Other Income
Alimony Paid	Alimony Received
Name _____ SSN _____	\$ _____
Amount Paid: \$ _____	Gambling/Lottery Winnings
IRA/SEP Contribution Taxpayer	\$ _____
IRA/SEP Contribution Spouse	(Bring W-2 G's)
Student Loan Interest	Jury Duty
Health Savings Account	\$ _____
	Disability Income
	\$ _____
	State Income Tax Refund
	\$ _____
	Other
	\$ _____

### Investments Sold

Bring All 1099-B's and Confirmation slips

Investment	Date Acquired	Date Sold	Basis (cost)	Sale Price

### State Information

If rent paid:                      Amount                      No Months                      W / Heat Y/N  
    \$ \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
    \$ \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

#### Health/Long Term Care Insurance

	Yes	No
Amount Paid for health insurance - employer paid a portion		
Amount Paid for health insurance - not employed or retired		
Amount Paid for health insurance - employer did not contribute		

**Note: If health insurance premiums are deducted pre-tax, disregard.**

### Estimated Tax Payments

	Federal		State
Prior Year - Jan 15, 2020	_____		_____
1st Qtr - Apr 15, 2020 (7/15/20)	_____		_____
2nd Qtr - Jun 15, 2020 (7/15/20)	_____		_____
3rd Qtr - Sep 15, 2020	_____		_____
4th Qtr - Jan 15, 2021	_____		_____
<b>Total</b>	<b>=====</b>		<b>=====</b>

### Itemized Deductions

#### Medical Dental Expenses

Medical Ins Prem (pd by you)                      \_\_\_\_\_  
 Long Term Care Insurance                      \_\_\_\_\_  
 Prescription Drugs                      \_\_\_\_\_  
 Glasses, Contacts                      \_\_\_\_\_  
 Hearing Aids, Batteries                      \_\_\_\_\_  
 Medical Equipment, Supplies                      \_\_\_\_\_  
 Hospital                      \_\_\_\_\_  
 Doctor, Dentist, Specialist                      \_\_\_\_\_  
 Medical Miles                      \_\_\_\_\_ Miles  
 Other                      \_\_\_\_\_

#### Charitable Contributions (Receipts Required)

Church Cash Contributions                      \_\_\_\_\_  
    You must have receipts for cash contributions  
 Other Cash Contributions                      \_\_\_\_\_  
 Donated Goods                      \_\_\_\_\_  
    Must have receipts from organization  
 Organization donated to                      \_\_\_\_\_  
    Address                      \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Miles                      Volunteer mileage                      \_\_\_\_\_ Miles

#### Real Estate Taxes Paid

Real Estate Taxes -Prin Residence                      \_\_\_\_\_  
 Other Real Estate Taxes                      \_\_\_\_\_  
 Personal Property Tax                      \_\_\_\_\_  
 Sales Tax                      \_\_\_\_\_  
 Other                      \_\_\_\_\_

#### Bring Tax Bills

#### Miscellaneous Expenses

Gambling Losses \*                      \_\_\_\_\_  
 Other                      \_\_\_\_\_  
 Other                      \_\_\_\_\_  
 Other                      \_\_\_\_\_

#### Mortgage Interest Expense

Mort Int Paid - Bring 1098                      \_\_\_\_\_  
 Equity Line of Credit                      \_\_\_\_\_  
 Use of Equity Loan                      \_\_\_\_\_  
 Interest pd to others - no 1098                      \_\_\_\_\_

Paid to: Name \_\_\_\_\_  
    Address \_\_\_\_\_  
    \_\_\_\_\_  
    Soc Sec No/EIN \_\_\_\_\_

Investment Interest                      \_\_\_\_\_

\* Gambling losses require documented substantiation.

### Day Care Expenses

Children cared for		_____	
Provider 1	_____	Provider 2	_____
Address	_____	Address	_____
_____	_____	_____	_____
Soc Sec No/EIN	Amt Pd	Soc Sec No/EIN	Amt Pd

**Schedule C Business Income and Expenses** The IRS has determined that small business owners are very likely candidates to make mistakes applying the tax law. Accordingly, anticipate more audits for business owners in the near future. Please review the following information carefully to assure compliance with the law.

Business Name \_\_\_\_\_

**Total Sales** \$ \_\_\_\_\_ Owner  Taxpayer  Spouse

Holding deposits until next year is *not* a tax planning item. IRS requires all receipt to be reported in the year received. If there are absorbent deposits that occur following the year end, photo copy all checks being deposits to confirm the payment dates.

Credit Cards - Do you accept credit cards from your customers? If you have transactions exceeding \$20,000 and more than 200 transactions, your credit card service is required to send a 1099-K to you. Bring all 1099's to your appointment (1099-K's, 1099-MISC, 1099-NEC)

During 2020, did you refinance using your primary resident to secure a business loan? Bring all Paperwork.  
 Balance on note prior to re-finance: \_\_\_\_\_ Balance on Note at 12-31: \_\_\_\_\_

Expenses	
Advertising _____	*Repairs & Maintenance _____
Business Mileage # _____	Supplies _____
Commissions _____	Taxes _____
Contract Labor _____	**Telephone _____
Dues & Subscriptions _____	Tools & Equipment _____
Insurance (Other than Health Ins) _____	Travel Expenses _____
Interest - Mortgage _____	Uniforms _____
Interest - Other _____	Utilities _____
Legal & Professional Fees _____	Vehicle Expense _____
Meals & Entertainment _____	Wages _____
Office Expense _____	Employee Health Ins (see back) _____
Rent - Building _____	Other _____
Rent - Equipment _____	Other _____

\*Do any amounts shown in Repairs and Maintenance add value to the property, prolong, useful life, or adapt it to new uses? If so, these amounts can be depreciated. Bring in description of alteration, cost, and in service date.

\*\*Cell Phones: Does the business blend itself in such a manner that a cell phone is an ordinary and necessary component of the business? Is the cell phone on your business card? Is the cell phone number listed on your letterhead and/or yellow page advertising?

Cost of Goods Sold	
Beginning Inventory _____	
Purchases _____	
Less Personal Use _____	( _____
Direct Labor _____	
Supplies _____	
Other _____	
Ending Inventory _____	

Credit Card purchases - Did you use a credit card for business purchases? Payment by credit card is considered to be a payment of cash at the time of the charge, not at the time when the credit card company is paid. Please bring a copy of December 31st credit card statement with business purchases.

**Schedule C Home Office Expenses**

Is a home office used for administrative or management activities for business? \_\_\_\_\_ Is

Total Square Feet of Home \_\_\_\_\_ Purchase Price of Residence \_\_\_\_\_

Total Square Feet of Office \_\_\_\_\_ *Bring in Real Estate Tax Bill for 2020* \_\_\_\_\_

Simplified method available. Square footage of office space x \$5 for maximum of \$1,500 deduction.

Expenses: Mortgage Insurance \_\_\_\_\_ Property Insurance \_\_\_\_\_

Real Estate Taxes \_\_\_\_\_ Utilities \_\_\_\_\_



**Schedule E Rental Income and Expenses** The IRS has determined that over 60% of Schedule E's are prepared incorrectly. Schedule E has been revised to assure the laws are applied correctly. Please review the following information carefully to comply with the tax law.

**Type of Property:**  
*Choose From:*      Single Family      Vacation/Short Term Rental      Land      Self-Rental  
                          Mutli Family      Commercial      Royalties      Other

<b>Rental Property</b>	<b>Property 1</b>	<b>Property 2</b>	<b>Property 3</b>	<b>Property 4</b>
Address				
City, State, Zip				
Type of Property (from above)				
Fair Market Rental Value				
Fair Rental Days /Personal				

\* Personal use days include any days in which charging less than fair market rental value to related party.

A fair rental price is the amount of rent you can expect to received from an unrelated party. Consider structure, size, condition, furnishing, and location when determining the fair market rental value. If renting to related party, fair rental value required from real estate agent.

**Is Property Rented To A Relative? Y / N**  
**If so, how was the Fair Market Value Determined?**

<b>Rent Received</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
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<b>Expenses</b>				
Advertising				
Cleaning & Maint				
Commissions Paid				
Insurance				
Interest - Mortgage				
Interest - Other				
Legal & Prof Fees				
Management Fees				
Repairs				
Supplies				
Taxes				
Utilities				
Vehicle Mileage	Miles	Miles	Miles	Miles
Other				
Other				
Other				

**Form 1099-MISC or 1099-NEC Required. Paid more than \$600 to one vendor for rent or services.**  
 If you have are required to issue 1099-MISC or 1099-NEC, call the office immediately. 1099-MISC or 1099-NEC must be filed with the IRS by January 31st. If not filed timely, severe penalties apply.

Vendor Name	Address	EIN	Amount Paid