

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

1. Yes No - Are you employed?
2. Yes No - Are you contributing to a 401(k), 403(b), or other pre-tax account?
3. Yes No - Have you ever opened any form of pretax account in the past?
4. Yes No - Have you considered a ROTH conversion of pretax accounts?
5. Yes No - Would you like a ROTH conversion tax "WHAT-IF" prepared with your return?

STATE & OTHER

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

AFFORDABLE CARE ACT

- Yes No Did **everyone** on this tax return have health insurance coverage **all 12 months** last year?
- Yes No If **no**, were you exempt? If **yes**, coverage through (select one)
- Taxpayer:** Employer Spouse Ins. Exchange/Marketplace Direct with Insurer Medicare Medicaid Exempt
- Spouse:** Employer Spouse Ins. Exchange/Marketplace Direct with Insurer Medicare Medicaid Exempt
- Dep 1:** Employer Spouse Ins. Exchange/Marketplace Direct with Insurer Medicare Medicaid Exempt
- Dep 2:** Employer Spouse Ins. Exchange/Marketplace Direct with Insurer Medicare Medicaid Exempt

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. Missing information will delay the processing of the return. Please do not leave any worksheet blank. If not applicable write "N/A" on that page and leave in stacking order. If additional pages are added beneath a worksheet, write "see next xx pages" and correct "Intake Pg 1 of 8" to the correct total number of pages.

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 for you AND your spouse)

- 01. Did your marital status change from the prior year?
- 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

Details: _____

INCOME

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

- 01. W-2 Income
- 02. Interest and/or Dividends
- 03. 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
- 06. Stock sales (capital gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**

Amount of any capital loss carryforward from 2019 \$ _____

- 07. Any other assets sold or any other gains or losses
- 08. Rental real estate income

* If "yes" please fill out Schedule E worksheet

Amount of any passive activity loss carryforward from 2019 \$ _____

- 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 2020 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:

- 01. Educator expenses (teaching expenses)
- 02. Health Savings Account deductions
- 03. Moving expenses (active military only, service related)
- 04. Contributions to SEP, SIMPLE, and other qualified plans
- 05. Self-Employed health insurance
- 06. IRA contributions
- 07. Student loan and/or tuition & fees deduction (you or your dependents)
- 08. **Alimony (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony paid \$ _____ (paid to whom?)

Name/SS# _____

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

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

- Direct Deposit (few days)
- 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.

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

01. 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?

02. Yes No: Did you contribute to a Qualified Opportunity Zone Fund between January 1st and July 15th, 2020?

03. Yes No: Did you take money from a 401(k), IRA or other pre-tax account in 2020?

If Yes, was the withdrawal related to one of these qualifying events:

- Yes No: You, your spouse or your dependent had COVID
- Yes No: You were furloughed, laid off, hours reduced or you were unable to work due to daycare closure as a result of COVID

04. Over 3 years one year other: How do you want the income recognized?

05. Yes No Did you make charitable contributions in 2020? If yes, how much? \$_____ (up to \$300 may be deducted even if you don't itemize)

06. Yes No: Did you contribute more than 60% of your income to a qualified charity in the form of cash in 2020?

If Yes, you may elect to eliminate the 60% limitation for cash contributions in 2020, and may deduct up to 100% of your Adjusted Gross Income.

- Yes No: I would like to eliminate the 60% limitation and deduct up to _____% of my Adjusted Gross Income

07. Yes No: If you did not receive either the first (Spring 2020) or second (January 2021) Economic Impact (Stimulus) payment from the government, would you like to apply for a tax credit for those amounts on your return (doing so may increase tax return processing time and delay all of your refund)? If yes, how much do you believe you qualified for and did not receive? \$_____ and why do you believe you qualified? _____

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

Name of Business: _____

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

If No:

Yes No: Did you use or do you intend to use the Employee Retention Tax Credit to offset wages and healthcare paid between 3/12/20 and 12/31/20?

09. 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)?

10. If you did receive a PPP loan, how much did you receive? \$_____

11. Yes No : Did you include those loan proceeds in your company revenue?

12. Yes No : Did you apply for and receive loan forgiveness in 2020?

If Yes, amount forgiven? \$_____

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

If Yes, amount forgiven? \$_____

14. Yes No : Did you include those loan proceeds in your company revenue?

15. Yes No : Did you apply for and receive loan forgiveness in 2020?

If Yes, amount forgiven? \$_____

16. Yes No : Did your business experience a net operating loss for 2018, 2019 or 2020?

17. Yes No : Did you elect to defer payments to the IRS of the ER side of FICA in 2020?

18. Yes No : Did you experience full or partial shutdown of your business or have a significant decline in gross receipts due to government orders related to COVID?

Two forms of ID for each taxpayer are strongly recommended, but at least one is required, which MUST be a photo ID. Second ID may be photo or not. Use this page if you would like to gather IDs and voided check together in one place and copy. Use COLOR setting when making the copy, even though the complete Intake Form will be scanned in black and white, as this will make for a better image for the scanner. If IDs and voided check will be separate documents, simply place those documents between this page and the next Intake page and change the first Intake page from "Page 1 of 8" to "Page 1 of (correct total number of pages)".

PHOTO ID - REQUIRED

1 Other Form of ID - Optional

PHOTO ID - REQUIRED

1 Other Form of ID - Optional

Place Voided Check Here if Client Wants Direct Deposit

Fill out COMPLETELY or mark "N/A". Please DO NOT leave blank. Include any back-up documents under Scan Coversheet

Medical Expenses	Current Year
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	_____

Tax Expenses*	Current Year * Effective 1/1/2018, Total Tax deduction limited to \$10,000
State/Local Income Taxes Paid (Other Than those on W-2s, 1099s, Etc.)	\$ _____
2019 State Income Taxes Paid in 2020	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Qualified New Vehicle Taxes	\$ _____
Additional State or Local/Taxes	\$ _____
Other Taxes: _____	\$ _____

Interest Expense	Current Year
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 2020	\$ _____
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?	

Contributions	Current Year
Cash Contributions	\$ _____
Non-Cash Contributions	\$ _____
Volunteer Mileage Driven	_____

Casualty & Theft Losses – Related to Federally-declared Disaster ONLY

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 mark "N/A". Please DO NOT leave blank. Use a separate Worksheet for EACH Schedule C.

****Please Note: If Possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If available, write "See next XX Pages" Below 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 Sale: \$ _____

Yes No Would you like to know?

Other Income: \$ _____

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: \$ _____ Taxes & Licenses: \$ _____

Auto Expenses: \$ _____ Office Expense: \$ _____ Travel: \$ _____

(Other than Mileage): \$ _____ Wages to Self: \$ _____ Meals (Client/Prospect): \$ _____

Commissions: \$ _____ Wages to Children: \$ _____ Utilities: \$ _____

Contract Labor: \$ _____ Wages to Others: \$ _____ Other (List Below): \$ _____

Depletion: \$ _____ Pension/Prof Sharing Plans: \$ _____ a.) _____: \$ _____

Depreciation (Need Sched): \$ _____ Rent or Lease: \$ _____ b.) _____: \$ _____

Employee Ben Programs: \$ _____ a.) Vehicles, Machinery \$ _____ c.) _____: \$ _____

Insurance (NOT Health): \$ _____ b.) Other: \$ _____ d.) _____: \$ _____

Interest: \$ _____ Repairs & Maintenance \$ _____ e.) _____: \$ _____

a.) Mortgage: \$ _____ Supplies: \$ _____ f.) _____: \$ _____

b.) Other: \$ _____ Taxes & Licenses: \$ _____ g.) _____: \$ _____

Tax Client Home Office Deduction Info

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

Fill out COMPLETELY or mark "N/A". Please DO NOT leave blank

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: _____

Special Information for the Tax Preparer

Yes No Is there something "Unique" that the preparer should pay special attention to or know?

If yes, describe: _____

Fill out COMPLETELY or mark "N/A". Please DO NOT leave blank. 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 \$ _____

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: \$ _____