

**Driver's License/State ID Information**  
**2020 Tax Year**

**Taxpayer Name:** \_\_\_\_\_

<b>Type:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID
<b>DL#:</b>
<b>Issuing State:</b>
<b>DL Expiration Date:</b>
<b>DL Issue Date:</b>

**Spouse Name:** \_\_\_\_\_

<b>Type:</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID
<b>DL#:</b>
<b>Issuing State:</b>
<b>DL Expiration Date:</b>
<b>DL Issue Date:</b>

## Tax Document Checklist

- ☐ Copy of your (and spouse's, if applicable) driver's license or see reverse side for form
- ☐ All **original** W-2s and year-end paystubs
- ☐ All **original** 1099 forms received confirming income from interest, dividends, retirement, Social Security, disability, unemployment, gambling winnings, etc.
- ☐ Year-end statements of mortgage interest (Form 1098), escrow activity and balance on mortgage or home equity loans and real estate taxes paid
- ☐ If you bought, sold or refinanced real estate, a closing statement for each transaction
- ☐ Total charitable contributions that you have receipts for, and details for any noncash contributions  
**\*\*For 2020, taxpayers who are not itemizing are eligible to take up to a \$300 charitable deduction for cash contributions. Please provide details if this applies to you.**
- ☐ Copies of all LLC, Partnership or S-Corporation K-1s (send separately once received)
- ☐ Business (Schedule C) or rental real estate (Schedule E) details  
**including number of days rented and total number of rental contracts**
- ☐ If you sold any shares of mutual funds or stock and basis information is not provided by the broker, please provide
- ☐ If you lease your car or are deducting actual expenses, instead of mileage provide: original value of the car (what you could have bought it for), date of lease, and all expenses for lease payments, gas, car washes, licenses, insurance, tires, repairs, etc.
- ☐ Copies of any federal, state or local tax correspondence during the year. Please enclose amount of refunds received, amounts and dates of payments made or copies of checks
- ☐ Voided check for account where refunds should be direct deposited (optional)
- ☐ Provide amounts and dates paid for all Federal, State, and Local estimated tax payments
- ☐ All income information for your children if you want us to prepare any required returns
- ☐ If you received a PPP loan, provide loan documentation, forgiveness application,  
description of how funds were spent, how recorded in your records

Name \_\_\_\_\_

Email \_\_\_\_\_

**Personal Information**

Yes No

- Did your marital status change during the year? ..... ☐ ☐
- If yes, explain: \_\_\_\_\_
- Did your residence change during the year? ..... ☐ ☐
- Can you be claimed as a dependent by another taxpayer? ..... ☐ ☐
- Will you be out of town around April 15th? ..... ☐ ☐
- Were there any changes in dependents from the prior year? ..... ☐ ☐
- If yes, explain: \_\_\_\_\_ (include SS#, birth dates, and names for any new dependents)
- Do you have any children under age 18 or college students age 19-23 with unearned income in excess of \$1,100 (details)? ..... ☐ ☐
- Did you pay any student loan interest this year? ..... ☐ ☐
- Did you contribute to a 529 Plan this year? (if yes, provide details)..... ☐ ☐
- What State \_\_\_\_\_ Plan \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Did you maintain a home for someone not claimed as a dependent? ..... ☐ ☐
- Did you pay for child care (babysitting, day care, summer day camps) in order for you (and spouse, if married) to work? ..... ☐ ☐
- If yes, please attach provider name, address, Social Security Number/EIN, amount paid, and indicate for which child.
- Are you providing care for an elderly parent? ..... ☐ ☐
- Are you or your spouse legally blind? ..... ☐ ☐
- Do you or your spouse want to contribute to the Presidential Election Campaign Fund? ..... ☐ ☐
- Would you like any funds owed to you to be directly deposited? If so, please attach a voided check. ☐ ☐

**Income Information**

- Did you have any foreign bank accounts? ..... ☐ ☐
- Did you have any foreign income or pay any foreign taxes for work outside the United States? ..... ☐ ☐
- Did you receive any income from property sold prior to this year? ..... ☐ ☐
- Did you receive any disability or unemployment income? ..... ☐ ☐
- Did you cash in any U.S. Savings bonds? ..... ☐ ☐
- Did you receive employer-provided educational assistance? Student loan payments paid by employer? ☐ ☐
- Did you receive a damage award for personal injury or sickness? ..... ☐ ☐
- Did you receive executor fees or jury duty fees? ..... ☐ ☐
- If yes, amount \$ \_\_\_\_\_
- Did you receive or pay alimony (not child support)? If you received alimony, amount \$ \_\_\_\_\_ ☐ ☐
- If you paid alimony, amount \$ \_\_\_\_\_ and SS# \_\_\_\_\_
- Date of divorce or separation agreement executed or modified \_\_\_\_\_
- Did you close any bank or brokerage accounts this year or at the end of last year? ..... ☐ ☐
- If yes, account name, number, and date of close \_\_\_\_\_
- Did you make any withdrawals from a 529 plan or Coverdell education account? ..... ☐ ☐
- Were all funds used for secondary education? \_\_\_\_\_
- Do you have any gambling winnings? Any losses to offset winnings? ☐ ☐

Name\_\_\_\_\_

Email\_\_\_\_\_

**Purchases, Sales and Debt Information**

Yes No

- Did you start or dispose of a business during the year?..... ☐ ☐
- Did you acquire a new or additional interest in a LLC, Partnership or S Corporation? ..... ☐ ☐
- Did you use the proceeds from the home equity loan or line of credit to make improvements to your home? ..... ☐ ☐
- Have you been discharged of any indebtedness? Provide details. .... ☐ ☐

**Credit Information**

- Have you started any adoption process or began adoption proceedings? ..... ☐ ☐
- Did you start a new pension plan this year? ..... ☐ ☐
- Did you install any alternative energy equipment in your residence (ex. solar water heaters or solar electricity equipment)? ..... ☐ ☐
- Did you or your spouse claim a homebuyer credit for a home purchased in 2008 that needs to be repaid? ..... ☐ ☐

**Deduction Information**

- Did you incur an unreimbursed casualty or theft loss greater than 10% of your income? ..... ☐ ☐
- Do you have written acknowledgement or bank records to substantiate every charitable contribution made? ..... ☐ ☐
- Do you have a donee acknowledgement to substantiate charitable contributions of \$250 or more in any one day to any one organization? ..... ☐ ☐
- Did you use your car on the job, for other than commuting? ..... ☐ ☐  
If yes business mileage \_\_\_\_\_ Total Miles \_\_\_\_\_
- Did you work out of town for part of the year? ..... ☐ ☐
- Did you have post secondary educational expenses for you or your dependent(s)? ..... ☐ ☐
- Did medical expenses exceed 7.5% of your income? ..... ☐ ☐
- Are you a teacher who has unreimbursed supplies? If yes, amount \$ \_\_\_\_\_ ☐ ☐
- Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle, or plane purchased for personal use? ..... ☐ ☐  
If yes, amount \$ \_\_\_\_\_
- Did you pay any real estate taxes? Amount \$ \_\_\_\_\_ Dates paid \_\_\_\_\_ ☐ ☐
- Did you secure a new mortgage on a primary and/or secondary residence in 2020 and did it exceed \$750,000? ..... ☐ ☐
- Prior to 2020, did your total mortgages on your first and/or second residence exceed \$1,000,000? If yes, provide principal balance and interest rate at the beginning and end of year. ☐ ☐

**Healthcare**

- If you worked for yourself, did you pay health insurance premiums for yourself and your family? ... ☐ ☐  
If yes, amount for the year \$ \_\_\_\_\_
- Was the non self-employed spouse eligible to be covered by an employer's health plan?..... ☐ ☐
- Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? ..... ☐ ☐  
Include all Forms 1095-A, 1095-B, and 1095-C received.

**If yes, skip to Miscellaneous Information section.**

If no and an exemption applies, please provide information regarding the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which it applies.

Name \_\_\_\_\_

Email \_\_\_\_\_

**Healthcare (continued)**

Yes No

- Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? ..... ☐ ☐
- Did you apply for an exemption through the Marketplace? ..... ☐ ☐  
If Yes, provide the Exemption Certificate Number. \_\_\_\_\_
- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? ..... ☐ ☐
- Were you eligible for employer-sponsored healthcare coverage? ..... ☐ ☐

**Miscellaneous Information**

- Do you have a Health Savings Account (HSA) (not thru employer) or a Medical Savings Account (MSA)? (not a flexible savings arrangement)..... ☐ ☐  
If yes, did you make after tax contributions? \$ \_\_\_\_\_ qualified withdrawals \$ \_\_\_\_\_  
Is the account self-only \_\_\_\_\_ or family \_\_\_\_\_
- Did you pay any long term health insurance premiums? If yes, amount \$ \_\_\_\_\_ ☐ ☐
- Are you in the military? ..... ☐ ☐
- Did you make gifts of more than \$15,000 to any individual? ..... ☐ ☐
- Did you engage in any bartering transactions? ..... ☐ ☐
- Are you or your spouse covered by a pension plan? ..... ☐ ☐
- Did you make any Roth or traditional IRA contributions? ..... ☐ ☐
- Have you ever made a non-deductible IRA contribution? ..... ☐ ☐
- Did you have a ROTH conversion in 2020? ..... ☐ ☐
- Did you make any rollovers or withdrawals from any retirement account? ..... ☐ ☐  
Did you take any early withdrawals? What were the funds used for? \_\_\_\_\_  
Did you withdraw any retirement funds for a coronavirus-related reason? \_\_\_\_\_
- Are you a participant in your company's stock option plan? If yes, please provide details..... ☐ ☐
- Did you make any political donations? ..... ☐ ☐
- Do you have a household employee? ..... ☐ ☐
- Do you expect significant changes in income, expenses or dependents for 2021? ..... ☐ ☐  
If yes, explain: \_\_\_\_\_
- If you have an IRA, have you updated your beneficiaries? ..... ☐ ☐
- Have you been notified by the IRS or other taxing authority of any changes on prior year returns? ..... ☐ ☐
- Did you receive any federal disaster relief?..... ☐ ☐
- Did you or your spouse have any debts canceled, forgiven or refinanced?..... ☐ ☐
- Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in sales or exchanges denominated in Bitcoin or other virtual currencies?..... ☐ ☐
- Did you or your spouse receive an economic impact payment? If so, how much? \_\_\_\_\_ ☐ ☐  
Was any amount repaid? If so, how much was repaid? \_\_\_\_\_
- If self-employed, were you unable to work due to contracting COVID-19, being in quarantine or isolation due to COVID-19, caring for an individual who contracted COVID-19 or was in quarantine due to COVID-19, or due to caring for a son or daughter because the child's school or childcare provider was closed or unavailable due to COVID-19 precautions?..... ☐ ☐
- Did you or your spouse take out a Payroll Protection Program loan?..... ☐ ☐  
If yes, please provide all details as requested in checklist
- Any other information you would like to provide? Note and attach any applicable documents.....

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