



# 2020 Taxpayer Information

Please complete all Applicable Sections

Date Received:	_____
Date Entered:	_____
Date Checked:	_____
Date Called:	_____

### Taxpayer

### Spouse

Last Name..... \_\_\_\_\_

First Name..... \_\_\_\_\_

SS Number..... \_\_\_\_\_

Occupation..... \_\_\_\_\_

Date of Birth.... \_\_\_\_\_

Email Address.. \_\_\_\_\_

Phone Number. \_\_\_\_\_

Last Name..... \_\_\_\_\_

First Name..... \_\_\_\_\_

SS Number..... \_\_\_\_\_

Occupation..... \_\_\_\_\_

Date of Birth.... \_\_\_\_\_

Email Address.. \_\_\_\_\_

Phone Number. \_\_\_\_\_

Best Contact Number:  Taxpayer  Spouse  Other: \_\_\_\_\_

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

City/Village/Township: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Filing Status: Single \_\_\_\_\_ Married filing Joint \_\_\_\_\_ Head of Household \_\_\_\_\_

### Dependents you have the legal right to claim in 2020:

Name	Date of Birth	Social Sec. #	Relationship	Months lived with you in 2020
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### ➤ General:

- Dollar amount of FIRST Economic Stimulus Payment received in 2020 \$ \_\_\_\_\_ YES NO
- Dollar amount of SECOND Economic Stimulus Payment received in 2020/2021 \$ \_\_\_\_\_
- Did anyone receive health insurance through the marketplace exchange?  YES  NO
  - Provide form 1095-A (required).
- Did you pay any supplemental health insurance? \$ \_\_\_\_\_  YES  NO
- Did you or your spouse receive an Identity Protection PIN from the IRS?  YES  NO
  - If so, please provide IRS letter.
- Did you have dependent care expenses in 2020? (Daycare)  YES  NO
  - If yes, please provide name, address, EIN or SS# and amount paid.
- Did you receive/pay alimony in 2020?  YES  NO
  - If yes, what is the name and Social Security Number of the person whom you received from/paid?  
 Name: \_\_\_\_\_ Soc. Sec: \_\_\_\_\_
- Did you have large out-of-pocket medical expenses in 2020? (co-pays, prescriptions, etc?)  YES  NO
  - If yes, please provide figures.

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| ○ Did you pay any real estate taxes in 2020? (for any year)   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, please provide tax bills and receipts.  |                          |                          |
| ○ Did you make any cash or non-cash charitable contributions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Only claim contributions you have substantiation for (receipts).  |                          |                          |
| ○ Did you make any contributions directly from a retirement account? (QCD) \$_____                          | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you receive, sell, send, exchange, or otherwise acquire a financial interest in any virtual currency? | <input type="checkbox"/> | <input type="checkbox"/> |

➤ **Education:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| ○ Did you, your spouse, or your dependents attend a post-secondary school during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? <b>If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you make any withdrawals from an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you make any contributions to an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, please provide us with the amounts.  |                          |                          |
| ○ Did you pay any student loan interest in 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |

➤ **State:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| ○ Did you pay any rent for living quarters in 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, please provide total: \$_____   |                          |                          |
| ▪ Was heat included?_____ (YES/NO)  |                          |                          |
| ○ Did you make any purchases (by telephone, internet, mail, or in person) which the seller did not collect sales tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, provide total of purchases: \$_____x 5%=_____ (we will do calculation)                                      |                          |                          |

➤ **Taxes & Direct Deposit:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| ○ Did you pay <b>Estimated Tax Payments</b> ?               | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ If yes, amounts paid, and dates of payments are required. |                          |                          |
| ○ Do you have any foreign bank accounts?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Do you wish to receive your refund electronically?        | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Do you wish to pay your balance due electronically?       | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answered yes to either receiving your refund or paying amount due electronically, please provide voided check or fill out information below.**

<b>Routing Number</b>	<b>Account Number</b>	<b>Name of Bank</b>	<b>Checking or Savings</b>	<b>Date of Payment (if applicable)</b>

**I verify that all the above information is accurate**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_