



# 2020 Taxpayer Information

Please complete all Applicable Sections

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

### Taxpayer

Last Name..... \_\_\_\_\_  
 First Name..... \_\_\_\_\_  
 SS Number..... \_\_\_\_\_  
 Occupation..... \_\_\_\_\_  
 Date of Birth.... \_\_\_\_\_  
 Email Address.. \_\_\_\_\_  
 Phone Number. \_\_\_\_\_

### Spouse

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:

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

- **General:** YES NO
- Dollar amount of FIRST Economic Stimulus Payment received in 2020 \$ \_\_\_\_\_
  - Dollar amount of SECOND Economic Stimulus Payment received in 2021 \$ \_\_\_\_\_
  - Did you receive any unemployment compensation in 2020? If so, provide 1099-G.  YES  NO
  - Was money withdrawn from a retirement account due to financial hardship of COVID-19?  YES  NO
  - 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:** \_\_\_\_\_

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>○ Did you have large out-of-pocket medical expenses in 2020? (co-pays, prescriptions, etc?)               <ul style="list-style-type: none"> <li>▪ If yes, please provide figures.</li> </ul> </li> </ul>           | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>○ Did you pay any real estate taxes in 2020? (for any year)               <ul style="list-style-type: none"> <li>▪ If yes, please provide tax bills and receipts.</li> </ul> </li> </ul>                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>○ Did you make any cash or non-cash charitable contributions?               <ul style="list-style-type: none"> <li>▪ Only claim contributions you have substantiation for (receipts).</li> </ul> </li> </ul>        | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ 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"/> |
| <br>   |                          |                          |
| ➤ <b>Education:</b>  |                          |                          |
| ○ 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? <ul style="list-style-type: none"> <li>▪ If yes, please provide us with the amounts.</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you pay any student loan interest in 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <br>   |                          |                          |
| ➤ <b>State:</b>  |                          |                          |
| ○ Did you pay any rent for living quarters in 2020? <ul style="list-style-type: none"> <li>▪ If yes, please provide total: \$_____</li> <li>▪ Was heat included? _____ (YES/NO)</li> </ul>   | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you make any purchases (by telephone, internet, mail, or in person) which the seller did not collect sales tax? <ul style="list-style-type: none"> <li>▪ If yes, provide total of purchases: \$_____ x 5%= _____ (we will do calculation)</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| <br>   |                          |                          |
| ➤ <b>Taxes &amp; Direct Deposit:</b>   |                          |                          |
| ○ Did you pay <b>Estimated Tax Payments</b> ? <ul style="list-style-type: none"> <li>○ If yes, amounts paid, and dates of payments are required.</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ 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.**

Routing Number	Account Number	Name of Bank	Checking or Savings	Date of Payment (if applicable)