



## 2020 Taxpayer Questionnaire (Mandatory)

*Please check the appropriate boxes and include all necessary details. We are searching for deductions, so please be complete! Did any of these events happen during 2020?*

### Personal Information

	<u>Yes</u>	<u>No</u>
Did your marital status change? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your mailing address or residence change from last year? If yes, new address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any dependent disabled or blind?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or state from last year?	<input type="checkbox"/>	<input type="checkbox"/>

### Dependent Information

	<u>Yes</u>	<u>No</u>
Were there any changes in dependents you claimed from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Name all dependents: _____		
Do you have any children (under age 19 or college students under the age of 24) with unearned income in excess of \$2200?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work? If yes, please provide provider name, address, SS# or EIN#, & amount paid. _____	<input type="checkbox"/>	<input type="checkbox"/>

### Buy or Sell Information and Debt Information

	<u>Yes</u>	<u>No</u>
Did you buy, sell, or exchange any real estate? (Send all closing statements)	<input type="checkbox"/>	<input type="checkbox"/>
Did you abandon or have any real estate foreclosed? (Send 1099A and/or 1099C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or write off any stock? (Send original cost, sales price, and dates.)	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy or sell an interest in any other investments (ex. K-1's)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or line of credit this year or refinance any real estate? If yes, send closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any crypto currency? If so, please include all purchase prices & dates and sale prices & dates.	<input type="checkbox"/>	<input type="checkbox"/>

### Income Information

	<u>Yes</u>	<u>No</u>
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country, or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have \$10,000 in a foreign bank account for even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have at least \$50,000 in foreign assets for even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you earn any income in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or rollover any retirement account money?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability or unemployment income?	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you receive any tip income that was not reported to your employer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash in any U.S. Savings Bonds?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive employer-provided educational assistance or other educational benefits?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take money out from a 529 plan? If yes, whose name was on the account and how much?(Send Form 1099-Q)_____       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a damage award for personal injury, sickness, or discrimination?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive executor fees or jury duty fees? If yes, amount \$_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive or pay alimony (not child support)? If yes, amount \$_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| Full name & SS# of ex:_____  |                          |                          |
| Do you qualify for any Social Security benefits such as retirement, death, disability, or Medicare? (Send form 1099-SSA) | <input type="checkbox"/> | <input type="checkbox"/> |

**Deduction Information**

**Yes**      **No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did medical expenses exceed 7.5% of your income?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a health insurance plan in 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are self-employed, did you pay health insurance premiums?<br>If yes, amount \$_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term care (nursing home) premiums for yourself or family?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you keep all your sales tax receipts for this year (not required)?<br>If yes, total sales tax paid \$_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay real estate taxes for any property? If yes, how much?_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay mortgage interest for your residence or a second home? (Send 1098)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have to pay interest on a non-retirement investment portfolio?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest? (Send 1098-E)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have to pay private mortgage insurance (PMI)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a donee acknowledgement to substantiate all cash or check charitable contributions of \$250 or more and proof of all charitable contributions (cash & noncash)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat? (Send 1098-C)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur unreimbursed casualty/theft losses greater than 10% of your income?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any non-business bad debts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a teacher who bought school supplies for your job?  | <input type="checkbox"/> | <input type="checkbox"/> |

**College and Credit Information**

**Yes**      **No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you pay any college expenses? If yes, provide annual summary of charges and payments received from school & list of checks written. (Send 1098-T) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you started any adoption process?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your home this year?<br>Which kind?_____  | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous Information**

**Yes**      **No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you make any estimated payments to the IRS? If yes, please list:<br>1st Q \$_____ 2nd Q \$_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd Q \$_____ 4th Q \$_____   |                          |                          |
| Did you receive correspondence from federal, state, or local tax authorities?                       | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, send letters.

Do you have employer provided stock options that you can exercise or sell?

Did you make any 2020 gifts this year of more than \$15,000 to any individual?

Would you like to have your refund direct deposited into your bank account?

(Send voided check for routing and account numbers .)

Did you file bankruptcy or have debts forgiven / cancelled this year? (Send 1099-C)

Did you have any gambling income and do you have any proof of losses?

If yes, send proof of losses for review.

Did the IRS provide you with an Identity Protection PIN?

If yes, please provide \_\_\_\_\_

**Business Owners Only**

**Yes** **No**

Did you start up or shut down a business during the year?

If you were self-employed, did you pay health insurance premiums?

If yes, amount \$ \_\_\_\_\_

Do you own or invest in a business that would be considered manufacturing?

Did you start a NEW employee pension plan this year?

Have all required 1099s been filed and issued? If not, would you like our help?

Did you maintain mileage logs for all vehicles driven for business purposes?

**(Truckers: While the IRS will allow you to use a per diem rate, PA will NOT. You must have a mileage log to take a deduction for the state.)**

Do you keep records to support all business expense reimbursements issued to all owners and employees?

**State Information**

**Yes** **No**

Did you contribute to any 529 Plans? If yes, which state plan? \_\_\_\_\_

Amount contributed \$ \_\_\_\_\_

Did you make any state estimated payments? If yes, please list:

**State:** \_\_\_\_\_

1st Q \$ \_\_\_\_\_ 2nd Q \$ \_\_\_\_\_

3rd Q \$ \_\_\_\_\_ 4th Q \$ \_\_\_\_\_

**Local Information**

Which township or municipality do you reside in? \_\_\_\_\_

Did you make any state estimated payments? If yes, please list:

**Township:** \_\_\_\_\_

1st Q \$ \_\_\_\_\_ 2nd Q \$ \_\_\_\_\_

3rd Q \$ \_\_\_\_\_ 4th Q \$ \_\_\_\_\_