

2020 Client Information Worksheet

We've gone Virtual!

Due to growing COVID-19 pandemic concerns, all appointments will be virtual for the 2020 tax season. Appointments will be conducted either through email, phone, or screen-share. This is a firm wide decision specifically keeping the safety of our clients, staff, and community in mind.

We have designed this worksheet to help our clients gather and organize relevant tax information for their 2020 taxes. This worksheet also helps to ensure that the taxes are prepared correctly and accurately. With recent tax law changes and two stimulus bills being passed, please take the time to go through this worksheet and update accordingly.

1. Personal Information: *Must match your Social Security Card or ITIN.*

	First Name	M.	Last Name	SSN / ITIN	Date of Birth	Occupation
Taxpayer						
Spouse						
<i>If you have more dependents add additional page.</i>						Relationship
Dependent						
Dependent						
Dependent						
Dependent						

2. Address and Contact Information: *Provide a current US address.*

Address		Primary Phone	
Apartment/ Unit #		Secondary Phone	
City		Taxpayer's E-mail	
State	Zip Code:	Spouse's E-mail	
Provide foreign address if residing outside of the USA:			

3. Did you receive **first** stimulus payments in 2020? ☐ Yes ☐ No If Yes, how much did you receive: \$ _____

4. Did you receive **second** stimulus payments in 2020? ☐ Yes ☐ No If Yes, how much did you receive: \$ _____

5. Have you purchased, sold, or exchanged any cryptocurrency in 2020? ☐ Yes ☐ No

6. Income: *Check all that apply and provide legible copies of all documents.*

	<input checked="" type="checkbox"/>	# of Forms		<input checked="" type="checkbox"/>	# of Forms
Form W-2 [Wages or Salary]	<input type="checkbox"/>		1099-B [Stock Gain/Loss]	<input type="checkbox"/>	
1099-Int [Interest Income]	<input type="checkbox"/>		Schedule K-1 [LLC, S-Corp]	<input type="checkbox"/>	
1099-Div [Dividend Income]	<input type="checkbox"/>		Rental Income	<input type="checkbox"/>	Attach Rental W/S
1099-NEC [Business Income]	<input type="checkbox"/>		1099-G [UI or PFL]	<input type="checkbox"/>	
1099-MISC [Bus/Other income]	<input type="checkbox"/>		1099-G [2019 State Refund]	<input type="checkbox"/>	
1099-R [Retirement Income]	<input type="checkbox"/>		SSA-1099 [Social Security]	<input type="checkbox"/>	
1099-S [Home Sale]	<input type="checkbox"/>		Cryptocurrency	<input type="checkbox"/>	
1099-SA [HSA Distribution]	<input type="checkbox"/>		Other:	<input type="checkbox"/>	

7. Foreign Reporting: *You must report income from all sources within and outside of the U.S.*

Foreign Wages or Salary	\$	USD	Foreign Stock Gain/Loss	Attach Statement
Foreign Interest Income	\$	USD	Foreign Home Sale	
Foreign Dividend Income	\$	USD	Foreign Rental Income	Attach Rental W/S
Foreign Business Income	\$	USD	Foreign Partnership	
Foreign Retirement Income	\$	USD	Other:	
Foreign Taxes Paid	\$	USD	Other:	

8. Foreign Financial Account Reporting (FBAR, FinCEN114, FATCA)

- Do you have any foreign bank of financial accounts? ☐ Yes ☐ No
- If Yes, did the aggregate value of the foreign financial accounts exceed \$10,000 at any time during the calendar year? ☐ Yes ☐ No
- If Yes, did the aggregate value of the foreign financial accounts exceed \$50,000 (\$100,000 if Married) on the last day of the tax year or more than \$75,000 (\$150,000 if Married) at any time during the tax year? Yes No

☐ I am unclear regarding the questions above and I would like more information on this topic.

9. Adjustments to Income: *Provide legible copies of all documents.*

	Taxpayer	Spouse		
Traditional IRA	\$	\$	Alimony Paid	\$
Roth IRA	\$	\$	1098-E [Student Loan Int]	\$
Non-Deductible IRA	\$	\$	1098-T [Tuition Paid]	\$
SEP IRA	\$	\$	Other	
HSA Contribution	\$	\$	Other	

10. Medical/Dental Expense: *Must exceed 7.5% of your adjusted gross income in order to qualify as a deduction.*

Insurance Premiums	\$	Hospital/Dentist Co-Pay	\$
Cost of Prescriptions	\$	# of Medical Miles	Miles
Eyeglasses/Contacts	\$	Medical Equipment	\$
Did you have <u>full year</u> coverage for you, your spouse and all dependents:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt: _____		
If no, check the months that you were covered under a qualified health plan:	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
Where was your health coverage purchased from? [Provide Form(s) 1095-A, 1095-B, and/or 1095-C]	<input type="checkbox"/> Public Exchange [Private: 1095-B or 1095-C] <input type="checkbox"/> Employer Sponsored [1095-B or 1095-C] <input type="checkbox"/> Government Marketplace [1095-A]		

11. Taxes Paid in 2020: *Provide legible copies of all documents.*

Real Estate Property Taxes	\$	2019 State Tax [Paid in 2020]	\$
DMV License Fee	\$	2020 Sales Tax Paid	\$

12. Interest Paid: *For Primary and Secondary property only [Not rental]. Provide legible copies of all documents.*

Homes Located in the US:	Primary Home	Secondary Home
Home Mortgage Interest [Attach Form 1098 from lender]	\$	\$
Home Equity Line of Credit [HELOC]	\$	\$
Mortgage Insurance Premiums [PMI]	\$	\$

13. Interest Paid to a Person or Foreign Bank: *Provide legible copies of all documents.*

Homes Located outside of the US:	Primary Home	Secondary Home
Name of the Bank		
Address of the Bank		
Amount of Interest paid on the loan: [USD - Jan to Dec '20]	\$ USD	\$ USD

14. Cash & Check Donations: *To charities or a qualified religious, educational, scientific, or non-profit organization.*

Name of Charity		Cash amount	
Date of Donation		Check amount	
Name of Charity		Cash amount	
Date of Donation		Check amount	

15. Non-Cash Donations: [Example: Salvation Army or Goodwill]. Attach a copy of the receipt and itemized list of items.

Name & address of Charity	
Date(s) of Donation	
Fair Market Value of items	
What was donated?	
Name & address of Charity	
Date(s) of Donation	
Fair Market Value of items	
What was donated?	

16. Home Office Deduction: To qualify for a home office deduction you must have a dedicated area of your home that is used regularly and exclusively for business/work purposes. **Please note:** If you are an employee and receive your income as a W2, you would not be able to claim any home office deductions on your Federal tax, however (depending on the state), you may be eligible to claim a home office deduction against your state income. Attach Home Office W/S

17. Misc. Work/Business Expense: The 2017 Tax Cuts and Jobs Act suspended all miscellaneous itemized deductions that are subject to the 2% of adjusted gross income floor. This change affects un-reimbursed employee expenses such as uniforms, union dues and the deduction for business-related meals, entertainment and travel, and home office. However (depending on the state), you may be eligible to claim them against your state income. Please use the lines below to list any qualified work/business expense:

18. Dependent Care Expense: If the care provider is an Individual provide SSN. Specify for which child.

Provider Name		Tax ID Number or SSN	
Phone Number		Amount Paid in 2020	\$
Address City, State, Zip		Amount Reimbursed by employer FSA [W2, Box 10]	\$
Provider Name		Tax ID Number or SSN	
Phone Number		Amount Paid in 2020	\$
Address City, State, Zip		Amount Reimbursed by employer FSA [W2, Box 10]	\$

19. Estimated Taxes: Specify if you had paid any taxes upfront or in advance. This does not include the taxes withheld through your W2.

- Attached Federal confirmation page.
- Attached State confirmation page.

20. Bank Account Info: For Direct Deposit or Debit of Taxes ✓ (Check One)

Bank Name:	Routing No:	Account No:	Checking	Savings
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to list any additional information and questions you may have.