

Client Information - Income Tax Return Data - 2020

Personal Information:

Your Name _____ Age _____

Spouse's Name _____ Age _____

Please Circle which one we should call first to reach you:

Home Phone _____ Cell _____ Work _____

Please Circle which is the best way to be contacted for future questions: Phone Email Mail

Home Address _____ City/State _____ Zip _____

Email Address _____

Yes ___ No ___ Are you covered by health insurance for 2020? Please provide a copy of form 1095 verifying coverage for NJ.

Filing Status As of December 31, 2020, what was your marital status:

Never Married/Single Divorced Date of Divorce _____
 Married Date of Marriage _____ Widowed Year of spouse's death _____

Please list the names of everyone who lived in your home last year and anyone else you supported but did not live with you

Name	Age	Relationship	Single or	Full-time	School	Health Insurance	
			Married?	Student	Attended	Yes	No

Stimulus Payments Received

\$ _____ First Round in the Spring \$ _____ Second Round

Types of Income and Deductions:

Yes ___ No ___ Wages or Salary? Need W-2 Forms Any Tip income?

Yes ___ No ___ Alimony? Please provide details and copy of divorce decree.

Yes ___ No ___ Unemployment? Please log onto state website to obtain 1099-G for benefits paid.

Yes ___ No ___ Retirement income or distributions for any 401K or IRA plans? Need 1099-R forms

Yes ___ No ___ Social security benefits? Need 1099-SA

Yes ___ No ___ Any gambling, including online gaming? Need W-2G. Any virtual currency trades?

Yes ___ No ___ Was your home rented out or used for business?

Yes ___ No ___ Did you make any contributions to your traditional IRA or ROTH IRA?

Yes ___ No ___ Student loan interest or college tuition paid for yourself or dependent? Please provide

Yes ___ No ___ Child or dependent care expenses such as nursery school or day care?

Yes ___ No ___ Supplies for eligible teachers? Please provide total supplies purchased.

Yes ___ No ___ If you have medical expenses, please provide a list of RX, dental, doctors, labs, health insurance paid, medical mileage and travel.

Yes ___ No ___ Charitable contributions - letters from organizations and list of amounts. Any volunteer miles?

Yes ___ No ___ Did you purchase a new vehicle this year? If so, we need sales tax paid.