

Client Information - Income Tax Return Data - 2021

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

New Address: _____ City/State _____ Zip _____

Email Address _____

Yes ___ No ___ Are you covered by health insurance for 2021? Please provide a copy of form 1095 verifying coverage for NJ.

Filing Status As of December 31, 2021, 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

\$ _____ Received in the Spring of 2021 **Provide IRS Letter 6475 for substantiation**

Types of Income and Deductions:

Yes ___ No ___ At any time during 2021, did you receive, sell, exchange or otherwise dispose of any financial interest in any virtual currency?

Yes ___ No ___ If you answered yes, we need your gain/loss calculations by transaction.

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, like Draft Kings? Need details.

Yes ___ No ___ Was your home or any property you own rented or used for business? If yes, please provide details.

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. \$ _____

