**BRING ALL OFFICIAL DOCUMENTS**

NEW CLIENTS: BRING COPY OF

2020 TAX RETURN

W-2 Statements

1099 Interest

1099 Dividends

Home Purchase/Sale Documents (Purchase Agreement, Settlement Statement or HUD-1)

Home Mortgage Refinance Documents

1099 Social Security Income

1099 Pension/Annuity Disbursement

1099 IRA/Keogh Withdrawal/Rollover

All IRA Year-End Statements

1099 Unemployment Income

1099 State Tax Refund

Stock Sales – Purchase and Sale Info

1099 Broker Statement

1099 Miscellaneous Commissions

1099 Prizes, Gambling Income

1099 Debt Forgiveness

Rents

Agricultural Payments

K-1’s from S-Corps, Partnerships

K-1’s from Estates, Trusts

Alimony

Jury Duty

Advanced Child Tax Credit (letter 6419)

3rd Stimulus Payment

**BRING VOIDED CHECK FOR**

**DIRECT DEPOSIT OF REFUND**

**BUSINESS**

Furnish Income & Expense detail separately or call for a special worksheet if any of the following apply:

Business – Self Employed

Farm

Rentals

**EDUCATION EXPENSES**

Tuition $

Fees $

Books $

Living Expenses $

School Year (1,2,3,4)

**ENERGY CREDIT**

Heating/Cooling $

Roof, Windows $

Solar/Wind $

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DATA** | | | |
| *This section for* ***new clients only****, or for* ***changes*** *to prior-year information* | | | |
| Last Name | Phone | Taxpayer | Spouse |
| Home |  |  |
| Office |  |  |
| Mobile |  |  |
| Email (taxpayer) | | Email (spouse) | |
| First Name & Initial (taxpayer) | | First Name & Initial (spouse) | |
| Occupation | | Occupation | |
| Social Security No.  Birthdate (req’d) | | Social Security No.  Birthdate (req’d) | |
| Mailing Address | | County | School District |
| City | | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEPENDENTS** | | | | | |
| Name  First, Initial & Last (if different) | Date of Birth  (required for Child Tax Credit) | Social Security No. | Relationship | # months lived in your home | “X” if not living with you |
|  | / / |  |  |  |  |
|  | / / |  |  |  |  |
|  | / / |  |  |  |  |
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| **ESTIMATED TAXES PAID** | | | | | |
| Please have cancelled checks available | | | | | |
|  | **Date Due** | **Date Paid** | **Federal** | **Date Paid** | **State** |
| **Fourth Quarter Prior Year** | Jan. 2021 | / / | $ | / / | $ |
| **First Quarter** | Apr. 2021 | / / | $ | / / | $ |
| **Second Quarter** | Jun. 2021 | / / | $ | / / | $ |
| **Third Quarter** | Sep. 2021 | / / | $ | / / | $ |
| **Fourth Quarter** | Dec. 2021  Jan. 2022 | / / | $ | / / | $ |

**ITEMIZED DEDUCTIONS**

|  |  |
| --- | --- |
| **MEDICAL EXPENSES**  **Generally must exceed 7.5% of Income for Federal & Most States** | |
| Prescription drugs (no “over-the-counter” drugs) |  |
| Doctors/Dentists/Hospitals/Glasses |  |
| Hospital & nursing home |  |
| Medical insurance premiums (paid out of pocket) |  |
| Long Term Health Care insurance premiums |  |
| Insurance reimbursements (only for the above amounts) |  |
| Auto travel (for medical purposes) | miles |
| 1095-A, 1095- B, 1095-C, or Proof of Health Insurance |  |
| Other |  |

|  |  |
| --- | --- |
| **TAXES PAID** | |
| Real Estate – Primary residence |  |
| Real Estate – Second home |  |
| Real Estate – Other (list) |  |
| Auto License Fee – No trucks, boats, or motorcycles | 1. |
|  | 2. |
|  | 3. |
| Sales Tax – Vehicle or homebuilding materials |  |

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| --- | --- | --- | --- |
| **HOME MORTGAGE INTEREST PAID** | | | |
| BRING YOUR 1098 FORM(S) | | Primary Home | Second Home |
| Paid to an Institution  Institution Name: | Interest Paid |  |  |
| Points Paid |  |  |
| Paid to an Individual Name:  Social Security No. | Address: |  |  |
|  | | |
|  |  |  |
| Interest Paid |  |  |

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| --- | --- | --- |
| **CHILD OR DEPENDENT CARE** | | |
| Child or dependent care expenses allow you to work or  attend school full time. Number of children under age 13: | | |
| Name of Provider/Address | Soc Sec # or EIN | Amount Paid |
|  |  |  |
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| --- | --- | --- |
| **STUDENT LOAN INTEREST – OTHER DEDUCT & CREDITS** | | |
| Bring statement(s) from lending agency – Form 1098-T | | |
| Bring tuition paid statements from educational institution | | |
|  |  |  |
| ***College Savings Iowa – 529 Plan Contributions*** | | |
| Beneficiary Name  Social Security No. |  |  |
| Amount paid in: | $ | $ |

|  |  |  |
| --- | --- | --- |
| **CHARITABLE CONTRIBUTIONS** | | |
| Contributions by cash/check  (attach summary if you need more room) | |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Contributions by payroll deduction |  |  |
| Travel for charitable purposes |  | miles |
| Value of goods contributed (usually fair market value) | |  |
| Name & address of recipient:  (include detailed list of donated items when total is $250 or more) | |  |
|  | |  |
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| **MISCELLANEOUS BUSINESS & INVESTMENT EXPENSES**  **NOT LISTED ELSEWHERE** | | |
|  | Taxpayer | Spouse |
| Dues: union & professional |  |  |
| Employment-related education/seminars |  |  |
| Tuition/fees |  |  |
| Books/publications |  |  |
| Licenses, fees, credentials, etc. |  |  |
| Tools, supplies, equipment |  |  |
| Insurance – business (E&O, malpractice) |  |  |
| Uniforms – purchased |  |  |
| Uniforms – cleaned |  |  |
| Business travel (explain) |  |  |
| - Meals |  |  |
| - Lodging |  |  |
| - Other transportation |  |  |
| - Reimbursement |  |  |
| Job seeking expenses in same field |  |  |
| - Employment & resume fees |  |  |
| Investment management fees |  |  |
| Safe deposit box |  |  |
| Tax preparation & consulting fees |  |  |
| IRA or Keogh (HR-10) fees paid by you |  |  |
| Gambling losses – only to the amt of wins |  |  |
| Tuition (K-12 only) |  |  |
| Text books (K-12 only) |  |  |
| Other: |  |  |
|  |  |  |
|  |  |  |
| Move in/out of state? Date of move: |  |  |

The above stated information is correct and complete.

Signature Date