**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 |

|  |
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| **DEPENDENTS** |
| NameFirst, 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. 2021Jan. 2022 | / /  | $ | / /  | $ |

**ITEMIZED DEDUCTIONS**

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| **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 |  |

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| **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 InstitutionInstitution 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 NameSocial 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