

2020

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2020 please check the appropriate box and provide the form and any additional information if necessary. Questions are continued on the back of each page as well.
Answer "no" for anything that is not applicable.

I. PERSONAL INFORMATION

Yes No

1. Did your filing or marital status change during the year?
2. Did your mailing address change during the year? *Please check address in organizer, or complete client info sheet if new client.*
3. Could you be claimed as a dependent on another person's tax return for 2020?

II. DEPENDENTS

Yes No

1. Were there any changes in dependents?
2. Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2020?
3. Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?
4. Are you claiming a dependent and you are NOT the custodial parent? *Form 8332, Release of Exemption, is REQUIRED.*
5. Do you have any qualified dependent care expenses?

III. HEALTH CARE COVERAGE

Yes No

1. Did you, your spouse or dependents have marketplace health insurance? *If yes, please provide the form 1095-A.*
2. Did you use funds from a Health Savings Account (HSA)? (HSA is not a flex account)
3. If you received a HSA distribution, were the funds used for expenses other than medical?
4. Did you have a medical savings account MSA, HSA, a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

IV. INCOME

Yes No

1. Did you have any changes in employment in 2020 (gained or terminated)? *Please provide all Forms W-2 and line through any terminated employers on the organizer.*
2. Did you receive any alimony or maintenance payments in 2020 and are you required to claim as income?

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you receive unemployment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you receive any other form of income to report that you did not receive in a reported form such as a W-2 or 1099? (Cash or trade or exchange of services?) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you have any gambling winnings in 2020? <i>If yes, please provide amount of winnings, Forms W-2 G, and any losses.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you receive any interest income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you make a qualified charitable distribution directly from your IRA account? <i>If so, for how much?</i> _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Was your home rented out? <i>If yes, what was the number of rental days during 2020?</i> _____ <i>Number of personal days?</i> _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you receive an economic impact stimulus payment? If so, how much?
round 1 _____ round 2 _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you or a business you own receive any grants, funding, PPP or EIDL loans? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Self employed only; April-December 2020; were you unable to work due to COVID-19 sickness, care or quarantine? If yes, how many days? For self: _____ Care of family: _____ |

V. PURCHASES, SALES AND DEBT

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? <i>If yes, please provide a list with the date and value.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you buy or sell any stocks, bonds or other investment property in 2020? <i>If yes, please make sure you provide the cost basis information if not stated on the 1099-B.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase, sell, or refinance your principal home or second home, or did you acquire or increase a home equity loan? <i>If yes, please provide settlement/closing statements from your title company.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. If you have a home equity loan, was it used to improve or acquire your principal or second home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency (bitcoin)? <i>If yes, please provide the sale and cost information.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? <i>Must meet requirements at energystar.gov</i> |

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	<input type="checkbox"/>	<input type="checkbox"/>	9. Did you have any debts canceled or forgiven? <i>If yes; did your debts exceed your assets? Please circle: yes / no</i>
	<input type="checkbox"/>	<input type="checkbox"/>	10. Does anyone, other than a related party, owe you money that has become uncollectible?
VI. RETIREMENT PLAN			
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Was this distribution due to COVID-19? <i>Please circle: yes / no</i>
	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? <i>If so, and it is through the job for which you received a W-2, please mark YES. If not, please circle the type of plan previously mentioned and the amount paid. \$_____</i> If eligible, would you like to contribute? Please circle: yes / no
	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you transfer or rollover any amount from one retirement plan to another retirement plan?
	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020?
VII. EDUCATION			
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? <i>Form 1098-T is required.</i>
	<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone who was a student on your return receive any scholarships during the year that are not included on the 1098-T?
	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Reported on Form 1099-Q.
	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you claimed the American Opportunity Credit? <i>If yes, how many years?_____ (Only need for new clients)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you pay interest on a student loan? <i>If so, please include Form 1098-E.</i>
	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
VIII. ITEMIZED DEDUCTIONS			
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you pay mortgage interest on your primary or secondary home?
	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you pay real estate taxes in 2020? Please include the itemized receipt unless paid through escrow and reported on 1098 from mortgage company.
	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you pay personal property taxes in 2020, such as taxes on auto, motorcycle, or boat? Please include the itemized receipt.
	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you make charitable contributions in 2020? If yes, how much?_____ If \$250 or more you have to have a receipt from the qualifying 501(c)(3) organization.

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you give non-cash charitable contributions (such as clothing, household items, toys, etc.) in 2020? Please provide itemized receipt including fair market value of donation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you incur a loss because of a federal declared disaster? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you pay any interest on a loan purchased for an investment purpose? (other than your primary residence) |

IX. OTHER DEDUCTIONS AND ADJUSTMENTS TO INCOME

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you use your car for your business? (W-2 employees cannot deduct) If yes, make sure you have evidence to support your deduction such as a mileage log |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Was your home used for business regularly and exclusively, qualifying you for a home office deduction? (W-2 employees cannot deduct) If yes, please be sure to provide business and total home square footage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you pay alimony in 2020, that you are allowed to deduct and the recipient is claiming as income? If yes, please provide the amount paid, recipient's name and social security number, and date of the divorce decree. |

X. ESTIMATED TAXES

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you make estimated or extension tax payments during the year? Please provide the amounts and dates. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you expect your 2021 taxable income and withholdings to be different from 2020? <i>If so, please elaborate. There is a spot with more room in the organizer.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. If you owe more on your return this year, would you like us to calculate estimated tax payments, or adjust your withholdings? (Additional fee applies) |

XI. MISCELLANEOUS

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. We are required by law to electronically file your tax return. Would you prefer to manually file your return instead? An additional fee of \$100 will be added for manually filed returns. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. If applicable, does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you engage the services of any household employees such as babysitters, caretakers, maids, etc, that are NOT employed with a company? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? |

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7. Were you (or your spouse) provided an identity theft PIN from the IRS? If yes, please provide IRS letter with the PIN #.

8. Did you receive any IRS or state correspondence regarding changes to your tax or tax payments, or were any audits conducted? *Please provide notices received.*

XII. FOREIGN ACCOUNTS AND TRANSACTIONS

Yes No

1. Did you have any foreign income or pay any foreign taxes?

2. Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account in which the balance exceeded \$10,000 USD at anytime in 2020?

3. Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

XIII. STATE INFORMATION

Yes No

1. Did you move during the year? If yes, please provide the dates lived in each state.

2. Did you make contributions to a state 529 Educational Plan/Learning Quest? *If so, how much did you pay in total and per beneficiary?* _____

3. For KS residents: Did you make any purchases out of state and not pay sales tax (ex. Amazon purchases, not including digital services or e-books)? *If so, please provide the total amount of these purchases.* _____

4. For MO residents: Did you make any cumulative purchases out of state and not pay sales tax in excess of \$2,000?

5. Did you work for a company located in KCMO? If yes, do you need to request a refund for days worked outside of KCMO? circle yes/no

XIV. PAYMENT AND PICKUP

Yes No

1. If you have a refund, would you like it directly deposited into your bank account? *If yes, please provide a voided check (unless we have your account information on file already) last four of bank account is _____. If no information is provided, a paper check will be issued.*

2. If you owe money; would you like a direct withdrawal on 4/15 (or 10/15 if on extension) of your balance due? *If yes, please provide a voided check (unless we have your account information on file already). last four of bank account is _____. If no information is provided, you will be required to mail in a check for the balance due.*

3. Would you like your estimated tax payments to be automatically withdrawn on the due date, if possible? (4/15/2021, 6/15/2021, 9/15/2021, 1/15/2022)

4. How would you like to receive the copy of your tax return? please circle all that apply

EMAIL PICK UP PAPER MAIL PAPER(\$25 fee)

Printed Client Name _____