

Section 1: PERSONAL INFORMATION (Must be completed by all clients)

Client Name(s): _____

Address: _____

Address: _____

Home Phone: _____ Best time to call: _____

Cell Phone: _____ Best time to call: _____ Taxpayer or Spouse?

Work Phone: _____ Best time to call: _____ Taxpayer or Spouse?

Other Phone: _____ Best time to call: _____ Taxpayer or Spouse?

Taxpayer Occupation: _____ Spouse Occupation: _____

Do you check your email on a regular basis? Yes No If yes, may we use this method of communicating with you?

Please complete the email address to use: _____

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Were you permanently and totally disabled in 2020? Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Enter date of death for taxpayer or spouse, if during 2021 or 2020: Taxpayer _____ Spouse _____
<input type="checkbox"/>	<input type="checkbox"/>	Were you or your spouse a member of the U.S. Armed Forces during 2020?

If you were unmarried (or considered unmarried) at the end of the tax year, and you contributed over half the cost of maintaining a household for your child or other dependent, you may be eligible for Head of Household filing status. If you are married, you may be considered unmarried for this purpose if your spouse did not live in your home during the last six months of the tax year. If maintaining the household of a parent, the parent does not necessarily need to live with you to qualify. If you feel this may apply to you, please check here.

DIRECT DEPOSIT OF REFUND

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you want any remaining federal or state refund deposited directly to your bank account? <i>If yes, attach a voided check here or refund <u>WILL NOT</u> be directly deposited. (We cannot assume prior year information is the same.)</i>

VOIDED CHECK HERE

Section 2: DEPENDENT INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any dependents? If no, skip Section 2. If Yes, answer questions in Section 2
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents from the prior year? If yes, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Did any dependent child over 2020 years of age attend school less than 5 months during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any dependents that graduated from high school or college during 2020? If yes, we will be contacting you to determine if they can be claimed as a dependent.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a child, under the age of 2020 or a full-time student age 2020 - 23, who earned more than \$2,200 in investment income? If yes, we will need your child's tax documents.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any dependents who must file? If yes, do you want us to prepare the return(s)?
<input type="checkbox"/>	<input type="checkbox"/>	Are any of your dependents not U.S. citizens or residents?

Section 2: DEPENDENT INFORMATION (con't)		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay childcare costs for a dependent child under age 13, or costs of caring for a handicapped individual, so you could work, attend school or look for a job? If yes , provide the amounts paid for each dependent and the names, addresses and taxpayer identification numbers of the care providers.
<input type="checkbox"/>	<input type="checkbox"/>	Did you claim any amount through an employer's dependent care reimbursement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are you entitled to a dependency exemption due to a divorce decree?
<input type="checkbox"/>	<input type="checkbox"/>	Did you provide over half the support for any other person during 2020? (excluding your spouse and children)
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur adoption expenses during 2020?
3: PRIOR YEAR TAX RETURNS		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.
<input type="checkbox"/>	<input type="checkbox"/>	Were there changes to a prior year's income, deductions, credits, etc. which would require filing an amended return?
Section 4: HEALTH AND LIFE INSURANCE		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	If you or your spouse are self-employed, are either you or your spouse eligible to participate in an employee's health insurance plan at another job?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay long-term care premiums? Taxpayer: \$ _____ Spouse: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase health insurance through the Marketplace (HealthCare.gov)? If yes, attach Form 1095-A
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Health Savings Account? (This is not the same as a Medical Flex Plan.) If yes, attach Form 1099-SA
<input type="checkbox"/>	<input type="checkbox"/>	Were all distributions from your HSA used for medical expenses? Amount deducted from pay (does not include employer contributions) _____ Amount contributed individually, not through payroll deduction _____

Section 5: ITEMS RELATED TO INCOME/LOSSES		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any income OTHER than W-2 and bank interest? If No, skip section 5. If Yes, answer questions in Section 5.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability payments in 2020?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips NOT reported to your employer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive or pay (circle one) alimony in 2020? Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment compensation? If yes, provide Form 1099-G .
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings? If yes, attach Form W-2 G .
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect a substantial change in income or deductions next year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any self-employment income, rental income or farm income in 2020? (If yes, please complete the additional information pages that accompanied this questionnaire, or contact our office to receive these necessary forms.)
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide: (1) a description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (5) selling price, (6) expenses of sale, (7) improvements or other cost/basis additions, and (8) closing statements for purchase and/or sale.
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any securities or hold any bad debts that became worthless during the year? Provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or sell or abandon a home or refinance your home mortgage during 2020? Provide closing papers for all transactions. <input type="checkbox"/> New Purchase <input type="checkbox"/> Sold Home <input type="checkbox"/> Refinanced <input type="checkbox"/> Abandoned
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any debt forgiveness in 2020? Provide details and attach any Forms 1099-A or 1099-C .

Section 6: FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have foreign income or pay any foreign taxes in 2020? If no, skip Section 6. If Yes, answer questions in Section 6.
<input type="checkbox"/>	<input type="checkbox"/>	At any time in 2020, did you have any interest in or a signature or other authority over a bank account, or other financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	At any time in 2020, did the aggregate value of all your foreign accounts exceed \$10,000? If yes, all interest income must be reported. Enclose supporting documents.
<input type="checkbox"/>	<input type="checkbox"/>	Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, at any time during 2020, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?

Section 7: EDUCATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any educational expenses? If No, skip Section 7. If Yes, complete questions in Section 7.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any student loan interest? If yes, provide the amount or document(s) from lending agent.
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay college expenses? If yes, complete the College Expense Worksheet on the last page.
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to Ohio College Savings Account Sec 529 plan? Amount \$ _____

Section 8: Ohio Sales Tax (Must be completed by all clients.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any out-of-state internet or mail order purchases that would require you to pay Ohio sales tax? If Yes, please give amount of purchase(s) \$ _____

Section 9: IRA, PENSION AND EDUCATION SAVINGS PLANS

YES	NO													
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any retirement contributions or take any retirement distributions? If No, skip Section 9. If Yes, complete questions in Section 9.												
<input type="checkbox"/>	<input type="checkbox"/>	Do you or your spouse plan to retire in 2021?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive payments from a pension or profit-sharing plan?												
<input type="checkbox"/>	<input type="checkbox"/>	If you received Required Minimum Distributions, did you re-direct part of the RMD as a charitable contribution? If Yes, amount contributed \$ _____												
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert all or part of a regular IRA or a qualified plan into a Roth IRA?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a Coverdell Education Savings Account?												
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an IRA, Roth IRA or self-employed retirement plan for 2020, other than through your place of employment? Complete for all that applies: <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Self</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Traditional IRA</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">Roth IRA</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">SEP</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>		Self	Spouse	Traditional IRA	\$ _____	\$ _____	Roth IRA	\$ _____	\$ _____	SEP	\$ _____	\$ _____
	Self	Spouse												
Traditional IRA	\$ _____	\$ _____												
Roth IRA	\$ _____	\$ _____												
SEP	\$ _____	\$ _____												
<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in making additional contributions to a retirement plan?												
<input type="checkbox"/>	<input type="checkbox"/>	If either you or your spouse attained age 70 ½ during the year, are you taking required minimum retirement plan distributions?												
<input type="checkbox"/>	<input type="checkbox"/>	If you received Required Minimum Distributions, did you re-direct part of the RMD as a charitable contribution? If Yes, amount contributed \$ _____												

Section 10: MISCELLANEOUS (Must be completed by ALL clients)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you install in 2020 any energy efficient items to your home? You may be eligible for the Residential Energy Credit. Provide your invoices as well as the Qualification Certificate from the manufacturer
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any casualty or theft losses during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a hybrid or electric vehicle in 2020? If yes, provide purchase papers.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a motor vehicle or boat during 2020? If yes, provide sales receipt or amount of sales tax paid.
<input type="checkbox"/>	<input type="checkbox"/>	Are you making payments on a recreational vehicle or boat that has basic living accommodations? If yes, provide interest paid.
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate a vehicle in 2020? If yes, attach Form 1098C
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any charitable contributions? You must have copies of checks or receipts in order to claim. Any single donation of \$250 or greater must also have a letter from the charitable organization that includes each donation listed separately. <i>Contributions of \$300 will be allowed without itemizing. Include receipts for the \$300.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a loan at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony during 2020? Name _____ Social Security Number _____ Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Section 11: Businesses/Farms (Schedule C's & F's)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	If you have business or farming income, did your company make any payments that would require you to prepare 1099s? If no, skip Section 11. If Yes, answer question in Section 11 (If uncertain, refer to 1099 rules found on our website or contact our office for more information.)
<input type="checkbox"/>	<input type="checkbox"/>	Do you need our firm to prepare your 1099's? If yes, provide information to our office by 1/20/2020 . If no, please provide copies of your 1096 and 1099s.
Please remember, if 1099's are not prepared, but eligible expenses are documented, by tax law, our firm cannot allow those expenses, which will increase taxable income.		

Section 12: Economic Recovery Payment

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you and/or your spouse receive the 2020 Economic Recovery payment(s) during 2020 and 2021? If no, skip Section 12. If Yes, answer question in Section 12
		Total Received in 2020: _____ Total received in 2021: _____

CLIENTS! USE THIS CHECKLIST TO CONFIRM ALL DOCUMENTS HAVE BEEN INCLUDED :

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Copy of driver’s license(s) | <input type="checkbox"/> | Supporting documents that correspond to your “yes” answers |
| <input type="checkbox"/> | If health insurance purchased through Marketplace (Healthcare.gov), include form 1095-A | <input type="checkbox"/> | Voided check if direct deposit of refund is preferred |

ESTIMATED TAX PAYMENTS																																																																							
YES	NO																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any <i>estimated</i> payments for tax year 2020? If yes, complete information below or include detail with your documents. <u>DO NOT</u> include tax due payments for prior year tax returns.																																																																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Federal 1040-ES</td> <td style="width: 30%; text-align: center;">Date Actually Paid</td> <td style="width: 40%; text-align: center;">Amount Paid</td> </tr> <tr> <td>#1 Due April 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#2 Due June 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#3 Due Sept 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#4 Due Jan 2021</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>Ohio IT1040-ES</td> <td style="text-align: center;">Date Actually Paid</td> <td style="text-align: center;">Amount Paid</td> </tr> <tr> <td>#1 Due April 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#2 Due June 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#3 Due Sept 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#4 Due Jan 2021</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>School SD100ES</td> <td style="text-align: center;">Date Actually Paid</td> <td style="text-align: center;">Amount Paid</td> </tr> <tr> <td>#1 Due April 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#2 Due June 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#3 Due Sept 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#4 Due Jan 2021</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>City Estimates</td> <td style="text-align: center;">Date Actually Paid</td> <td style="text-align: center;">Amount Paid</td> </tr> <tr> <td>#1 Due April 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#2 Due June 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#3 Due Sept 2020</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>#4 Due Jan 2021</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>			Federal 1040-ES	Date Actually Paid	Amount Paid	#1 Due April 2020	_____	_____	#2 Due June 2020	_____	_____	#3 Due Sept 2020	_____	_____	#4 Due Jan 2021	_____	_____				Ohio IT1040-ES	Date Actually Paid	Amount Paid	#1 Due April 2020	_____	_____	#2 Due June 2020	_____	_____	#3 Due Sept 2020	_____	_____	#4 Due Jan 2021	_____	_____				School SD100ES	Date Actually Paid	Amount Paid	#1 Due April 2020	_____	_____	#2 Due June 2020	_____	_____	#3 Due Sept 2020	_____	_____	#4 Due Jan 2021	_____	_____				City Estimates	Date Actually Paid	Amount Paid	#1 Due April 2020	_____	_____	#2 Due June 2020	_____	_____	#3 Due Sept 2020	_____	_____	#4 Due Jan 2021	_____	_____
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