

2020 TAX YEAR QUESTIONNAIRE

A+ Accounting and Tax

Please complete this questionnaire to the best of your ability. Please provide last year’s tax return (if a new client) and all W-2, 1099, 1098, and K-1 forms received. Please note any questions you have or items below that are unclear.

Taxpayer: _____
Full Name Occupation

Mailing Address: _____
Street City State Zip Code

Phone Email Social Security Number Date of Birth

Please enter your **Spouse’s** information (if applicable): (include address if different than above)

Spouse: _____
Full Name Occupation

Phone Email Social Security Number Date of Birth

School District: _____ YES NO

Did our office prepare your tax return last year? _____
If not, please provide a copy of your 2019 Federal and State tax return.

Is your Name, Address, and Marital Status the same as last year? _____

Were there any deaths in your **immediate** family in 2020? If so, who and date? _____

Are you or your spouse legally blind? If so, who: _____

Do you anticipate having a significant change in income, deductions or tax liability next year? _____
If so, why _____

How much did your family receive for the 1st and 2nd stimulus payments (\$1,200 and \$600)? 1st payment total \$ _____
Provide a copy of the letter or printout from IRS website showing amount if possible. 2nd payment total \$ _____

Are you or your spouse a teacher who worked at least 900 hours/yr? (deduct up to \$250 for supplies) _____

Were you notified by the IRS or State of any changes to any prior year tax return (s)? _____
Please provide documentation/letter you received as well as the amount paid or received and the date.

Did you pay in taxes for prior year returns? If so, how much was paid for Federal \$ _____ State \$ _____

If you were a victim of identity theft and received an IP PIN from the IRS please provide it _____

Was a child *adopted* during the year or were any adoption expenses paid? _____
Please provide the Social Security number or ATIN of the child and expenses paid _____

Did you receive any alimony in 2020? From who: _____ Amount \$ _____
Alimony for divorces that were finalized after 2018 are NOT taxable to the recipient. Year of Divorce _____

Did you make any energy efficient improvements to your home (insulation, exterior windows, exterior doors, Metal roofs, water heater, furnace, central air conditioner, geothermal, solar panels, wind turbines) _____
If so, what was purchased and what was the cost: _____
Have you previously claimed any deductions for these types of expenses? (after 2005) _____

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Please enter your **Dependent's** information (if applicable):

Generally to claim a child as a dependent, they must be under age 19 at year end or under age 24 if a full-time student or be disabled. If you are a non-custodial parent claiming a dependent please bring a signed Form 8332.

	Full Name	Relationship	Social Security #	Date of Birth
Dependent 1:	_____	_____	_____	___/___/___
Dependent 2:	_____	_____	_____	___/___/___
Dependent 3:	_____	_____	_____	___/___/___
Dependent 4:	_____	_____	_____	___/___/___
Dependent 5:	_____	_____	_____	___/___/___

YES NO

Is there a chance someone else may attempt to claim a child listed above as their dependent? _____

If so, who and what child is involved? _____

Did you pay any child/dependent care expenses (daycare) to enable you to work? _____

Daycare _____ Address _____

Daycare Tax ID/SS# _____ Amount for 1st child \$ _____ Amount for 2nd child \$ _____

Did you contribute to the "College Savings Iowa" 529 plan for a child(ren)? _____

Total of contributions: \$ _____ Child's Name(s): _____ (Bring in letter (s) from CSI)

Did a child under age 24 have more than \$2,200 in **unearned** income (interest, dividends, capital gains, etc) _____

Compile information on all sources of **income** for you, your spouse and dependents and provide it to us.

- A. **W-2's** : Include Wages, Salaries. Also include Tips, Bonuses, and Commissions
- B. **Interest Income** (1099-INT, 1099-OID) : Include Tax-exempt interest
- C. **Dividend Income** (1099-DIV):
- D. **Capital Gains** (1099-B, 1099-S) : Mutual funds, Stock, Sale of Home, collectibles
- E. **Estate/Trust Income/Partnership/S-Corp** (Schedule K-1, Form 1041) : Passthrough Entities
If a Partnership, did you materially participate? (General Partner) _____
- F. **Other Income** (1099-G, W-2G) : Unemployment, Tax Refund, Alimony (not child Support), Winnings
- G. **Self-employment / Rental Income / Farm** (Complete Page 6, 7, 8 or bring own Income statement/balance sheet)
- H. **Social Security benefits** (SSA-1099)
- I. **Pension/Annuity/IRA distributions (1099-R):**

YES NO

Were you involved in bankruptcy, foreclosure, or had any debt (including credit cards) cancelled? _____

Did you receive, sell, send, exchange, or acquire an interest in "virtual currency" in 2020 (Bitcoin, etc)? _____

Were any of your investments deemed to be "worthless stocks" or do you have any "bad debts"? _____

Did you purchase or sell a principal residence (house) in 2020? **Purchase Sale (circle)** _____

If a sale, had you ever used any portion of the house for a home office or as a rental unit? _____

Did you own and use the home as your principal residence for at least 2 of the last 5 years? _____

Was the sale required due to a job transfer, medical, or unforeseen circumstance (divorce, job loss)? _____

Be sure to provide a copy of the "Settlement Sheet" for both the Sale and Purchase plus Form 1099-S

Did you refinance a mortgage in 2020? Over how many years? _____ years _____

Did you purchase a home in 2008 and claim the \$7,500 1st time homebuyer credit? (not the \$8,000 credit) _____

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YES NO

Have you or your spouse contributed or have plans to start an IRA for 2020 (through 4/15/21)? _____
 Roth or Traditional? (Circle) Taxpayer: How Much? \$ _____ Spouse: How Much? \$ _____

Did you or your spouse take a distribution from a retirement account in 2020? **Bring 1099-R Form** _____
 If so, did you roll it over into a different retirement account or IRA? _____
 Was the distribution taken because you were impacted by COVID (lost job, income reduction, etc)? _____
 If due to COVID, would you like to pay all tax due in 2020 or report it over 3 years (2020,2021,2022) _____

Are you, your spouse, or dependents currently enrolled in college (at least 1/2 time) or paying for any kind of continuing education? (Bring 1098-T) Who? _____
 Is the student in the first 4 years of college? _____

Did you pay any tuition or textbook expenses (including extracurricular) for any dependents in Kindergarten through twelfth grade? Total for child 1: \$ _____ Child 2: \$ _____ Child 3: \$ _____

Are you, your spouse, or dependents paying on a student loan? (Bring 1098-E tax form) _____

Did you live in a foreign country or have a foreign bank account? _____
 If so, what country (s) _____

Did you or your spouse pay for Health Insurance on an after tax basis (not Pre-tax)? _____
 Total of premiums paid: \$ _____

Were some members of your household covered by health insurance purchased through the Federal or State-Run MarketPlace (Obamacare) in 2020? If so make sure to provide your 1095-A form (s) _____

Did you or your spouse pay for any Long Term Care Insurance or receive any benefits during the year? _____
 Total premiums paid: (Taxpayer) \$ _____ Spouse \$ _____ Benefits received: \$ _____ (provide 1099-LTC form)

Did you move to or from another state in 2020? If so what State and date of move? _____
Moving expenses are only deductible in 2020 if you moved for the military.

Did you make any alimony payments (NOT CHILD SUPPORT)? (only divorces PRIOR to 2019) _____
 Total of payments: \$ _____ Recipient Name & SS#: _____ Year of Divorce _____

You can deduct up to \$300 of cash charitable contributions without itemizing.
 If you made any contributions how much (up to \$300): _____ You can deduct more on next page if you itemize.

Did you make any Estimated Tax payments for 2020? (if so, fill in amounts and dates below) _____

	Amount	Date	Amount	Date	Amount	Date	Amount	Date
Federal:	1 st \$ _____	_____	2 nd \$ _____	_____	3 rd \$ _____	_____	4 th \$ _____	_____
State:	1 st \$ _____	_____	2 nd \$ _____	_____	3 rd \$ _____	_____	4 th \$ _____	_____

Standard Deduction Amounts for 2020

<u>Filing Status</u>	<u>Federal</u>	<u>Iowa</u>
Single	\$ 12,400	\$ 2,130
Head of Household	\$ 18,650	\$ 5,240
Qualifying Widow(er)	\$ 24,800	\$ 5,240
Married filing Separately	\$ 12,400	\$ 2,130
Married filing Jointly	\$ 24,800	\$ 5,240

If blind or over age 65 by year end, you are eligible for an *extra* standard deduction on Federal.

If you wish to itemize deductions (instead of taking the standard deduction) then complete Page 4 of Questionnaire. Please note that you may be able to itemize for State even if you can't for Federal.

Itemized Deductions (Schedule A):

I. Medical and Dental (only to extent they exceed 7.5% of your income)

(Include out of pocket expenses only – those not covered by insurance or paid out of a flex spending account)

- | | |
|---|----------|
| | Total |
| A. Prescription Medications (Doctor Prescribed only) and Insulin | \$ _____ |
| B. Payments to Doctors, Dentists, Clinics, Hospitals, X-Ray, Lab fees, Ambulance, etc | \$ _____ |
| C. Eyeglasses, Contacts, False Teeth, Hearing Aids, Wheelchairs, Medical Aid Equipment, etc | \$ _____ |
| D. Lodging, Meals, Transportation (Parking fees, tolls), # of Miles _____ | \$ _____ |
| E. Smoking Cessation (NOT nicotine patches/gum) and Weight Loss programs (extra costs of diet food) | \$ _____ |
| F. Nursing Home Medical Care | \$ _____ |

II. Taxes You Paid

- | | |
|---|---------------------|
| | Total |
| A. State Taxes withheld from your wages (W-2) | Provide W-2s |
| B. Property taxes or Mobile Home taxes paid (not Association fees or Assessments (unless Maintenance)) | \$ _____ |
| C. Annual Registration Fees for autos and Multipurpose vehicles (NOT vans, motorcycles, or campers) | |
| Vehicle 1: Weight _____ Fee \$_____ Vehicle 2: Weight _____ Fee \$_____ Vehicle 3: Weight _____ Fee \$_____ | |
| D. If you purchased a vehicle, RV, motorcycle, plane, boat in 2020: Enter the total Sales tax paid _____ | |

III. Interest You Paid

- | | |
|--|------------------------------|
| | Total |
| A. Home Mortgage Interest Paid (Primary, 2 nd Home, Home Equity) | Provide Form 1098 (s) |
| Home equity loan interest is deductible only if the proceeds are used to improve home (NOT for personal expenses) | |
| B. Home Mortgage Interest on 1 st Mortgage paid to an individual (Contract for Deed) (Not on Form 1098) | \$ _____ |
| Name _____ Address _____ SS# _____ | |
| C. Points (Loan Origination fee, Loan Discount) paid to acquire a mortgage or refinancing | \$ _____ |
| D. Interest paid on a loan for a boat or RV that has basic living accommodations (toilet, cooking, sleeping) | \$ _____ |

IV. Gifts to Charity

- | | |
|---|----------|
| | Total |
| A. Contributions by cash or check (include the \$300 listed above on page 3 in your total) | \$ _____ |
| B. Donations of property – If over \$500: Include Name & address of organization, Items and date donated | \$ _____ |
| If a vehicle, boat, or airplane donation over \$500 then provide Form 1098-C from the organization | |
| C. Volunteer expenses – travel (\$.14 per mile), supplies (not cost of your time) | \$ _____ |
| D. If you transferred funds from an IRA directly to a charity then bring documentation of the transfer. | |

V. Casualty and Theft Losses (Only allowed if due to a federally-declared disaster)

(include only amounts not covered by insurance or FEMA, etc)

- | | |
|--|----------|
| | Total |
| A. Casualty or Theft losses (\$100 deductible and only amount that exceeds 10% of AGI) | \$ _____ |

VI. Miscellaneous Deductions (Unreimbursed employee expenses and union dues are no longer allowed on Federal or Iowa)

- | | |
|--|----------|
| | Total |
| Gambling Losses (limited to amount of Gambling Winnings) | \$ _____ |

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Complete this section if you or your spouse had any income from Business / Rentals.
Use a separate sheet for EACH business/Rental unit

Proprietor: _____ Business Name: _____ EIN: _____
 Business or Rental property Address: _____

Principal Business/Profession (Product/Service): _____ YES NO

Was the business started or acquired during the year? If yes, then what date? _____

Was the business sold or discontinued during the year? Please provide date & proceeds? _____

Did you receive a PPP (Paycheck Protection Program) loan in 2020? _____
 If so, how much did you receive? \$ _____ PPP funds are NOT taxable for Federal and expenses are deductible

Did your business receive any federal or state grants (including EIDL Advances) in 2020? _____
 If so, how much did you receive? \$ _____ Grants are taxable for Federal and expenses are deductible

Did you use a home office for the business? (exclusive use) _____
 Sq. footage of office: _____ Total sq. footage of home: _____ Date 1st used: _____

Did you run a Day-Care Facility out of your home? _____
 Total hours used for daycare per year (Days x Hours per day): _____

Was a rental unit's **personal** use greater than 14 days or 10% of days rented? If so then no loss is allowed _____

If your business paid subcontractors, did you issue everyone that you paid over \$600 a 1099-MISC? _____

PROFIT OR LOSS FROM BUSINESS: (If Farm Income see page 7)

INCOME

Total Gross Receipts/Sales for Business: \$ _____
 (Include income shown on 1099s and Grants in above total)
 Rent Received: \$ _____

COST OF GOODS SOLD (if applicable)

Inventory at *beginning* of the year: \$ _____
 Purchases during the year: \$ _____
 Above withdrawn for Personal Use: \$ _____
 Inventory at *end* of the year: \$ _____

EXPENSES

Sales Returns & Allowances: \$ _____
 Advertising: \$ _____
 Training and Education: \$ _____
 Bank and credit card processing Fees: \$ _____
 Commissions Paid: \$ _____
 Dues and Publications: \$ _____
 Insurance (other than Health): \$ _____
 Tools & Equipment (under \$2,500 each): \$ _____
 Interest paid on business loans: \$ _____
 Software: \$ _____
 Legal and Professional Services: \$ _____
 Office Supplies and Postage: \$ _____
 Materials and Supplies: \$ _____
 Utilities (Business premises): \$ _____
 Cost of Labor/Subcontractors: \$ _____
 Cellphone expense (business use %): \$ _____
 Rent or Lease expense: \$ _____
 Repairs and Maintenance: \$ _____
 Mortgage Interest (**Rental**): \$ _____
 Real Estate Taxes (**Rental**): \$ _____
 Utilities of Home (**Home Office**): \$ _____
 Homeowners Insurance (**Home Office**): \$ _____

Wages (Bring copies of W-2s/W-3, 940, SUTA, 941s)

Payroll taxes: (paid by Employer, not employee share)

Health insurance for employees: \$ _____
 Employee Benefit Programs: \$ _____
 Retirement (Employer contributions): \$ _____
 Taxes and Licenses: \$ _____

Auto Expenses See Page 6 below

Travel (Overnight):
 Transportation (Airfare/Vehicle): \$ _____
 Lodging: \$ _____
 Cabs, Shuttle, Rentals, Tips: \$ _____
 Other: _____ \$ _____

Meals and Entertainment:

Meals and Tips: \$ _____
 Entertainment: \$ _____

Daycare Meals (for daycare kids only, not your own):
 # of Breakfasts _____ # of Lunches _____
 # of Snacks (up to 3 per day) _____ Dinners _____

Other Business Expenses:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

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Was the business owner unable to work due to quarantining or experiencing symptoms of COVID? YES NO
If so, how many days between April 1st and December 31, 2020? (do not enter more than 10 days) _____

Was the owner unable to work due to caring for an individual with COVID? (or school or daycare closed) _____
If so, how many days between April 1st and December 31, 2020? (do not enter more than 10 days) _____

Did the business owner receive sick and family leave from an employer as a result of COVID? _____
If so we will need to know how much was received (this may be shown on your W-2 (Box 14) or a stmt from employer.

Depreciable Property and Equipment used in the Business with a useful life longer than 1 year :
If each item was less than \$2,500 then include in "Tools & Equipment" on Page 5.

<u>Description of Property</u>	<u>Date Placed in Service</u>	<u>Cost or Basis</u>	<u>Retired/Disposed in 2020 (Date, Price)</u>
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____
_____	___/___/___	\$ _____	_____

** Up to \$1,040,000 of qualifying business equipment purchased in 2020 may be expensed currently in lieu of depreciation.

If this is your first year with us, please provide a depreciation schedule for all property placed in service before 2020.

Did you use a personal vehicle for business purposes in 2020? YES NO

Vehicle Description: _____ Date placed in service and Value: _____

Business Miles driven _____ Total miles (both business & personal) driven for the year: _____

Interest (not principal) paid on Vehicle loan: \$ _____ Parking Fees & Tolls: _____ License fees: _____

If you are choosing to deduct actual expenses (instead of the standard mileage rate (\$.575 cents)) then enter the following:

Gas: \$ _____ Maintenance & Repairs: \$ _____ Insurance: \$ _____ Lease payments: \$ _____

If you traded in a vehicle for a new one please bring the bill of sale that shows the amount the dealer gave for the trade.

Amortization (Organizational costs, Copyrights, Patents, Goodwill, etc):

<u>Description of Costs</u>	<u>Date Amortization Begins</u>	<u>Amortizable Amount</u>
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

