

2020 TAX YEAR QUESTIONNAIRE

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:	_____	_____	_____	___/___/___

How much did you receive in Advanced Child Tax Credit in 2021? \$ _____ 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 2021 (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 2021? **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 2021? 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 2021 (through 4/15/22)? _____
 Roth or Traditional? (Circle) Taxpayer: How Much? \$ _____ Spouse: How Much? \$ _____

Did you or your spouse take a distribution from a retirement account in 2021? **Bring 1099-R Form** _____

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 Healthcare.gov MarketPlace in 2021? **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 2021? If so what State and date of move? _____
Moving expenses are only deductible in 2021 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 \$600 (Married Filing Joint) of cash charitable contributions without itemizing.
 If you made any contributions how much (up to \$600): _____ You can deduct more on next page if you itemize.

Did you make any Estimated Tax payments for 2021? (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 2021

<u>Filing Status</u>	<u>Federal</u>	<u>Iowa</u>
Single	\$ 12,550	\$ 2,130
Head of Household	\$ 18,800	\$ 5,240
Qualifying Widow(er)	\$ 25,100	\$ 5,240
Married filing Separately	\$ 12,550	\$ 2,130
Married filing Jointly	\$ 25,100	\$ 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 2021: 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 \$600 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) | \$ _____ |

2021 TAX YEAR QUESTIONNAIRE

Complete this section if you or your spouse had any income from Business / Rentals (Schedule E). 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 2021? _____
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 2021? _____
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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YES NO

Was the business owner unable to work due to quarantining or experiencing symptoms of COVID? _____ _____
 If so, how many days between April 1st and September 30, 2021? (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 September 30, 2021? (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 2021 (Date, Price)</u>
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____
_____	__/__/__	\$ _____	_____

** Up to \$1,050,000 of qualifying business equipment purchased in 2021 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 2021.

YES NO

Did you use a personal vehicle for business purposes in 2021? _____ _____

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 (\$.56 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>
_____	__/__/__	\$ _____
_____	__/__/__	\$ _____

