

Client:

2020 CLIENT QUESTIONNAIRE

Completed By: _____ **Date** _____ **Email** _____

1. Do you have a **new** Address or Phone Number ? Yes / No Date of Move _____
2. Are you claiming the same **dependents** as last year? Yes / No NA
3. Do you, your spouse, or dependents have Health Insurance through the **Marketplace**? Yes / No Provide forms
4. Have you or your dependants at any time during **2020** received/sold/exchanged any virtual currency? Y/N
5. If you are divorced and are paying/receiving alimony, what is the date of your alimony decree? _____
6. Are you a beneficiary or executor for any **trusts or estates** this year? Yes/No
7. Did you buy anything & **not pay sales tax** (NOT FARM) (i.e. Internet/catalogue purchases)? Yes / No
8. Have you had any **debt forgiven this year?** (loans, credit cards, home, etc.) Yes / No
9. Did you make any contributions/distributions to/from an **OHIO 529 plan?** (child's school fund) Yes / No
10. Any **education** tuition for college? Yes/No If so, Provide 1098 and detailed billed and payment info
11. Did you have time off work or receive **unemployment** this year? Yes / No If yes, need Unemployment 1099
Did your employer elect to defer any of your social security tax withholdings for 2020? Yes/No
12. Do you have accounts that you are authorized to draw from in a **Foreign Country** (not mutual funds)? Yes/No
13. Did you make a donation to any **charity** for 2020? Yes/No If yes, need documentation, even if not itemizing.
14. Do you have an **IRA**? Yes/No Did you make contributions or withdrawals this year? Yes/No
If you had withdrawals, were they re-contributed to an IRA or kept?
15. Did you **start** receiving Social Security in **2020**? Yes / No
16. Any **Misc Income** from various sources, Gambling, (online or in person) UBER, AirBnb, Online, Etc...? Y/N
17. Do you have a **Health Savings Account** at a bank? Y / N (not a flexible spending account) – provide statements
18. If you have Mortgage Interest or Line of Credit provide 1098 and documents to show loan acquisition.
19. How much Federal Economic Payment (**stimulus**) did you receive during 2020? \$_____
20. **Daycare** expenses for children under age 13 or disabled? Yes / No *If yes, provide name, address, ID#.*
21. Did you make **Estimated tax payments** for **2020**? None IRS Ohio City School **Bring checks or date paid**
22. Direct deposit info: Routing # _____ Checking /Savings(circle one) # _____ **OR Attach copy check**
23. **If you own a business**, did you receive EIDL or PPP ? Y/N If so, were those funds forgiven? Yes/No/Not Yet
Did you take advantage of employer payroll tax credits or deferrals? Need copies of all 4 quarters 941 forms.

REMINDER THAT IF YOU HAVE ANY TAX CREDITS OR HEAD OF HOUSEHOLD, WE WILL NEED DOCUMENTATION AS OUTLINED IN THE ATTACHED LETTER.