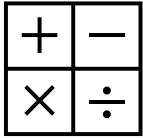
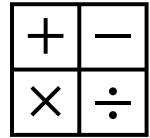


# Tax Strategies, Inc.

www.mytaxstrategies.com



## Individual Questionnaire 2020



Customer Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Do you wish to be contacted by email? YES  NO )

IN YEAR 2020 only:

Married (date: \_\_\_\_\_)

Divorce (date: \_\_\_\_\_)

Taxpayer Death (date: \_\_\_\_\_)

Spouse Death (date: \_\_\_\_\_)

Taxpayer

Spouse

Name \_\_\_\_\_

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Disabled

Home Phone \_\_\_\_\_ Disabled

Work Phone \_\_\_\_\_ Blind

Work Phone \_\_\_\_\_ Blind

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Best time to call \_\_\_\_\_

Best time to call \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Address on last year's tax return (if different) \_\_\_\_\_ Date moved \_\_\_\_\_

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**STEP 1****The following items may affect your tax return. Please answer carefully.****These questions pertain to calendar year 2020 unless otherwise noted.**

- 1) Y  N  Did you pay or receive alimony? You needn't include child support. (Select one.) Pay  Receive   
To/From: Name \_\_\_\_\_ SSN \_\_\_\_\_ Amount paid \$ \_\_\_\_\_  
Date of original divorce or separation agreement: \_\_\_\_\_
- 2) Y  N  At any time during 2020, did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency?
- 3) Y  N  Did you purchase health insurance for yourself or a family member through the **Health Insurance Marketplace** (exchange). If yes, **Form 1095-A** is required)
- 4) Y  N  Did you (or do you plan to before 15 April 2021) to contribute to a traditional IRA or Roth IRA for 2020?  
Self: Traditional IRA \$ \_\_\_\_\_ Roth IRA \$ \_\_\_\_\_ Spouse: Traditional IRA \$ \_\_\_\_\_ Roth \$ \_\_\_\_\_
- 5) Y  N  Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2020?  
If yes, amount converted/rolled: \$ \_\_\_\_\_
- 6) Y  N  Did you (or do you plan to before 15 April 2021) contribute to a health savings account (HSA) for 2020?  
Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your form W-2)  
Self: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_ Type of health plan coverage: Self-only \_\_\_ Family \_\_\_
- 7) Y  N  Did you receive any distributions from your health savings account (HSA)?  
Amount of distribution: \$ \_\_\_\_\_ Amount of unreimbursed qualified medical expenses (attach list): \$ \_\_\_\_\_
- 8) Y  N  Are you a grade K-12 teacher?  
If yes, enter amount of out-of-pocket classroom costs you paid in 2020: \$ \_\_\_\_\_
- 9) Y  N  Did you pay childcare costs for a dependant child under the age of 13, or cost of caring for a disabled dependant or spouse, so you could work, attend school, or look for a job? If yes, provide the amount paid for each individual and the names, addresses, and taxpayer identification numbers of the care providers.  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ Taxpayer ID number: \_\_\_\_\_  
Amount, if any, reimbursed by an employer dependant care plan: \$ \_\_\_\_\_
- 10) Y  N  Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list).
- 11) Y  N  Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy?
- 12) Y  N  Did you pay any individual \$2,200 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook, or gardener?
- 13) Y  N  Did you have a financial interest in, or signature authority over, a financial account (such as bank or securities account) located in a foreign country at any time during 2020? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside the U.S.  
Y  N  If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?
- 14) Y  N  Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?
- 15) Y  N  Did you have financial accounts maintained by a foreign (non-US) bank or financial institution that totalled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if filing married a joint return)?
- 16) Y  N  Did you own any other foreign financial assets (such as stocks in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?
- 17) Y  N  Do you and/or your spouse want to designate \$3 to the Presidential Election Campaign Fund?  
**NOTE: (Does not change amount due or refund.)**
- 18) Y  N  Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number, and personal identification number of individual if not preparer.  
Name: \_\_\_\_\_ Phone no.: \_\_\_\_\_ SSN \_\_\_\_\_

- 19) Y  N  Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS?  
If yes, write six-digit code: **Self:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_
- 20) Y  N  Did you make gifts to a trust or gifts totalling more than \$15,000 to any individual during the year? If so, provide recipient's name, address, relationship to you, and the amount of the gift.
- 21) Y  N  Did you receive an economic stimulus payment before 12 February 2021? Amount \$ \_\_\_\_\_
- 22) Y  N  Did you receive a Pay-check Protection Programme loan for your Schedule C business?  
Amount \$ \_\_\_\_\_ Amount forgiven \$ \_\_\_\_\_

**STEP 1**  
**(Continued)**

**Tick any of the boxes below that apply to you for 2020:**

- Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (exchange). Attach form 1095-A
- Was granted stock options by your employer and/or exercised employer stock options.
- Owned any securities or held any debts that became worthless during the year.
- Contributed to or received distributions from an Archer Medical Savings Account (MSA).
- Travelled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.
- Performed services in the performing arts for at least two employers.
- Lived or worked in a foreign country.
- Purchased the following new plug-in electric vehicle. \_\_\_\_\_
- Was in the military (or reservist).
- Was an active-duty member of the military and moved pursuant to a military order and incident to a permanent change of station.
- Received any notice from the IRS or a state taxing authority.
- Contributed to or received distributions from an Achieving a Better Life Experience (ABLE) account.
- I can be claimed as a dependant on another person's tax return for 2020.

Please provide any other information related to your 2020 taxes not reported on this questionnaire.

**STEP 2 Dependants**

<b>Children</b> Age 18 or younger (age 19-23 if attending school fulltime for at least five months during the year) who lived with you more than half the year and who did not provide more than half of their own support (or a permanently and totally disabled child).			<b>Is 2020 unearned (investment) Income &gt; \$1,100?</b>
<b>Full name</b>	<b>Date of Birth</b>	<b>SSN</b>	

- Tick if it is possible that a different taxpayer might claim the child listed above as a dependant.
- Tick if you are divorced and either signed or received Form 8332 (release of exemption for child. (Provide Form 8332.))

<b>Other Dependants</b> (relative and/or members of household)	<b>Relationship</b>	<b>SSN</b>	<b>In 2020 Gross Income less than \$4,300?</b>	<b>No. of months resided in your home in 2020?</b>	<b>% support received from you</b>

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**STEP 3 Income****Wages: Provide W-2**

Number of employers (during the year): Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Dividend and Interest Income**

Provide all Forms 1099-INT, 1099-DIV, and 1099-OID. List interest and dividends not reported on a Form 1099 on a separate sheet, but do not duplicate what is reported on the 1099s. Also, list any penalty on early withdrawal from savings.

**Retirement Plan and Social Security Income**

1. Did you receive distributions from IRAs, SEPs, pensions, 401(k)s, or other retirements plans (including amounts rolled over and in-plan Roth rollovers)?..... YES  NO   
If yes, provide all Forms 1099-R received. Enter amounts received but not reported on a Form 1099-R here..... YES  NO
2. Amount of distribution rolled over to a qualified plan or traditional IRA..... YES  NO
3. Amount of distribution rolled over to a Roth IRA..... YES  NO
4. Amount of distribution rolled over to a Designated Roth Account..... YES  NO
5. Amount of distribution made directly to a qualified charity..... YES  NO
6. If you were under the age 59½ when the distribution was received, do you qualify for an exception to the 10% penalty on early distribution..... YES  NO   
Explain: \_\_\_\_\_
7. If age 70½ or older on 31 December 2019, did you take 2020 required minimum distribution to your IRAs and qualified retirement plans?..... Self: YES  NO   
Spouse: YES  NO
8. Did you recontribute any of your 2020 required minimum distributions to your IRAs and qualified retirement plans?..... Self: YES  NO   
Spouse: YES  NO
9. Did you receive social security or railroad retirement benefits?..... YES  NO   
If yes, provide all Forms SSA-1099 or RRB-1099 received.

**Other Income – Provide Forms 1098 and 1099**

Bartering Income.....	\$ _____
Bonuses and Prizes not reported in Form W-2 (explain).....	\$ _____
Cancellation of debt (Form 1099-A or 1099-C).....	\$ _____
Disability Income not included on Form W-2 (taxable).....	\$ _____
Education Savings Account or Qualified Tuition (592) Plan Withdrawals (Form 1099-Q).....	\$ _____
Gambling/Lottery Winnings (Form W-2G).....	\$ _____
Jury Duty-Election Board Fees.....	\$ _____
Scholarships (Form 1098-T).....	\$ _____
State Income Tax Refund (Form 1099-G).....	\$ _____
Tips and Gratuities not reported on Form W-2.....	\$ _____
Unemployment Compensation (Forms 1099-G).....	\$ _____
Veterans' Pension and Disability.....	\$ _____
Workers' Compensation.....	\$ _____
Other (attach separate sheets if necessary).....	\$ _____

**STEP 4 Sales and Exchanges**Provide information about sales of stock, estate, or other property along with **Forms 1099-B, 1099-S, closing statement, or other supporting information**. Attach separate sheet if necessary.

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## STEP 5 Education Expenses (Attach Forms 1098-E, 1098-T, and 1099-Q)

Include information about education expenses incurred for you, your spouse, or your dependants.

1) Student's Name.....	_____	_____
2) If in college/university, was student enrolled at least halftime for at least one academic period beginning in 2020?.....	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
3) Felony conviction? <sup>1</sup> .....	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>
4) Educational purpose (degree seeking, job related, etc).....	_____	_____
5) Name of Institution.....	_____	_____
6) Total Amount Paid.....	_____	_____
7) Paid by whom?.....	_____	_____
8) Student's year in college/university.	_____	_____

<sup>1</sup> Indicate whether or not student was convicted before 31 Dec 2020 of a felony for possession or distribution of a controlled substance.

## STEP 6 Itemized Deductions

Complete this step only if you think your total itemised deductions might exceed the IRS standard deduction for your filing status (see below).

### Medical Expenses

Deductible only if net expenses exceed 7.5% of Adjusted Gross Income (AGI)

<sup>1</sup> Do *not* include amounts paid for or reimbursed by insurance *or* health insurance premiums paid with pre-tax income.

Health Insurance Premiums <sup>2</sup> (increase premium for vision and dental insurance but not for disability or loss of income policies).....	\$'
Medicare Insurance Premiums <sup>2</sup> (Form SSA-1099).....	_____
Long-term Care Insurance Premiums <sup>2</sup> .....	_____
Prescribed Drug and Insulin.....	_____
Doctors and Clinics.....	_____
Dentists and Orthodontists.....	_____
Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery.....	_____
Hospitals, Nurses, Ambulance.....	_____
Nursing or Long-term Care Facility.....	_____
Other (please detail): _____	_____
_____	_____
_____	_____
_____	_____
Medical Miles Driven in 2020.....	_____
Parking Fees.....	_____
Lodging whilst obtaining medical treatment. Limited to \$50 per night, per person.....	_____

<sup>2</sup> Do not include any premiums included in BUSINESS QUESTIONNAIRE (if self-employed)

### Charitable Donations (use separate sheet if needed.)

**Note:** Monetary donations under \$250 each must be substantiated by either (1) a bank record (such as a cancelled check) or (2) a written receipt from the charity showing its name and the date and amount of the donation. For each donation of \$250 or more, the taxpayer must obtain a written acknowledgment from the charity.

<i>Cash, Check, or Credit Card (include payroll deductions):</i>	\$
Churches or Synagogues.....	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

*Noncash:*

Fair Market Value (FMV) of Items Given to Charities..... Attach list of each item (or group of similar items) and its FMV. If a vehicle, boat, or aeroplane donation over \$500, provide Form 1098-C Out-of-Pocket Expenses for Charitable Work..... Charitable Miles: _____ Miles x 14¢ =..... Other: _____	_____ _____ _____ _____
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### Miscellaneous Expenses

**Note:** In 2020, miscellaneous itemized deductions (for example, unreimbursed employee business expenses, investments expenses) generally are no longer deductible. **However**, they can be applied to the state refund.

Gambling Losses. <i>Limited to Total Gambling Winnings Listed in STEP 3</i> ..... If disabled, impairment-related work expenses.....	\$ _____ _____
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### Mortgage Interest Paid

Provide **Form(s) 1098**

## STEP 7 Principle Residence (attach any 2020 closing statements)

YES <input type="radio"/> NO <input type="radio"/> Did you sell your principle residence in 2020? YES <input type="radio"/> NO <input type="radio"/> Did you own and use it as a principle residence for at least two of five years before the sale? YES <input type="radio"/> NO <input type="radio"/> Did you sell a previous residence within two years before the sale date and exclude gain? YES <input type="radio"/> NO <input type="radio"/> After 2008, was the property ever used for anything other than as a principle residence (for example, as a vacation/holiday home or rental property)? YES <input type="radio"/> NO <input type="radio"/> Did you purchase a residence in 2020? YES <input type="radio"/> NO <input type="radio"/> Did you refinance your mortgage or takeout a home equity loan in 2020? Amount of proceeds used for something other than acquiring or improving your home: \$ _____ YES <input type="radio"/> NO <input type="radio"/> Did you purchase any energy-efficient improvements such as qualified solar electric, water heating, fuel cell, small wind energy, or geothermal heat pump property? YES <input type="radio"/> NO <input type="radio"/> Did you receive a first-time homebuyer credit for a home purchased in 2008? If yes, enter the amount of the credit: \$ _____
---

## STEP 8 (End) Tax Refund – Direct Deposit Information

YES <input type="radio"/> NO <input type="radio"/> Has your banking information changed since last year or would you like to update your banking information with us? <b>IF NEW, TICK YES!!!</b> If no, <b>skip STEP 8.</b>		
If you receive a 2020 federal tax refund, the refund can be routed to your checking or savings account, the tax return can also be deposited to your IRA, Health Savings Account, Archer MSA, Education Savings Account, or Treasury Direct Account, or used to buy up to \$5,000 in series I savings bonds. <b>If you prefer direct deposit, please complete the following information.</b> Otherwise, a refund check will be posted off to you at the address on your return.		
Type of Account (Checking, Savings, IRA, etc)	Routing Number (Nine digits)	Account Number

## How did you hear about Tax Strategies?

- YELP
- GOOGLE
- OUR WEB SITE
- FRIEND/FAMILY MEMBER- Name: \_\_\_\_\_
- OTHER: \_\_\_\_\_

Did you Refer any **new** clients to us **this** year?

If Yes who? \_\_\_\_\_

*Thank You, for the recommendation!*

How will you pay for the tax preparation (Please circle one):

**\*Check**

**Cash**

**ATM or Credit Card**

**\*\*Bank Product**

**PLEASE NOTE**

\*No post-dated check or credit. (Please do not ask)

\*There is a \$25.00 fee for a returned personal check.

\*\*Bank Product has a \$80.00 surcharge from the bank for using this service to deduct prep fee from refund.