

2020 TAX PREPARATION CHECKLIST

DATE: _____

ARE YOU A NEW CLIENT? YES NO
REFERRED BY: _____

PRIMARY TAXPAYER:

SPOUSE OR PARTNER:

Name: _____

Name: _____

SSN: _____

SSN: _____

DOB: _____

DOB: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Occupation: _____

Occupation: _____

Cell/Primary#: _____

Cell/Primary #: _____

Email: _____

Email: _____

➤ **STATUS:**

MARRIED SINGLE DIVORCED/SEPARATED WIDOWED HEAD OF HOUSEHOLD

➤ **DEPENDENTS:** *PROVIDE US WITH A COPY OF EACH DEPENDENT'S BIRTH CERT. AND SS CARD*

NAME	DATE OF BIRTH	SS NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

➤ ***A DRIVER'S LICENSE OR STATE ISSUED ID MAY BE REQUIRED TO FILE CERTAIN RETURNS***

Taxpayer Information:

Spouse or Partner Information:

Issuing State of License: _____

Issuing State of License: _____

ID Number: _____

ID Number: _____

Expiration Date: _____

Expiration Date: _____

Issue Date: _____

Issue Date: _____

Doc # (Found on Back): _____

Doc # (Found on Back): _____

➤ ***IN ORDER TO HAVE YOUR REFUND DIRECT DEPOSITED PLEASE GIVE YOUR TAX PREPARER THE FOLLOWING INFO:*** CHECKING SAVINGS

BANK'S NAME: _____

RTE# _____

ACCT# _____

DOCUMENT CHECKLIST

INCOME:

- Employer (W-2)
- Self-Employed (1099-Misc)
- Interest Income (1099-Int)
- Dividend Income (1099-Div)
- Stock or Mutual Funds (1099-B)
- Social Security (SSA-1099)
- Unemployment (1099-G)

IN NY MUST OBTAIN FROM NY WEBSITE

[NY.gov ID Login V4](https://www.ny.gov/id-login)

- Foreign Income

FOREIGN ACCOUNT/AUTHORITY:

Bank/Institution Name: _____

Address: _____

Type of Account: _____

Account Number: _____

Maximum Value of Acct: _____

NY 529 COLLEGE SAVINGS PROGRAM:

- NY 529 PLAN AMOUNT CONTRIBUTED in 2020: _____

HEALTH INSURANCE: (Be prepared to provide your Form 1095)

i) Did you/your entire household have Health Insurance Coverage for the Entire 2020 Tax Year?

___ YES ___ NO

ii) Where did you obtain your insurance from: _____ Employer _____ Marketplace

COLLEGE TUITION:

Did you, your spouse, or dependent attend a College/University during 2020? _____ YES _____ NO

If YES, you must supply us with Form 1098-T, along with a Bursar Receipt indicating amounts paid during 2020.

CHILD AND DEPENDENT CARE EXPENSES:

In order to claim this expense, and possibly receive a credit, we need to following information:

Care Provider/Business Name: _____

Address: _____

Employer ID Number/Social Security Number: _____

Amount of Expense Incurred: _____

ECONOMIC IMPACT PAYMENT (CORONAVIRUS RELATED STIMULUS PAYMENT):

- Notice 1444 was issued by the IRS to you if you received the stimulus payment. This Notice included the payment amount you received. Please forward a copy of this letter to our office.
- You can check the stimulus amount received by using the following link:
<https://www.irs.gov/payments/view-your-tax-account>
- What was your stimulus payment received? _____