**FILING STATUS**

**Circle One:**

Single Married Filling Joint Married Filing Separate Head of Household Qualifying Widow(er)

**PRIMARY TAXPAYER**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_

S.S.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a Dependent on another Tax Return? Y / N

Legally Blind: Y / N Disabled: Y / N Taxpayer Identification PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE INFORMATION**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_

S.S.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a Dependent on another Tax Return? Y / N

Legally Blind: Y / N Disabled: Y / N Taxpayer Identification PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License: #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Information for Direct Deposit of Refund**

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: Savings Checking

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this refund go outside of the US? Y / N

**DEPENDENTS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Last Name | Birthdate | SSN | Relationship | # of months | Dep. Code | EIC |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Children who lived with you and are being claimed on another return

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Please Circle All. No Blanks!**

**2021 Stimulus Payment & Advanced Child Tax Credit**

Did you receive the Economic Stimulus Payment? Form 1444-C or Letter 6475? **YES NO N/A**

Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive the Advanced Child Tax Credit? Form 6419 **YES NO N/A**

Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affordable Care Act / Healthcare.gov**

Did you purchase Health Insurance through the Affordable Care Act

/ Healthcare.gov? (Obamacare) **YES NO N/A**

**Taxpayer/Household Info**

Any Personal Changes such as address, married, kids, etc.? **YES NO N/A**

Did client change jobs or retire? **YES NO N/A**

Child/Dependent care expenses to claim: (Day Care) **YES NO N/A**

**Wages, Tips, Gambling and other Income**

Are there wages reported on FormW-2? **YES NO N/A**

Is there gambling income reported on Form W2-G? **YES NO N/A**

Is there income reported on Form 1099-G (Gov’t refund or Unemployment? **YES NO N/A**

Are there unreported tips to report? (Form 4137) **YES NO N/A**

Is there retirement income reported on Form 1099-R? **YES NO N/A**

Is there Social Security income reported on Form 1099-SSA? **YES NO N/A**

Are there Railroad Retirement benefits reported on 1099-RRB? **YES NO N/A**

Did client receive a Form 1099-C? (Cancellation of Debt) **YES NO N/A**

Is there “other income”, such as a prize, jury duty, etc.? **YES NO N/A**

If Yes, Describe the income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest, Dividends and Other Investments**

Did you receive, sell, send, exchange or otherwise acquire any Virtual Currency? **YES NO N/A**

Is there Interest income reported on Form 1099-INT? **YES NO N/A**

Are there Dividends reported on form 1099-DIV? **YES NO N/A**

Are there any Capital Gains on form 1099-B? **YES NO N/A**

Did client have a financial interest in or signature authority over,

**Foreign Financial Accounts**? (FINCEN Reporting, Schedule B) **YES NO N/A**

Is there a Schedule K-1 (1065) related to a partnership? **YES NO N/A**

Is there a Schedule K-1 (1120S) related to an S Corporation? **YES NO N/A**

**Business Income and Expenses**

Are there Rental Properties or Royalty income? (Schedule E) **YES NO N/A**

Is there a sole proprietorship business? (Schedule C) **YES NO N/A**

Did Client receive a Form 1099-Misc? **YES NO N/A**

Did client receive a Form 1099-K? **YES NO N/A**

**Itemized Expense Deductions (Schedule A)**

Miles driven to Dr./Dental office visits during year: **YES NO N/A**

Number of miles driven. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Dental Expenses Paid out of pocket: **YES NO N/A**

Real Estate Property Taxes Paid: **YES NO N/A**

Home Mortgage Interest: (Form 1098) **YES NO N/A**

Points Paid (Purchase of Principle Residence OR Qualified Refinance): **YES NO N/A**

Miles driven for Volunteer Work with Charitable Organization: **YES NO N/A**

How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitable Cash or Check Contributions: **YES NO N/A**

Non-Cash Charitable Contributions: **YES NO N/A**

Did client have a loss from a theft or casualty? (Form 4684) **YES NO N/A**

**Deductions and Credits**

Residential energy efficiency improvements? (Form 5695) **YES NO N/A**

First-Time Homebuyer Credit received in TY 2008? **YES NO N/A**

Did client sell a home that had a 1st time Homebuyers credit taken in 2008? **YES NO N/A**

Is the client a teacher that had educator expenses? **YES NO N/A**

Did client adopt a child? (Form 8839) **YES NO N/A**

Did client buy an electric car? (Form 8936) **YES NO N/A**

**Other Tax Situations**

Did client make estimated tax payments? **YES NO N/A**

When, How Much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRA Contributions: **YES NO N/A**

Taxpayer Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **YES NO N/A**

Alimony Paid**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES NO N/A**

Recipient’s SSN: \_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_** Recipient’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education Credits’**

Did you contribute to a 529 College Savings Plan? **YES NO N/A**

American Opportunity Credit**: YES NO N/A**

If Yes, what years used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lifetime Learning qualified expenses: **YES NO N/A**

Did client receive a Form 1098-E for student loan interest? **YES NO N/A**

**Refund Options:**

Check Mailed from IRS: **YES NO**

Direct Deposit to TP’s Bank account: **YES NO**

Refund Transfer (bank product): **YES NO**

**NOTES: ­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The above information is true and correct, and I/we understand that the information given on this questionnaire and your attached forms will be used to complete my/our tax return(s). Be Prepared Tax Service, LLC does not audit or in any way, verify the validity of the forms and information provided by the Taxpayer; except where required by the IRS. It is expected that the Taxpayer is providing true and accurate information to the best of their ability and agree to hold harmless Be Prepared Tax Service, LLC for any false or misleading information provided. I/ We agree to hold Be Prepared Tax Service LLC harmless for any errors that they may make on my/our tax return. I /We also understand that error on my/our return will cause a delay in the processing of the return and the receipt of the refund, if any.**

Taxpayer Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_