

Client # \_\_\_\_\_

Please check the appropriate box and include all necessary details and documentation.

<b>Personal Information</b>	<b>Yes</b>	<b>No</b>
Did your marital status change during the year? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year? If yes _____	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>COVID-19 Information</b>	<b>Yes</b>	<b>No</b>
Did you receive an Economic Impact Payment (EIP3)? If yes, please include Letter 6475.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an adjustment to your refund or balance due for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments? If yes, please include Letter 6419.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, did coronavirus keep you from performing self employed activities due to care <u>you needed</u> from January 1, 2021 - September 30, 2021?	<input type="checkbox"/>	<input type="checkbox"/>
Your <u>son or daughter needed</u> from January 1, 2021 - September 30, 2021?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Any individual you provided care for</u> from January 1, 2021 - September 30, 2021?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>	<b>Yes</b>	<b>No</b>
Were there any changes in dependents from the prior year? If yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>

**Purchases, Sales and Debt Information**

	Yes	No
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
At any time during 2021, Did you receive, sell, exchange or otherwise dispose of any financial interest in any virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information**

	Yes	No
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement Information**

	Yes	No
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?  Yes  No

**Education Information**

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?  Yes  No

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?  Yes  No

Did anyone in your family receive a scholarship of any kind during the year?  Yes  No

If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?  Yes  No

Did you make any withdrawals from an education savings or 529 Plan account?  Yes  No

If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?  Yes  No

Did you make any contributions to an education savings or 529 Plan account?  Yes  No

Did you pay any student loan interest this year?  Yes  No

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  Yes  No

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?  Yes  No

**Health Care Information**

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?  Yes  No

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not listed on your tax return?  Yes  No

Did you receive any Health Coverage Tax Credit (HCTC) advance payments?  Yes  No

If yes, please include Form 1095-A.  Yes  No

Did you make any contributions to a Health savings account (HSA) or Archer MSA?  Yes  No

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?  Yes  No

Did you pay long-term care premiums for yourself or your family?  Yes  No

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?  Yes  No

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?  Yes  No

If you are a business owner, did you pay health insurance premiums for your employees this year?  Yes  No

**Itemized Deduction Information**

Did you incur a casualty or theft loss or any condemnation awards during the year?  Yes  No

If yes, did the loss occur in a Federally declared disaster area?  Yes  No

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?  Yes  No

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?  Yes  No

If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.

Did you donate a vehicle or boat during the year?  Yes  No

Did you pay real estate taxes for your primary home and/or second home?  Yes  No

Did you pay any mortgage interest on an existing home loan?  Yes  No

Did you incur interest expenses associated with any investment accounts you held?  Yes  No

Did you make any major purchases during the year (cars, boats, etc.)?  Yes  No

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?  Yes  No

**Miscellaneous Information**

	Yes	No
Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Date