

Howard Tax Associates

Customer Data Sheet - Tax Year 2020

This form is to assist us while preparing your tax return and AS NOW REQUIRED BY IRS provides a record of your tax situation. Please upload to the Portal a copy of all appropriate Driver's License(s) and Social Security Card(s) or provide these copies with your tax information that you bring to our Office

Personal Information:

Taxpayer:	Spouse:	Secure Portal ID Email (enter below):
Street Address:	Street Address:	
City/State/Zip:	City/State/Zip:	
Social Security #:	Social Security #:	DID YOU OR ANY MEMBER OF
Birth Date:	Birth Date:	YOUR FAMILY RECEIVE ANY
Home/Office Phone:	Home/Office Phone:	COVID-19 STIMULUS PAYMENTS?
Cell Phone:	Cell Phone:	IF SO, HOW MUCH?
Occupation:	Occupation:	
Email:	Email:	

Special Events

- Y__ N__ Did you or your spouse make any Estimated Tax Payments? If so, please provide details (Check copies, IRS payment confirmation, etc.)
- Y__ N__ Did you or your spouse make any Covid-19 virus related withdrawals from an IRA, 401K or other retirement account?
- Y__ N__ Did you or your spouse receive any Unemployment Benefits?
- Y__ N__ Have you, your spouse or dependent(s) been a victim of tax related identity theft or been issued an IRS Identity Protection PIN?
- Y__ N__ Did you have any foreign financial accounts (yours, or another account upon which you have signature authority) or own foreign property?
- Y__ N__ Do you currently owe any IRS or State Tax debt?
- Y__ N__ Do you have a Health Savings Account (HSA)? (Forms 5498-SA, 10099-SA, W-2 with Code W in Box 12)
- Y__ N__ Gain/Loss from the sale or exchange of Stocks, Bonds, **Crypto Currency** (i.e. Bitcoin or other virtual currency) or real estate? (Forms 1099-B, 1099-S)
- Y__ N__ Did anyone in your family obtain Health Insurance through the Health Insurance Marketplace? If so, please provide Form 1095-A you received.
- Y__ N__ If you receive a refund, do you want it direct deposited to your bank account? If so, please provide your bank information. (Highly recommended)
- Y__ N__ If you owe the IRS, will you want the amount debited from your bank or will you need an Installment Agreement (Additional fees apply)?

Marital Status from January 1 to December 31 of Tax Year 2020.

- Y__ Not married at any time during 2020
- Y__ Married and living with spouse all of 2020
- Y__ Married but did not live with spouse at any time during 2020
- Y__ Married but separated during 2020: Last Date Lived Together: _____
- Y__ Did you get Married during 2020? If so, please provide prior year's tax return for each spouse.
- Y__ Are you divorced? Date Separated: _____ Date Divorce Final: _____ Please provide decree copy for us to analyze any tax implications.

Names of biological, adopted, or stepchildren who lived with you to be claimed as dependents	Social Security #	Birth Date	Relationship	If in College, What year?	Months lived with you or at College in 2020	If over age 18 and not in school, Est. Income?
Names of Children who do not live with you that you wish to claim as a dependent	Social Security #	Birth Date	Relationship	If in College, What year?	Do you have Form 8332?	If over age 18 and not in school, Est. Income?
Names of others you support and wish to claim as a dependent	Social Security #	Birth Date	Relationship	If in College, What year?		If over age 18 and not in school, Est. Income?

Income: - Last year did you (or your spouse) Receive:

- Y__N__ Wages or Salary? Please provide all Forms W-2.
Y__N__ Tip Income not reported to your employer?
Y__N__ Scholarships? Forms W-2, 1098-T
Y__N__ Interest/Dividends from: checking/saving accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
Y__N__ Refund of state/local taxes? (Form 1099-G)
Y__N__ Gambling or Lottery Winnings? (Form W-2G)
Y__N__ Sale proceeds from the sale of your primary or secondary Residence? (Form 1099-S, Closing Documentation)
Y__N__ Disability Income?
Y__N__ Retirement income or payments from Pensions, Annuities and/or IRA (Form 1099-R)
Y__N__ Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
Y__N__ Rental Income/Loss (Rent a room in your home or other residential rental property)?
Y__N__ Royalties? (Form 1099-MISC)
Y__N__ Other Income? (Awards, Jury Duty, Prizes, Etc.)

Expenses and Other Activities: - Last year did you (or your spouse) do the following?

- Y__N__ Contribute to a retirement account?
Y__N__ Pay for child or other dependent care?
Y__N__ If you are an educator, did you pay for teaching supplies out of your own pocket?
Y__N__ Pay Student Loan Interest? (Form 1098-E)
Y__N__ Pay Mortgage Interest on your primary residence or a second home? (Form 1098)
Y__N__ Pay Property tax on any home or land that you own?
Y__N__ Purchase a new personal vehicle? Please provide the purchase document to determine sales tax paid.

- Y__N__ Make Charitable contributions (cash or property)?
- Y__N__ Have significant medical expenses, including insurance premiums?
- Y__N__ Pay College or post-secondary educational expenses for yourself, your spouse or your dependent(s)? If so, please provide the college Bursar's record of tuition and fee payments, Form 1098-T from the college and the cost of any required books, supplies and equipment and purchased.
- Y__N__ Install Wind, Solar or Geothermal Energy savings products?
- Y__N__ Continuing to repay the First Time Homebuyer's Credit received in 2008?
- Y__N__ Adopt a Child?
- Y__N__ Have Credit Card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Form 1099-C, 1099-S)
- Y__N__ Did your prior year tax return have a Capital Loss Carryover? If so, provide details (prior year tax return).
- Y__N__ Have you had any tax credits (Earned Income Credit, Child Tax Credit or Education Credit) disallowed in any previous year? Year _____
- Y__N__ Buy or Sell rental property?
- Y__N__ Refinance your home loan? Obtain a Home Equity Loan or Line of Credit?
- Y__N__ Convert your primary residence (all or a portion) to rental property?
- Y__N__ Sell any personal or inherited property, including a personal residence?
- Y__N__ Acquire a partnership or corporation interest?
- Y__N__ Move during the current tax year due to permanent change of Military post?
- Y__N__ Inherit property or investment accounts?
- Y__N__ Receive property or investment accounts as a gift?
- Y__N__ Give a Gift over \$15,000 to any individual(s)?
- Y__N__ Will you inherit any foreign property, investments or bank accounts? If so, please note the country here and we will discuss: _____
- Y__N__ Any other life event that we need to Discuss? If so, please note here what event occurred and we will discuss with you: _____

Do you own or have you started any kind of business?

- Y__N__ Schedule C Self Employment business including sales on PayPal, Ebay, Etsy, or other online sales?
 - If so, please obtain our Schedule C Data Form (available on the Portal) to complete. Also provide all business travel dates and expenses.
- Y__N__ S-Corp, C-Corp, Partnership or a Single or Multi-Member LLC?
 - If so, please indicate type of business, provide the formation documents and we will discuss with you the type of tax return(s) required and the best method for you to provide the business income and expenses to us. _____
 - If your business is registered with the State, please provide any state franchise tax webfile number(s) and other state return information.
- Y__N__ Did your business apply for and receive a Payroll Protection Program (PPP) loan? Has it or will it be forgiven? If so, please provide details.
- Y__N__ Did your business receive any other Covid-19 related funds?
- Y__N__ Were you unable to work as a self-employed individual because of certain VIRUS RELATED care YOU required? If so, how many days? _____
- Y__N__ Were you unable to work as a self-employed individual because of certain VIRUS RELATED care you provided to ANOTHER? If so, how many days? _____
- Y__N__ Does your business pay wages? If so, please provide IRS Forms 940 and 941 and Texas Workforce Commission reports.
- Y__N__ Does your business collect sales tax and remit the funds to the state? If so, please provide sales tax reports filed.

Certification: I(We) certify that by inserting my(our) names below, the information above is correct and can be used to prepare my(our) tax return.

Taxpayer: _____ Date: _____ Spouse: _____ Date: _____