

Howard Tax Associates

Customer Data Sheet - Tax Year 2021

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:	DID YOU OR ANY MEMBER OF
Street Address:	Street Address:	YOUR FAMILY RECEIVE THE 3RD
City/State/Zip:	City/State/Zip:	COVID-19 STIMULUS PAYMENT?
Social Security #:	Social Security #:	IF SO, PROVIDE THE TOTAL RCVD OR
Birth Date:	Birth Date:	IRS LETTER 6475
Preferred Phone:	Preferred Phone:	
Occupation:	Occupation:	DID YOU RECEIVE THE ADVANCE CHILD
Email:	Email:	TAX CREDIT? IF SO, PROVIDE IRS
Portal ID Email:		LETTER 6419

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__ In 2020 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? If so, please provide.
- 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, 199-SA, W-2 with Code W in Box 12)
- Y__ N__ Gain/Loss from the sale or exchange of Stocks, Bonds, **Virtual Currency** (i.e. Bitcoin or other crypto 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 your Tax Return has a balance due, do you want IRS to direct debit your Bank Account? If so, please provide your bank information.
- Y__ N__ If your Tax Return has a balance due, will you need an installment agreement (Additional IRS fees apply)?

Marital Status from January 1 to December 31 of Tax Year 2021.

- Y__ Not married at any time during 2021
- Y__ Married and living with spouse all of 2021
- Y__ Married but did not live with spouse at any time during 2021
- Y__ Married but separated during 2021: Last Date Lived Together: _____
- Y__ Did you get Married during 2021? 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 2021	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.)? If so, please provide details.

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? How Much? _____
- 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 other property that you own?
- Y ___ N ___ Purchase a new personal vehicle? Please provide the purchase document to determine sales tax paid and eligible vehicle credits.
- 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 or equipment 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, !099-S)
- Y ___ N ___ Did your prior year tax return have a Capital Loss Carryover? If so and not a prior year Howard Tax Client, 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 an interest in a partnership or corporation?
- 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? f 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 sites?
 - 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, provide details.
- Y ___ N ___ Were you unable to work as a self-employed individual because of certain VIRUS RELATED care you provided to ANOTHER? If so, provide details.
- Y ___ N ___ Does your business pay wages? If so, please provide IRS Forms W3, 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: _____