

**2020 was an unprecedented Tax Year. Please complete this form to help us accurately prepare your return.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

County: \_\_\_\_\_ School District: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Preferred contact method(s):  Phone  Email

**\*\*If new client:** SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

**\*\*NOTE: If we did not prepare your tax return last year, please include a copy of last year's tax return**

**FILING STATUS AND DEPENDENTS - Filing status (select status below)**

- Single – Unmarried as of 12/31/2020
  - I can be claimed as a dependent by a parent or another person (I am not claiming myself)
- MFJ – Married as of 12/31/2020 and filing a joint tax return with my spouse
- HOH – Unmarried individual as of 12/31/2020 that maintains a house with a qualifying child residing with me for more than ½ of the year (fill in child information below)
- MFS – Married as of 12/31/2020 but opting to file a separate tax return from my spouse
- QW – Unmarried individual with dependent children whose spouse passed away in 2018, 2019 or 2020

**List children/relatives who lived with you for more than 6 months. Dependents are:**

- 1) Children age 18 or younger OR under age 24 who is a full-time student and will not be claimed on another person's tax return
- 2) Children 24 years of age or older who had less than \$4300 of taxable income or is disabled and will not be claimed on another person's tax return (including their own)
- 3) Any other person, who will not be claimed as a dependent by someone else, that lives with me all year, that I provide majority of the support for

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is my dependent  Lives with me but I am NOT claiming as a dependent this year  Fulltime student  Is disabled

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is my dependent  Lives with me but I am NOT claiming as a dependent this year  Fulltime student  Is disabled

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is my dependent  Lives with me but I am NOT claiming as a dependent this year  Fulltime student  Is disabled

**HEALTH INSURANCE**

- I/we had health insurance coverage through the **Marketplace** – Obamacare (**must include 1095-A**)
- I/we had **employer sponsored** health insurance
- I/we had **Medicare or Badger Care** (amount paid out of pocket) \_\_\_\_\_
- I/we had **other insurance I/we pay for out of pocket** (include statement or amount paid) \_\_\_\_\_

**DIRECT DEPOSIT / REFUND CHECK MAILED / AUTO-WITHDRAWAL OF INCOME TAX BALANCE DUE**

I/we would like our refund directly deposited to our account:  No  Yes (provide bank routing and account info below)

I would like any **tax balance due** to be directly withdrawn (provide routing #, account # and date of payment. Due April 15)

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ If tax is owed, date of auto-withdrawal: \_\_\_\_\_

Account Type:  Checking Account  Savings Account

**Note: If you do not select one of the above options or the routing number & account number are invalid, a check will be mailed to you if you are receiving a refund. If payment is due, you must send payment on or before April 15, 2021.**

**INCOME AND EXPENSE INFORMATION CHECKLIST – Provide documentation for all that apply**

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**INCOME**

- I/we received **wages** from an employer (**include W-2s**)
  - I/we received more than \$10 of **interest** income from a bank or individual (**include 1099-INT**)
  - I/we received more than \$10 of **dividend** income from stocks or mutual funds (**include 1099-DIV**)
  - I/we received money from a **pension, 401k, IRA or other retirement account** (**include 1099-R for each account**)
  - I/we received **social security** benefits (**include SSA-1099**)
  - I/we sold **stock** in a non-qualified account (e.g. excludes 401ks, IRA sales) (**include 1099-B**)
  - I/we received **Alimony** 2020 total amount: \$ \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
  - I/we have income from a **business** or self-employment activity (provide detail)
  - I/we receive income from **rental property** (provide detail)
  - I/we receive income from **farming** activities (provide detail)
  - I/we received **unemployment** benefits (**include 1099-G**)
  - I/we received **gambling income** (**include W2-G, also list amount lost**) \$ \_\_\_\_\_
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**ADJUSTMENTS**

- I/we made **contributions** to an **HSA** account that was **NOT** through an employer pre-tax or cafeteria plan (**include 1099-SA**)
  - I/we used funds from my **HSA** account to pay for **medical expenses** (**include 1099-SA**)
  - I/we contributed to a **traditional IRA** (do **NOT** include contributions to *employer sponsored* plans)  
Taxpayer amount \$ \_\_\_\_\_ Spouse amount: \$ \_\_\_\_\_
  - I/we contributed to a **Roth IRA** (do **NOT** include contributions to *employer sponsored* plans)  
Taxpayer amount \$ \_\_\_\_\_ Spouse amount: \$ \_\_\_\_\_
  - I paid **alimony** to an ex-spouse for spousal support (list amount paid and SSN of recipient)  
Amount: \$ \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
  - I/we paid **student loan interest** (**include 1098-E**)
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**CREDITS / DEDUCTIONS**

- I/we received an economic impact payment (**stimulus check**) 1<sup>st</sup> Payment: \$ \_\_\_\_\_ 2<sup>nd</sup> Payment: \$ \_\_\_\_\_
  - I/we had a reduction in employment hours as a direct result of **COVID-19**
  - I or my dependents paid for **college tuition / books – years 1-4** (**must include 1098-T from school**)
  - I or my dependents paid for **college tuition / books – years 5 & up** (**must include 1098-T from school**)
  - I/we pay for **private school tuition** (include statement from school listing EIN, amount paid, student name & grade)
  - I/we made contributions to a **Coverdell, EdVest or 529 college savings plan** (list amount contributed and name of student)
  - I/we pay for **childcare** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare)
  - I/we used a **dependent care plan** or **flexible payment benefits** to cover the cost of **daycare** (provide daycare provider statement or list amount paid, EIN & address of daycare provider and which dependents were in daycare on back)
  - I/we paid **rent**: Total Amount \$ \_\_\_\_\_ Was heat included:  Yes  No
  - I/we paid to **adopt a child** or an adoption for which I incurred previously unclaimed expenses become final this year
  - I/we installed **energy efficient** improvements on primary residence (describe and list amount paid or provide receipts)
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- I/we incurred significant **out of pocket medical bills not covered by insurance** (list amount paid or provide receipts)  
Medical: \$ \_\_\_\_\_ Dental: \$ \_\_\_\_\_ Vision: \$ \_\_\_\_\_ Rx: \$ \_\_\_\_\_
  - I/we paid **property taxes** (attach property tax bill / receipt or list amount paid) \$ \_\_\_\_\_
  - I/we paid **mortgage interest** on a home loan (must include form 1098)
  - I/we made **charitable contributions** (list amount or provide receipts) \$ \_\_\_\_\_

Notes: \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

The information provided is complete and accurate to the best of my knowledge and may be used in accordance with Westen, Graff & Company's Client Engagement Letter terms and conditions available at [www.westengraff.com](http://www.westengraff.com).