

Baity & Assoc. Tax and Financial Services, Inc.
2020 Tax Year Questionnaire

Name: _____

In what format would you like your client copy of the tax return? **Electronic** **Paper**

Personal / Dependent Information

	Yes	No	Unsure
Did your home/mailling address/phone number/email change from last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your marital status change during the year? (Marriage, Divorce, Death, Separated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If divorced, was divorce finalized in 2020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If divorced/separated, do you have a divorce decree or agreement which establishes who will claim children on the tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there changes in dependents from the prior year? If so, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any person(s) other than dependent children this year? If yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please complete new Client Info Sheet & update account information in your Liscio Portal

Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have children under age 19 or a full-time student under age 24 with unearned income (interest/dividends) in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who will file a tax return? If so, what is their gross income? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during this year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active member of the Armed Services who had moving expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Covid-19 Information

Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local protocols while working outside of your home state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care for the following:			
Coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus related care you provided to your child under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus related care provided to another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any Rental Property? <i>If yes, please provide income and expenses for property</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to/withdrawals from an IRA, myRA, Roth, Keogh, SIMPLE, SEP, 401(k), etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a withdrawal was made, was it due to a Federally Declared Disaster or COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distribution in 2020? <i>if yes, provide Form(s) 5498</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension or profit sharing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security/SS Disability/Railroad Retirement benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any gambling or lottery winnings, awards, prizes, or hobby income?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Did you receive any punitive damages (personal injury or sickness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell/exchange and/or use virtual currencies to pay for goods or services, or hold any as an investment? i.e. Bitcoin, Ethereum etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Yes No Unsure

- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
Did you donate a vehicle or boat during the year?
Did you make any major purchases during the year (cars, boats, etc.)?
Did you have any gambling losses this year?
Did you pay property taxes on your personal residence or land? Mortgage interest?

Purchases, Sales, and Debt Information

- Did you start a new business or purchase rental property during the year?
Did you buy or sell an existing business this year?
Did you acquire a new or additional interest in a Partnership or S Corporation?
Did you sell, exchange, or purchase any assets used in your trade or business?
Did you sell, exchange, or purchase any real estate during the year?
Did you purchase or sell a principal residence during the year?
Did you foreclose or abandon a principal residence or real property during the year?
Did you take out a home equity loan this year?
Did you refinance a principal residence or second home this year?
Did you acquire or dispose of any stock during the year?
Did you have any debts canceled/forgiven this year, such as home mortgage, student loan(s) etc.?
Did you purchase a plug-in electric drive or fuel cell (hybrid) vehicle this year?
Are you or your spouse a teacher with unreimbursed supply expenses?

Health Care Information

- Did you have qualifying health care coverage, at any time during 2020, for you and/or your family?
Did you enroll for or apply for lower cost Marketplace Coverage through www.healthcare.gov?
Did you make any contributions to or distributions from a Health savings account (HSA), or Archer MSA this year?
Did you pay health care or long-term care premiums for yourself or your family?
If you are a business owner, did you pay health insurance premiums for your employees this year?
Did you receive any Premium Tax Credit (PTC) advanced payments?
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
Did you make any withdraws from an ABLE (Achieving a Better Life Experience) account?
Do you share a health care policy with someone who is not included on your tax return?
Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

Miscellaneous Information

- Did you make any Estimated Tax Payments? Amount/Date?
Did you "gift" more than \$15,000 to any individual?
Did you have any post-secondary educational expenses in 2020 on behalf of yourself, spouse, or dependent?
Did anyone in your family receive a scholarship of any kind during the year?
Did you pay any student loan interest this year?
Did you utilize an area of your home for business purposes? Sq. ft.?
Did you pay any individual as a household employee during the year?
Did you make energy efficient improvements to your main home this year?
Did you make withdrawals from an education savings or 529 Plan account?
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
Did you receive a distribution from a foreign account or trust?
Were you a grantor or transferor for a foreign trust, or do you have an interest in/signature authority over financial accounts in a foreign cc
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
Did you or any of your dependents receive an Identity Protection PIN from the IRS, or been a victim of identity theft?
Did you receive correspondence from the State or the IRS in 2020?
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

If a refund is due to you, and you would like Direct Deposit, please provide the following: Circle one: **Checking or Savings**

Bank: _____ Routing #: _____ Acct. #: _____

Signature (required): _____ Date: _____