

**Baity & Assoc. Tax and Financial Services, Inc.**  
**2021 Tax Year Questionnaire**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Liscio Portal

Paper

**Personal / Dependent Information**

	Yes	No	Unsure
Did your home/ mailing 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 2021?	<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**

	Yes	No	Unsure
Did you receive a Stimulus (Economic Impact) Payment as reported on Notice 1444 in 2021? Date / Amount: _____ / _____	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and December?	<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"/>
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"/>
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**

	Yes	No	Unsure
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? If yes, please provide income and expenses for property	<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 2021? if yes, provide Form(s) 5498	<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"/>

