



Please complete the following information and return to our office. You will need to bring a copy of yours and your spouse's drivers license to your appointment. If you have any questions, your tax preparer will review with you at your appointment.

Did you receive an economic stimulus payment in 2021? If so, how much did you receive? \_\_\_\_\_ (Bring IRS Notice 1444-C)

Did you receive any payments for the advance child tax credit in 2021? If so, how much did you receive? \_\_\_\_\_ (Bring IRS Notice 6419)

Your full name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Your spouse's full name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email

addresses: Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Filing Status: \_\_\_\_\_ Married Filing Jointly \_\_\_\_\_ Married Filing Separately \_\_\_\_\_ Single \_\_\_\_\_ Head of Household \_\_\_\_\_ Widowed (Year of Spouse's Death)

**List information for Dependent(s):**

| Name (first, last): | Date of Birth: | Relationship to you (ex: son, daughter, parent, etc.): | No. of months lived in your home: | Social Security Number : | Full-time student? Yes/No | Totally and Permanently Disabled? Yes/no | Did your and/or your spouse provide over half the cost of maintaining the home for this person? Yes/No |
|---------------------|----------------|--|-----------------------------------|--------------------------|---------------------------|--|--|
|                     |                |  |                                   |                          |                           |  |  |
|                     |                |  |                                   |                          |                           |  |  |
|                     |                |  |                                   |                          |                           |  |  |

(Ensure a copy of SS Card(s) & birth certificate(s) are provided for each dependent)

Virtual Currency: At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency? Yes/No: \_\_\_\_\_

State of Residence as of 12/31/2021: You: \_\_\_\_\_ Full-Year/Part Year Your spouse: \_\_\_\_\_ Full-Year / Part Year

(Part-Year Residents) Dates of Residency for each state \_\_\_\_\_

Would you like direct deposit if you are receiving a refund? Yes/No: \_\_\_\_\_

Would you like direct debit if you owe? Yes/No: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Please Circle: Savings or Checking Routing # \_\_\_\_\_ Account #: \_\_\_\_\_

**Estimated Payments Made?** Yes or No (Please provide proof of payments if available)

Federal: 1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_

State: 1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_

**Did you or your spouse receive any of the following Income:** (If yes, please check and all tax documents will need to be provided)

|                                 |               |                 |  |            |               |
|---------------------------------|---------------|-----------------|--|------------|---------------|
| Wage or Salary Income (W2):     | You: _____    | Spouse: _____   | Interest Income (1099-INT):                            | You: _____ | Spouse: _____ |
| Dividend Income (1099-DIV):     | You: _____    | Spouse: _____   | Railroad Retirement Benefits (RRB-1099):               | You: _____ | Spouse: _____ |
| Stock/Bonds (1099-B):           | You: _____    | Spouse: _____   | Pension/IRA (1099-R):                                  | You: _____ | Spouse: _____ |
| Soc Security (SSA-1099):        | You: _____    | Spouse: _____   | Unemployment (1099-G):                                 | You: _____ | Spouse: _____ |
| Gambling Income (W-2G):         | You: _____    | Spouse: _____   | State Refund (1099-G):                                 | You: _____ | Spouse: _____ |
| Cancellation of Debt (1099-C):  | You: _____    | Spouse: _____   | Sale of Real Estate (1099-S):                          | You: _____ | Spouse: _____ |
| Alimony Received:               | You \$ _____  | Spouse \$ _____ | Date of Divorce Settlement:                            | _____      |               |
| Are you a Small Business Owner? | You: _____    | Spouse: _____   | Taxpayer Use Only: Business & Income Expense Worksheet |            |               |
| Do you own Rental Property?     | You: _____    | Spouse: _____   | Taxpayer Use Only: Rental Property Worksheet           |            |               |
| Any other Income Source? _____  | Explain _____ |                 |  |            |               |

**Adjustments to Income:** (If yes, please check and all tax documents will need to be provided)

Alimony Paid \$ \_\_\_\_\_ EX Name & SS# \_\_\_\_\_

Did you or your spouse make any contributions to a retirement account? (Yes/No)

Traditional IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_ 401K \_\_\_\_\_ 403B \_\_\_\_\_ SEP \_\_\_\_\_ Other \_\_\_\_\_

Did you or your spouse make any contributions to a College 529 Plan? (Yes/No) If yes, please enter amount \$ \_\_\_\_\_

Did you or your spouse receive any distributions from a College 529 Plan? If yes, please provide the 1099-Q Form.

Student Loan Interest (1098-E): You: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Health Care Coverage:**

Did everyone on listed on your tax return have health care coverage all of 2021? (Yes/No)

Did you, your spouse and/or dependents have coverage through the marketplace? (Yes/No) If yes, please provide the Form 1095-A)

**Credits:**

Child or Dependent Care Credit

Taxpayer Use Only: Due Diligence Form

Day Care Name: \_\_\_\_\_ EIN # \_\_\_\_\_ Paid \$ \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Education Credit (Form 1098-T)

How many years have you or your dependent claimed an education credit? \_\_\_\_\_ Tuition Paid \$ \_\_\_\_\_ Books, ETC. \$ \_\_\_\_\_

You MUST bring with you: Form 1098-T from the educational institution AND receipts for tuition and/or books OR a print out from the school showing tuition paid.

**Itemized Deductions:**

**Medical** (Medical Expenses that exceed 7.5% of Adjusted Gross Income)

HSA used for Medical Expenses? Yes or No 1095-A (Copy Required), B, C \_\_\_\_\_

Med INS \$ \_\_\_\_\_ Prescriptions \$ \_\_\_\_\_ Co-Pays \$ \_\_\_\_\_ Medical Mileage \_\_\_\_\_

**Taxes & Interest**

(Please provide 1098 Form) Mortgage Interest \$ \_\_\_\_\_ RE Taxes \$ \_\_\_\_\_

House 2<sup>nd</sup> Home Camper Boat RV (Circle all that apply)

Personal Property Taxes Paid on Vehicles: \$ \_\_\_\_\_

**Contributions**

Charities \$ \_\_\_\_\_ Church \$ \_\_\_\_\_ Non-Cash \$ \_\_\_\_\_ Charitable Miles \_\_\_\_\_ Other \$ \_\_\_\_\_

Please provide any additional information pertinent to this tax return:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the above information accurately reflects my transactions for the tax year. I have not withheld any information regarding income, nor will I hold Lewis Accounting & Tax Service, Inc., or its employees, responsible for anything I have not disclosed.

\_\_\_\_\_  
Taxpayer Representative Signature

\_\_\_\_\_  
Date