

## CLIENT CHECKLIST (for your 2021 tax return)

*(Get the latest version of this checklist from my website as a printable document or one you can edit)*

- Use this checklist to gather and provide information needed to prepare your tax return.
- If I did your tax return the previous year write "SAME" on items that are same as last year
- Write your answers on this form or use another sheet if needed and number the items as below.
- Please DO NOT send in your receipts for charities, medical expenses, etc. Keep original receipts in your records, I just need the totals.

YOUR NAME: \_\_\_\_\_ SPOUSE NAME (if applicable): \_\_\_\_\_

#	ITEMS OR ANSWERS NEEDED																																								
1	FILING STATUS (circle one): Single Married Divorced Separated If divorced or separated more information may be required: Discuss with tax preparer																																								
2	Did you receive the full 3RD Economic Impact Payment (EIP) commonly known as a "stimulus payment"? ___ YES I/We received full amount (list amount below): AMOUNT YOU RECEIVED: _____ If married filing separate indicate amount your spouse received: _____																																								
3	CURRENT ADDRESS If you moved please provide date of move and your previous address:  Date of Move: _____ Previous Address: _____																																								
4	DRIVERS LICENSE: Please fill in the information below, or provide a copy of drivers license(s):  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">YOU</td> <td style="width: 50%; text-align: center;">SPOUSE:</td> </tr> <tr> <td>License Number: _____</td> <td>_____</td> </tr> <tr> <td>State of Issue: _____</td> <td>_____</td> </tr> <tr> <td>Issue Date: ___/___/_____</td> <td>___/___/_____</td> </tr> <tr> <td>Expiration Date: ___/___/_____</td> <td>___/___/_____</td> </tr> </table>	YOU	SPOUSE:	License Number: _____	_____	State of Issue: _____	_____	Issue Date: ___/___/_____	___/___/_____	Expiration Date: ___/___/_____	___/___/_____																														
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5	PHONE NUMBERS YOU:(____)____-____ SPOUSE:(____)____-____ HOME:(____)____-____																																								
6	YOUR EMAIL: <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> SPOUSE EMAIL <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																																								

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#	ITEMS OR ANSWERS NEEDED
7	<p>CHANGES FROM PREVIOUS TAX RETURN  Please provide details for any changes from your previous tax return.  IF YOU ARE A NEW CLIENT: A copy of your previous tax return would be helpful.  Use another sheet if needed to explain changes</p>
8	<p>DEPENDENTS: If there are any changes to your dependents, or if you are a first time client, enter the below information on another sheet, or circle SAME if it's the same as last year  (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) DATE OF BIRTH  (4) RELATIONSHIP: Son, Daughter, Parent, Other, (5) Months lived with you</p>
9	<p>Do you have any new dependents for your 2021 tax return that WERE NOT your dependents on your 2020 tax return? ( YES / NO ) IF YES, which dependents are new this year?</p> <p>_____</p> <p>(you may be eligible for extra EIP credits for new dependents under age 17 at end of 2021)</p>
10	<p>SALES TAX DUE: If you made out of state purchases sales tax may be due: Please specify the amount of out of state purchases to be taxed by resident state. Circle NONE or enter amount:</p> <p>NONE --OR-- enter amount here that is to be taxed by your state: \$ _____</p>
11	<p>VIRTUAL CURRENCY: At any time during 2021 did you receive, purchase, sell, exchange, dispose of or convert to cash any virtual currency (eg., Bitcoin) ?  YOU: YES / NO ; SPOUSE(if married): YES / NO  If YES please ask tax preparer about reporting income, gains or losses from those currencies.</p>
12	<p>If you itemize, DO NOT send receipts of your charitable donations, just the totals of monies donated and of materials donated; keep the receipts for your records.</p> <p>DONATIONS OF MONEY \$ _____ , VALUE OF DONATED ITEMS \$ _____  (if needed split the amount between you and spouse)</p>
13	<p>DO NOT send medical expense receipts, just totals; keep receipts for your records  TOTAL OF MEDICAL EXPENSES: \$ _____  (if needed split the amount between you and spouse)</p>
14	<p>HSA: If you have an HSA provide Forms 1099-SA, 5498-SA, etc. for you and/or spouse and answer these questions:  1. Is the HSA for family or individual? _____  2. Were all withdrawals used for medical or dental or vision expense ( YES / NO )</p>
15	<p>DIRECT DEPOSIT: Bank for direct deposit of refunds:</p> <p>1. Name of Bank: _____</p> <p>2. Type of Account (checking or savings) _____</p> <p>3. Bank routing number _____</p> <p>4. your account number _____</p>