

Tax Therapy, LLC
TY2020 Tax Preparation
Annual Client Interview

This interview must be completed before we begin work on your return. It is designed to help ensure that we have all of the information necessary to complete your return before we begin the data entry process. If you have questions about an item of income or a deduction please include them in the space(s) available. *Questions submitted by phone, e-mail, or secure message will cause delays in return processing.*

To ensure we are able to evaluate what types of COVID-related relief for which you might qualify this year's interview has some additional questions related specifically to that relief.

Please take your time and complete the interview as thoroughly and accurately as possible.

If you are a returning client please enter the Driver's License information to ensure what we have on file is up to date. Please make updates to your physical address, e-mail address, and phone number(s) if they have changed. If you are an existing client we have your SSN and your dependents' SSN information (if applicable) on file. You only need to complete those items if you have added a dependent, removed a dependent, or changed your legal name.

General Information

| Primary | | Spouse | |
|---|----------|-------------------------|----------|
| Name: | | Name: | |
| Date of Birth: | | Date of Birth: | |
| SSN: | | SSN: | |
| DL# | State: | DL# | State |
| Issued: | Expires: | Issued: | Expires: |
| Address: | | | |
| City | State | ZIP | |
| E-mail: | | Phone: | |
| Contact by <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Text | | Best time to reach you: | |

Please deposit my refund(s) to my bank account.

Please debit my bank account for any balance(s) due on _____*

If no date entered the amount will be debited on the 10th of the month of the applicable filing deadline.

Bank Name

Checking

Savings

Routing #:

Account #:

General Information Continued

- I **do not** own crypto or virtual currency
- I **do not** own or have signature authority on non-US financial accounts

- I have money in online gaming accounts
- I own other foreign assets (property, etc.)
- I have relatives living in another country
- I made the following estimated tax payments (attach the stubs from your payment vouchers if available):

| | | | | |
|--------------------------------|-----|-----|-----|------|
| Federal Estimated Tax Payments | Qu1 | Qu2 | Qu3 | Qu4 |
| State Estimated Tax Payments | Qu1 | Qu2 | Qu3 | Qu 4 |

Dependents (if you have more than four please attach a list)

| | |
|----------------|----------------|
| Name: | Name: |
| Relationship | Relationship: |
| Date of Birth: | Date of Birth: |
| SSN: | SSN: |
| # Days in Home | # Days in Home |

| | |
|-----------------|-----------------|
| Name: | Name: |
| Relationship | Relationship: |
| Date of Birth: | Date of Birth: |
| SSN: | SSN: |
| # Days in Home: | # Days in Home: |

Income (Check all that apply. Attach W2s, 1099s, K1s as appropriate.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Wages/Unemployment <input type="checkbox"/> Contractor/Non-employee Compensation <input type="checkbox"/> Gig Economy (uber, task rabbit, etc.) <input type="checkbox"/> Personal Property Rentals (AirBnB, etc.) | <ul style="list-style-type: none"> <input type="checkbox"/> Social Security/Retirement <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Partnership or Corporate Interests <input type="checkbox"/> Alimony, Gambling, Hobby, or Other (describe) |
|---|---|

Notes:

Income Continued (Check all that apply. Attach 1099 as appropriate.)

- Small Business Income (Sch C)
- Bought/Sold Real Property
- Cancelled Debt
- Rental or Royalty Income (Sch E)
- Bought/Sold Stocks/Bonds
- Bought or Cashed Savings Bonds
- Farm or Ranch Income (Sch F)
- Bought/Sold Cryptocurrency
- Other (describe)

Please include income/expense worksheets and other information as appropriate.

Notes:

Deductions (Check all that apply.)

- State/Local Income Taxes and/or Property Taxes (primary residence, vacation home, land, etc.)
- Mortgage/Investment Interest
- Substantial Out of Pocket Medical (insurance premiums, prescriptions, co-pays, etc.)
- Major Purchases (car, boat, RV, large repairs or remodeling, etc.)
- Student Loan Interest
- Tuition and Fees for Post-secondary Education (provide 2020 statement of accounts and 1098-Ts)
- IRA Contributions (Traditional or Roth)
- Daycare Expenses (include provider name, address, EIN or SSN, and phone number)
- Other (alimony, moving, educator expenses, charitable contributions, gambling losses, etc.)

Notes:

Other Information

- Household employees (regular staff)
- Foreclosure or Bankruptcy
- Worked in a state or states other than your resident state (list)
- Adopted a child

COVID-19 Information

Please complete this section as accurately as possible. If you aren't sure, just let us know in the notes.

- One or more individuals in my house was diagnosed with COVID-19 in 2020
- Taxpayer and/or spouse experienced adverse financial impact due to COVID-19 (laid off, hours reduced, etc.)
- Taxpayer and/or spouse was unable to work due to lack of childcare and/or school due to COVID-19
- Taxpayer and/or spouse took early distributions from retirement account(s) due to COVID-19
- Taxpayer and/or spouse received state, federal, and/or employer unemployment, paid sick leave, or emergency family leave benefits.

Notes:

Economic Impact Payment Information

- I received my Economic Impact Payment (stimulus money). *Please attach your confirmation letter if you have it.*
- I did not receive an Economic Impact Payment or I don't think the payment amount was correct.

Additional Notes, Questions, Information