

**Please bring in all W-2's and 1099's**

Please note new COVID-19 checklist on page 2. You must answer yes or no to all questions; if you answer yes to any questions please make sure to include all necessary documentation.

**Please note on Page 4 any significant events during 2021 that may affect your tax return.**

**PERSONAL INFORMATION – 2021**

	<u>Taxpayer</u>	<u>Spouse</u>
First name:	_____	_____
Last name:	_____	_____
Social Security #:	____-____-____	_____
Occupation:	_____	_____
Date of birth:	____/____/____	____/____/____
Mailing address:	_____	
City, State, Zip:	_____	
First telephone #: ()	____-_____	Second #: ()
E-mail address	_____	

**DEPENDENT'S**

<u>Name</u>	<u>Date of birth</u>	<u>Social Security number</u>
_____	____/____/____	_____
_____	____/____/____	____-____-____
_____	____/____/____	_____
_____	____/____/____	____-____-____

**(NOTE: IRS Form 8332 must be obtained and signed by the custodial parent for claiming Dependents *NOT* living with you.)**

**2021 – TAX INFORMATION**

**COVID-19 CHECK LIST**

Stimulus Payment	Yes _____	Amount received \$ _____	No _____
Unemployment	Yes _____		No _____
Pandemic Unemployment Assistance (PUA)	Yes _____		No _____
Payroll Protection Program (PPP)	Yes _____		No _____
Economic Injury Disaster Loan (EIDL)	Yes _____		No _____

**INTEREST INCOME**

<u>BANK NAME</u>	<u>INTEREST EARNED</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**DIVIDENDS**

**Please bring in year-end tax documents for all mutual funds and stock transactions so we can accurately enter the data on your return.**

**(NOTE: For sales of mutual funds and/or individual stocks, we *must* have the following: description, date acquired/purchased, purchase price, date sold, sale price. Contact your investment advisor for this information)**

<u>IRA's (Individual Retirement Account)</u>	<u>Taxpayer</u>	<u>Spouse</u>
Contribution amount:	\$ _____	\$ _____
Distribution amount:	\$ _____	\$ _____
Rollover:	Yes _____	Yes _____ No _____
Type: (Check ✓ )	Traditional IRA: _____	Traditional IRA: _____
	Roth IRA: _____	Roth IRA: _____

**Income:**

	<u>Taxpayer</u>	<u>Spouse</u>
Unemployment wages:	\$ _____	\$ _____
Gambling wins	\$ _____	\$ _____
Social Security received:	\$ _____	\$ _____
Pension received:	\$ _____	\$ _____
State tax refund:	\$ _____	
Alimony:	Received: \$ _____	Paid: \$ _____
<b><u>Other 1099s</u></b>	\$ _____	\$ _____

**ESTIMATED TAXES PAID**

	<u>04/15/21</u>	<u>06/15/21</u>	<u>09/15/21</u>	<u>01/15/22</u>
Federal amount:	\$ _____	\$ _____	\$ _____	\$ _____
Date paid:	_____	_____	_____	_____
State amount:	\$ _____	\$ _____	\$ _____	\$ _____
Date paid:	_____	_____	_____	_____

**ITEMIZED DEDUCTIONS**

In addition, please bring in MA 1099-HC. If you are a Massachusetts resident, you are now required to provide proof of health insurance coverage. This form (1099-HC) will be sent to you directly from your Health Insurance Provider or your employer. Failure to provide this form will result in a tax liability for each month taxpayer is not covered by health insurance in 2021. (NOTE: To receive the medical expense benefit, your out-of-pocket expenses must exceed 7.5% of your income.)

Medical Doctors, Dentists, Prescriptions and Health Insurance:	\$ _____
Prescription Drug Costs:	\$ _____
Health Insurance Premiums:	\$ _____
Long Term Care Premiums:	\$ _____
Self-Employed Health Insurance Premiums:	\$ _____
Real Estate Taxes:	\$ _____
Automobile Excise Taxes:	\$ _____
Personal Property Taxes (Trailer or Motor Home):	\$ _____
Sales Tax on New Automobiles:	\$ _____
Mortgage Interest:	\$ _____
Home Equity Interest:	\$ _____
Points Paid on Home Purchase or Refinancing and Date:	\$ _____
Charitable Contributions: (Non-cash charitable contributions must have itemized receipt including item description, value, and date of donation)	\$ _____
Teaching Expenses:	\$ _____
Gambling Wins/Losses (must be documented)	\$ _____

**2021 – TAX INFORMATION**

**CHILD CARE PAID**

Number of children provided for: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Identification #: \_\_\_\_\_

Identification #: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

**MASS RENTAL ADDRESS**

**LANDLORD’S NAME**

**AMOUNT PAID**

\_\_\_\_\_ \$ \_\_\_\_\_

**STUDENT INTEREST and TUITION CREDITS** (Subject to Income Limits) **(Please make sure to submit to us the actual 1098T form.)**

College tuition paid: \$ \_\_\_\_\_

Student name: \_\_\_\_\_

Student loan interest paid: \$ \_\_\_\_\_

Undergrad or Graduate: \_\_\_\_\_

College name and address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONVENIENT SERVICE** (Direct deposit of refund)

Check ( ✓ ) if service is desired: \_\_\_\_\_ Direct deposit of refund

Bank name: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Routing number: \_\_\_\_\_ (9 digits)

Account number: \_\_\_\_\_

**SIGNIFICANT EVENTS**: (Births; deaths; sale of assets; children in college; etc.)

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

*Attach additional sheets if more information regarding the above is needed, for Business (Schedule C) or Rental (Schedule E).*

