

D'AGOSTINO & MAZZONE, LLC, CPAs

2020 TAX CHECKLIST/QUESTIONNAIRE

IMPORTANT: This checklist/questionnaire is designed to assist you in assembling documents and information necessary in the preparation of your income tax return. Please complete this form and deliver it with your tax documents to our office. Thank you.

Taxpayer's Name: _____ Spouse's Name: _____

EMAIL ADDRESS (REQUIRED): _____

If you are a new client or your information has changed, please fill out sections A through D.

A. Taxpayer's Date of Birth: _____ Spouse's Date of Birth: _____

B. Dependent's Full Name	Relationship	Date of Birth	Social Security Number	In College?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Home Phone: _____ Work Phone: _____ Cell Phone: _____

D. Mailing Address: _____

Here's a checklist to assist you in gathering your tax information:

- _____ Copies of prior year federal and state tax returns (*new clients only*)
- _____ W-2, W-2G Forms
- _____ 1099 Forms
- _____ Social security statements
- _____ Brokerage statements for security transactions (*purchases and sales*)
- _____ Closing statements and other documentation regarding purchase or sale of property
- _____ K-1 Schedules from Trusts, Estates, Partnerships, LLC's and S-corporations
- _____ Summary of rental income and expenses
- _____ Summary of self-employment activity
- _____ Amount and date paid for estimated tax payments (*federal and state*)
- _____ Amount and date paid for real estate taxes on homes and other real property
- _____ Amount and date paid for motor vehicle and other personal property taxes
- _____ 1098, 1098-T Forms (*mortgage interest, tuition, etc.*)
- _____ Total unreimbursed medical and dental expenses, health and long-term care premiums
- _____ Total cash contributions
- _____ Total non-cash contributions (*for amounts greater than \$500 please provide details*)
- _____ Mileage information on vehicles used for business purposes
- _____ Provide a statement showing gambling losses
- _____ Form 1095-A, 1095-B and/or 1095-C (*relating to health insurance coverage*)
- _____ Form 5498-SA and Form 1099-SA (*Health Savings Plan tax forms*)
- _____ Form 1099-Q (*Payments for Qualified Education Programs Section 529/530 Plans*)

Please answer the following questions. If you've answered "Yes" to any of these questions, please provide supporting documentation. If documentation does not exist, please explain on the last page.

	Yes	No
1. Did you have a tax filing status change such as marriage, death or divorce?	_____	_____
2. Do you have children who have received income during the year?	_____	_____
3. Did you open a financial account for a minor?	_____	_____
4. Did you pay for the cost of daycare?	_____	_____
5. Were you a participant in a dependent care program?	_____	_____
6. Did you incur adoption expenses?	_____	_____
7. Did you receive any distributions or rollovers from a pension, 401K, IRA, Roth IRA or retirement plan?	_____	_____
8. Did you contribute to an IRA, Roth IRA, Education IRA, SIMPLE IRA, SEP IRA or any other retirement plan?	_____	_____
9. Did you convert or re-characterize an IRA or Roth IRA <u>in any year</u> ?	_____	_____
10. Did you change names on any bank or brokerage accounts?	_____	_____
11. Were you awarded stock options, or have you exercised stock options?	_____	_____
12. Did you receive any of the following?		
a. Disability income	_____	_____
b. Gambling, lottery winnings	_____	_____
c. Inheritances	_____	_____
d. Income on installment sales	_____	_____
e. Income from the sale of personal or real property	_____	_____
f. Income from the sale of stocks, bonds or other investments	_____	_____
g. Income from the sale of partnership interests, closely-held businesses	_____	_____
h. Tip income not reported to your employer	_____	_____
i. Gifts of cash, property or other items	_____	_____
13. Did you redeem any US savings obligations?	_____	_____
14. Did you receive unemployment compensation?	_____	_____
15. Did you receive any commissions or fees not included on your W-2?	_____	_____
16. Did you receive or pay alimony? (do not include child support)	_____	_____
17. Did you pay for any qualified energy improvements to your home?	_____	_____

	Yes	No
18. Did you purchase any real estate?	_____	_____
19. Did you sell your home, second home or any other property?	_____	_____
20. Did you refinance a mortgage?	_____	_____
21. Did you have a foreclosure on any property?	_____	_____
22. Did you <u>ever</u> receive a Homebuyer Credit?	_____	_____
23. Did you make any renewable energy (i.e. solar, wind, geothermal, or fuel cell) improvements to your home?	_____	_____
24. Did you pay household employees during the year?	_____	_____
25. Did you pay for the cost of college education for anyone?	_____	_____
26. Did you pay any interest on a student loan?	_____	_____
27. Did you pay costs for medical care?	_____	_____
28. Did you make any contributions to a Health Savings Account (HSA)?	_____	_____
29. Did you use Health Savings Account (HSA) funds for medical expenses?	_____	_____
30. Did you incur sales tax on large transactions, such as automobile purchase?	_____	_____
31. Did you purchase a qualified plug-in electric motor vehicle?	_____	_____
32. Did you start a business during the year?	_____	_____
33. Did you incur automobile expenses in your self-employed business?	_____	_____
34. Did you pay investment interest expense (i.e. margin interest)?	_____	_____
35. Did you make any loans to anyone in excess of \$10,000?	_____	_____
36. Did you have any outstanding debts that have been forgiven?	_____	_____
37. Did you give any gifts of cash, real estate, investments or property of any kind in excess of \$15,000?	_____	_____
38. Do you have a loan receivable that has become uncollectible?	_____	_____
39. Do you own any stocks, bonds or other investments that became worthless?	_____	_____
40. Did you receive any correspondence from any tax agency?	_____	_____
41. Did you buy, sell or transfer virtual currency?	_____	_____

- | | Yes | No |
|--|------------|-----------|
| 42. Did you receive any unusual or non-recurring income or cash receipts? | _____ | _____ |
| 43. Did you pay any unusual or non-recurring expenses? | _____ | _____ |
| 44. Did you receive compensation or damages for an injury? | _____ | _____ |
| 45. Did you receive any military retirement eligible for the CT exemption? | _____ | _____ |
| 46. Did you make any 529 plan contribution to the CT Higher Ed Trust (CHET)? | _____ | _____ |
| 45. Did you earn or receive income in other states? | _____ | _____ |
| 46. Did you have: | | |
| a. A financial interest in a financial account located in a foreign country? | _____ | _____ |
| b. Did you receive a distribution from a foreign trust? | _____ | _____ |
| c. Did you own any assets located in a foreign country? | _____ | _____ |

(If "Yes", there is a reporting obligation and failure to comply can result in significant penalties, the due date for filing Fin-Cen 114 is April 15th)

47. **Did you receive federal stimulus money and if so, please describe below.** _____

48. Do you want direct deposit for your refund? *(If so, complete the following)* _____

Name of Financial Institution _____

Type of Account: Checking _____ Savings _____

Account # _____ Routing # (9 digits) _____

49. **Enter estimated tax payments made for the current year:**

Due Dates	Actual Date Paid	Federal	Connecticut	Other State(s)
4/15/2020				
6/15/2020				
9/15/2020				
1/15/2021				

Please provide or attach details for questions answered with a "Yes" response:

If you have questions about any items on this checklist/questionnaire, please do not hesitate to ask.

Thank you,
D'Agostino & Mazzone, LLC