

# Form 1040 Client Information Sheet – Tax Year 2020

*\*This form is REQUIRED to be filled out by ALL Clients*

## Personal Information:

Taxpayer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No

E-Mail: \_\_\_\_\_ Taxpayer Phone: \_\_\_\_\_  Cell  Home  Work

Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No

E-Mail: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_  Cell  Home  Work

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional phone number: \_\_\_\_\_  Cell  Home  Work Best Number to call: \_\_\_\_\_

### **\*\*\*New clients: Include a complete copy of your 2019 tax return\*\*\***

Please specify how you would like to receive the following:

Client copy of tax return:  Mail (+ \$15 fee)  Pick up  Electronically (all New Clients)

Client provided documents:  Mail (+ \$15 fee)  Pick up  N/A (documents were uploaded)

Y  N Did you have a change in marital status during 2020? If yes, please provide details below.

Married in 2020  Divorced in 2020 and Date divorce was finalized: \_\_\_\_\_

*\*attach copy of Divorce Decree*

Widowed in 2020 - Spouse's date of death: \_\_\_\_\_

Y  N Can you or your spouse be claimed as a dependent on another person's tax return?

Y  N Have you or your spouse been a victim of identity theft and have you contacted the IRS?

If yes, furnish the 6-digit identity protection PIN issued to you by the IRS.

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Y  N Have you been notified by the IRS or other taxing authority of any changes in prior year returns?

## Filing Status (select only one):

Single

Married Filing Jointly

Married Filing Separately - Spouse's SSN \_\_\_\_\_

Y  N Did you live apart from your spouse for the last half of the year (July-December)?

Head of Household (*only applicable if all of the following statements are true*)

Y  N Were you single or legally separated for the last half of the year (July-December)?

Y  N Did a qualifying child or dependent live with you for at least 6 months of the year?

Y  N Did you provide more than half the cost of maintaining a home where you and a qualifying child or dependent lived?

**Dependents:** Please list all dependents that you will be claiming on your 2020 tax return on the following pages. Please attach additional sheets if necessary. Visit our website at [www.belt-accounting.com](http://www.belt-accounting.com) for additional forms for more than two dependents.

**Note:** If your dependent(s) have income and has prepared his or her own tax return, please include a copy of their tax return with your documents.

Dependent #1

First Name	Last Name	Date of Birth	SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Dependent's relationship to taxpayer/spouse: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Sibling <input type="checkbox"/> Step brother/sister <input type="checkbox"/> Half-brother/sister <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				
How many months did dependent live with you during 2020? _____ months <i>(If dependent did not live with you due to separation or divorce, please attached a completed Form 8332 signed by the custodial parent.)</i>				
<input type="checkbox"/> Y <input type="checkbox"/> N   Have you released the claim for this dependency exemption to another taxpayer?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Did you provide over 50% of dependent's support during 2020?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Is dependent married and filing a joint return with his/her spouse for 2020?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Is dependent a U.S. Citizen, U.S. National, or U.S. Resident Alien?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Are there any other adults living in the household (other than you and your spouse)?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Is dependent totally and permanently disabled?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Did you pay any child/dependent care expenses for this dependent? If yes, please provide:				
Provider's Name & Address			SSN or EIN	Amount Paid \$
_____ _____			_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N   Did you pay any private school tuition (grades 5K-12) for this dependent? If yes, please provide:				
School Name & Address		School EIN	Student's Grade	Amount Paid \$
_____ _____		_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N   If dependent is between the ages of 19-24, was he/she a full-time student for any part of five calendar months during 2020? *If <b>yes</b> , please attach Form 1098-T along with a <u>detailed student account activity statement</u> showing amounts billed <u>and</u> amounts paid in 2020.				
Amounts <b>paid</b> for:      Books & Supplies \$ _____      Room & Board \$ _____				
<input type="checkbox"/> Y <input type="checkbox"/> N   Did student complete the first 4 years of postsecondary education <u>before</u> 2020? What year of school is student currently in? _____				
<input type="checkbox"/> Y <input type="checkbox"/> N   Was student enrolled in a program leading to a degree or certificate?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Does student have a federal or state felony drug conviction?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Did student receive a distribution from an education savings account or qualified tuition program? *If <b>yes</b> , attach Form 1099-Q.				
<input type="checkbox"/> Y <input type="checkbox"/> N   Was 1099-Q issued in Student's name and Social Security Number?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Is dependent's gross income less than \$4,300?				
<input type="checkbox"/> Y <input type="checkbox"/> N   Does dependent have interest/dividend income in excess of \$11,000, or total investment income in excess of \$2,200? If yes, please provide documents.				
<input type="checkbox"/> Y <input type="checkbox"/> N   If your dependent has income, would you like us to prepare your dependent's tax return? (Recommended). <u>Minimum fee \$50.00. Additional forms billed at 30% discount.</u>				
<input type="checkbox"/> Y <input type="checkbox"/> N   In previous years, have any of the following credits related to this dependent been disallowed or reduced by the IRS: <i>Child Tax Credit, Additional Child Tax Credit, Earned Income Tax Credit, or the American Opportunity Credit?</i> If yes, please attach detailed explanation.				

Dependent #2

First Name	Last Name	Date of Birth	SSN	Gender <input type="checkbox"/> M <input type="checkbox"/> F								
Dependent's relationship to taxpayer/spouse: <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Sibling <input type="checkbox"/> Step brother/sister <input type="checkbox"/> Half-brother/sister <input type="checkbox"/> Parent <input type="checkbox"/> Other _____												
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**Income:**

- Y  N Did you have income from wages (Form W-2)? Attach forms. # of forms attached \_\_\_\_\_
- Y  N Did you have any interest (Form 1099-INT) and/or dividend (Form 1099-DIV) income? Attach forms.
- Y  N Did you receive a stimulus payment from the IRS in 2020? If yes, amount \$ \_\_\_\_\_
- Y  N Did you or your spouse have more than \$10,000 in a foreign account at any time during the year?
- Y  N Did you sell any stocks, bonds, or mutual funds (Form 1099-B)? Attach forms.
- Y  N Were you granted or did you exercise any stock options (Forms 3921, 3922 or 1099-B)? Attach forms.
- Y  N Do you have your own business or receive any Form 1099-NEC? Attach forms and Schedule C Info Sheet.
- Y  N Did you receive any income from a farm or rental real estate?\* Attach Schedule E Info Sheet
- Y  N Did you receive any alimony? Total amount received: \$ \_\_\_\_\_ Date of divorce: \_\_\_\_\_  
 Y  N Did your divorce decree change at any time after 12/31/2019? \*If yes, attach
- Y  N Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency?
- Y  N Do you have any other income not reported elsewhere? Attach forms.  
 Unemployment Comp (Form 1099-G) \$ \_\_\_\_\_  Jury Duty Pay \$ \_\_\_\_\_  
 Debt Cancellation (Form 1099-C) \$ \_\_\_\_\_  Prizes/Awards \$ \_\_\_\_\_  
 Foreclosures/Abandon (Form 1099-A) \$ \_\_\_\_\_  Hobby Income \$ \_\_\_\_\_  
 Gambling Winnings (Form W-2G) \$ \_\_\_\_\_  Other Income (1099-MISC) \$ \_\_\_\_\_

**Retirement Income / IRA Information:**

- Y  N Did you receive any social security or railroad retirement income (Form SSA/RRB-1099)? Attach forms.
- Y  N Did you receive any pension or annuity income (Form 1099-R)? Attach forms.
- Y  N Did you receive any qualified CARES Act early/hardship retirement account distributions - Employer sponsored 401k, 403b etc. or IRA (Form 1099-R)? Attach forms.  
 Y  N Will the funds be repaid within three years from distribution?  
 Y  N Report income  all in 2020 **OR**  one-third in 2020, 2021, 2022
- Y  N Did you receive any Traditional IRA distributions (Form 1099-R)? Attach forms.  
 Y  N If yes, was it a rollover?  
If you are under age 59½ as of the date of distribution, what was the money used for? \_\_\_\_\_
- Y  N Did you receive any Roth IRA distributions (Form 1099-R)? Attach forms.  
 Y  N If yes, was it a rollover?  
What is the basis in the Roth IRA? \$ \_\_\_\_\_  
 Y  N Have you had a Roth IRA for more than 5 years?  
If you are under age 59½ as of the date of distribution, what was the money used for? \_\_\_\_\_
- Y  N Did you or your spouse convert a Traditional IRA to a Roth IRA in 2020 (Form 1099-R)? Attach forms.
- Y  N Did you or your spouse make (or do you plan to make by 4/15/2021) any 2020 IRA contributions?  

<u>Traditional IRA</u>	<u>Roth IRA</u>
Taxpayer \$ _____	Taxpayer \$ _____
Spouse \$ _____	Spouse \$ _____

As of 12/31/2020, please indicate the total account value for all of your IRA accounts as follows:

<u>SEP or SIMPLE IRAs</u>	<u>Traditional IRAs</u>	<u>Roth IRAs</u>
Taxpayer \$ _____	Taxpayer \$ _____	Taxpayer \$ _____
Spouse \$ _____	Spouse \$ _____	Spouse \$ _____

**Education Expenses for Taxpayer/Spouse Only** \*Enter education information for dependents on pages 2-3.

- Y  N Did taxpayer/spouse have any education expenses in 2020?  
If yes, attach Form 1098-T and *detailed account activity statement* showing amounts billed and paid in 2020.  
Amounts **paid** for: Books & Supplies \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_
- Y  N Did student (taxpayer/spouse) complete the first 4 years of postsecondary education before 2020? What year of school is student (taxpayer/spouse) currently in? \_\_\_\_\_
- Y  N Was student (taxpayer/spouse) enrolled in a program leading to a degree or certificate?
- Y  N Does student (taxpayer/spouse) have a federal or state felony drug conviction?
- Y  N Did the student (taxpayer/spouse) receive a distribution from an education savings account or qualified tuition program? If yes, attach Form 1099-Q.
- Y  N Did taxpayer/spouse pay any student loan interest (Form 1098-E)? If yes, attach form(s).

**Health Care:**

- Y  N Did you have insurance through the marketplace (e.g., "Obama Care")?  
If yes, please attach Form 1095-A
- Y  N Did you or do you plan to make any contributions to a Health Savings Account (HSA)? (Form 5498-SA)  
If yes, please indicate type of coverage:  Self-Only  Family  
Number of months enrolled in a High Deductible Health Plan (HDHP): \_\_\_\_\_  
Name of HSA Bank: \_\_\_\_\_ EIN: \_\_\_\_\_  
Amount of HSA contribution:\$ \_\_\_\_\_ Date of contribution: \_\_\_\_\_  
\*\*Do not include amounts contributed through your employer.
- Y  N Did you have any distributions from an HSA account (Form 1099-SA)? Attach forms.  
Please indicate amount of distribution used for qualified medical expenses: \$ \_\_\_\_\_

**Medical Expense Deductions:** \*\*Do not include amounts reimbursed by insurance, flex, or HSA funds.\*\*

Please add up all medical/dental/vision/prescription receipts and enter totals here (if receipts are furnished to us instead of totals, we can compute the totals for you at a rate of \$125/hr). Keep all receipts for your records.

Medical/Dental/Vision Expenses:	\$
Prescriptions:	\$
Medical Mileage:	miles
Long-Term Care Premiums – Taxpayer:	\$
Long-Term Care Premiums – Spouse:	\$
Out-of-Pocket Medical Insurance Premiums Paid: (Do <u>not</u> include premiums paid through an employer plan or Medicare premiums)	\$

**Other Expenses:**

- Y  N Was taxpayer and/or spouse a full-time teacher with out-of-pocket expenses? Amount \$ \_\_\_\_\_
- Y  N Did you pay any alimony? If yes:  
 Amount Paid \$ \_\_\_\_\_ Recipient's SSN: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
 Y  N Did your divorce decree change at any time after 12/31/2019? \*If yes, attach
- Y  N Did you employ any household employees (i.e. nanny)?
- Y  N Do you owe sales tax on any out of state purchases? Please indicate total purchase amount: \$ \_\_\_\_\_
- Y  N Did you have gambling losses (only to the extent of winnings)? Amount \$ \_\_\_\_\_
- Y  N Did you make any EdVest/Tomorrow's Scholar (Section 529) contributions?  
 If yes, please complete information below:

Name of Beneficiary	Amount		Name of Beneficiary	Amount
	\$			\$
	\$			\$
	\$			\$

**Charitable Contributions:**

- Y  N Did you make any cash gifts to charity? Retain receipts for your records  
**Enter totals below or attach itemized list only. Only attach receipts for donations over \$1,000.**

Name of Organization	Amount		Name of Organization	Amount
	\$			\$
	\$			\$
	\$			\$

- Y  N Did you make any noncash gifts to charity? Retain receipts for your records. Do not attach receipts here. **Tax return will be prepared based on the complete information furnished below**

**Note:** You must provide us with all information requested below, including the Fair Market Value of your donation. Both Goodwill and Salvation Army have Valuation Guides on their websites to assist you in determining the fair market value.

Organization Name & Address	Date of Donation	Fair Market Value of Donation	How acquired? (Purchase, inherited, gift)	Original Value
		\$		\$
		\$		\$
		\$		\$
		\$		\$

**Personal Residence:**

- Y  N Did you move in 2020?
- Y  N Were you a full year Wisconsin resident? If no, what was other state of residency:\* \_\_\_\_\_  
Date moved to WI: \_\_\_\_\_ Date moved from WI: \_\_\_\_\_
- Y  N Did you pay rent in 2020? Amount \$\_\_\_\_\_/year  
 Y  N Was heat included?
- Y  N Did you pay real estate taxes in 2020? If yes, attach tax bill and receipts.
- Y  N Did you pay home mortgage interest in 2020? If yes, attach Form(s) 1098.
- Y  N Did you pay home mortgage interest that was not reported to you on Form 1098? If yes, please provide:  
Recipient's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Y  N Did you refinance your mortgage in 2020?
- Y  N Do you have a Home Equity Line of Credit?  
If so, what was it used for? \_\_\_\_\_
- Y  N Did you make any solar energy efficient improvements to your main home? If yes, please attach receipts.
- Y  N Did you purchase a home in 2020?  
If yes, attach closing statements.
- Y  N Did you sell a home in 2020?  
If yes, attach closing statements.  
Date of sale: \_\_\_\_\_ Date this home was purchased: \_\_\_\_\_ Original purchase price: \$\_\_\_\_\_
- Y  N Was this home your primary residence for at least 2 of the last 5 years?
- Y  N Did you ever rent out the property or use any portion of the home for business purposes?
- Y  N Have either you or your spouse sold a principal residence within the last two years?  
If yes, at the time of that sale, who owned the residence?  Taxpayer  Spouse  Both

**Federal and/or State Estimated Tax Payments:**

- Y  N Did you make any Federal or State estimated tax payments in 2020?

**\*\*Please verify with your bank records that indicated deposits were made\*\***

Federal Payments		
Due Date	Date Paid	Amount
07/15/2020		\$
07/15/2020		\$
09/15/2020		\$
01/15/2021		\$

State Payments		
Due Date	Date Paid	Amount
07/15/2020		\$
07/15/2020		\$
09/15/2020		\$
01/15/2021		\$

- Y  N If you have a refund, would you like the refund applied to next year's taxes?
- Y  N If you have a balance due, would you like us to calculate 2020 estimated tax payments for you?  
(If not answered, we will calculate estimates for you and charge accordingly.)

**Refund(s):**

If you would like your federal and/or state refund(s) direct deposited, please provide bank information below:

Name of financial institution: \_\_\_\_\_ Type of Account: Checking Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Y  N If you are married filing a joint return with your spouse, is this a joint bank account?

Client Questions: \_\_\_\_\_

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

**CHECKLIST:**

Please indicate which of the following documents you have included:

- W-2** Wages & Salaries from ALL employers
- 1099-R** Pensions, IRAs & Annuities
- 1099-SSA/RRB** Social Security & Railroad Retirement
- 1099-G** Unemployment Compensation
- Composite 1099** Statement from brokerage accounts
- 1099-B** Statement of securities sales
- 1099-INT** Interest received for ALL accounts
- 1099-DIV** Dividends received from ALL accounts
- 1099-MISC** Miscellaneous income
- 1099-A** Foreclosures/Abandonment
- 1099-C** Debt Cancellation
- 1099-SA** Health Savings Account statements
- W2-G** Gambling Winnings
- 1099-NEC** Non-Employee Compensation
- 1098** Mortgage interest statements
- Property tax bill for taxes paid in 2020
- Rent certificate(s) for WI homestead credit (income < \$24,680)
- Closing documents from purchase and/or sale of home
- 1098-E** Student loan interest
- 1098-T** College tuition statement(s)
- College expenses: Bursar's statement or receipt
- 1099-Q** Education savings account distribution
- EdVest/Tomorrow's Scholar year end statement
- Private school tuition statement (K-12 only)
- K-1** Partnerships, Trusts, Estates & S-Corps
- 1098-C** charitable donation of a car, boat, etc.
- 1095-A** Form for Marketplace health insurance)

**Signatures:**

I/we verify that the information provided in this document is true and correct to the best of my/our knowledge. I/we understand that any questions not answered will be assumed "no"

\_\_\_\_\_  
Taxpayer Date

\_\_\_\_\_  
Spouse Date