

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Tax time can be nerve racking and intense; this questionnaire is provided to assist you in assembling your tax information and ensure that you are taking advantage of all allowable deductions. Fill in all that applies to you as completely as possible and supply supporting documentation as required. This will enable us to prepare a complete and accurate return reflecting current laws.

Should you have any questions please feel free to contact us.

|  |  |  |
| --- | --- | --- |
| Yes | No | Personal Information |
|  |  | Has your home address changed?  New Address: |
|  |  | Did you get married/divorced/widowed during the year?  Date: |
|  |  | Did you have a baby or adopt during the year?  Please provide Social Security Card and Date of Birth |
|  |  | Are you or your spouse disabled or legally blind?  (Circle one) Taxpayer Spouse |
|  |  | Did any phone numbers change during the year?  New phone number: |
|  |  | Did you change your PRIMARY bank account during the year?  \*\*Please provide a check so that we can place it in your tax file\*\* |
|  |  | Receive, Sell, Exchange, or otherwise dispose any financial interest in any virtual currency, during 2021? |
|  |  | Using the Standard Deduction \* Do you have any charitable contributions? |
|  |  | Can Baker Accounting discuss your return with the IRS and State Agency(ies)? |
|  |  | Would you or your spouse (if applicable) have an IRS assigned 6-digit identity protection pin (IP Pin)?   * If yes, please provide a copy of the IRS correspondence with your Ip Pin number(s) identified. |

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**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Did you receive any financial benefits for COVID such as federal, local, or credits for housing? Yes or No (circle one)

If yes please explain, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount’s you Received: \_\_\_\_\_\_\_\_\_\_ (don’t include stimulus amount)

3rd Stimulus payment received (example $1400 per person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name | # of months in the home |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Dependent Information:

If applies to you - \*Has custodial parent signed release form 8332, **if so, copy is required**\*

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**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check List of Documents that may apply to you**

**☐** Income: Please enclose ALL W-2’s or 1099’s

**☐** Social Security: Please enclose SSA-1099

**☐** Interest Income: Please enclose ALL 1099-Int

**☐** Investments, Contributions, Retirement: Please enclose ALL 1099’s/Statements (i.e.: Edward Jones, American Funds, IRA, Roth, Keogh)

**☐** Installment Sales

**☐** Sale of Personal Residence: Please enclose ALL closing papers and 1099’s

**☐** Other Income (i.e.: Alimony, Child Support, Tips, Prizes, Bonus, Pensions/Annuities, IRA/SEP/Simple distributions, Vet Income, Unemployment, Scholarship, Work Compensation, etc.)

**☐** If itemizaing figures required (i.e.: Medical, real estate taxes, property taxes, state taxes, interest paid on mortgage, moving expenses, contributions cash, contributions non-cash, etc.)

**☐** Other Miscellaneous Deductions (tax prep, union dues, uniforms, subscriptions, telephone, investments, alimony paid, safety deposit box, professional dues, job related education, etc.)

**☐** Household Employees (maids, caregivers, gardeners) Please provide name, address, ID or Social security number and amount you paid

**☐** Child Care (ONLY if both taxpayer and spouse work under 13 or special needs) Name, address, ID or social Security number and amount you paid

**☐** Refunds, Credits, Estimate Payments made

**☐** Partnerships, Trusts, Estates, S-Corps: Please enclose K-1’s or pertinent documents

**☐** Tuition paid on student loans

**☐** Tuition statement if equitable

\*\* **INSURANCE** \*\* If **insured through Marketplace** documents are **required** to match up to earnings estimated for the premiums. (Form 1095-A)

\*\* **HSA** (Health Savings Account) will **require** a form 1099-SA

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**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS FORM MUST BE SIGNED TO START YOUR RETURN!!**

**Taxpayer Responsibilities**

* I (we if filing jointly) acknowledge that all information provided is true, accurate and complete to the best of my/our knowledge.
* I/we will be able to provide written records of all items included on the return if audited by either the IRS or state tax authority (e.g.: receipts, billing statements, cancelled checks, credit card statements, etc.).
* If additional information is received for my/our 2021 tax returns, Baker Professional Accounting Services will be contacted immediately. If my/our returns are complete when additional information is received, I/we understand there will be an additional fee for modifying the completed returns.
* Fees will be paid before my/our return is filed. If I/we terminate services from Baker Professional Accounting Services, I/we agree to pay a fee for work completed. A retainer is required for preparation of late returns.

***Signatures.*** By signing below, I/we acknowledge that I/we have read, understand, and accept all taxpayer responsibilities stated above. *For a joint return, both taxpayers must sign.*

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

Taxpayer Signature Date

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Signature of Spouse Date