Sauppé Tax Service LLC New Client Tax Questionnaire 2020

Name(F,L):			Spouse:					
Taxpayer Soc. Sec#			Spouse S	Spouse Soc. Sec. #				
Taxpayer Date of Birth			_ Spouse	_ Spouse DOB:				
Address:								
City, State, &	Zip:							
Primary Phone	#		Secondary	Phone#				
E-mail:								
Routing #					:			
Please list all eligible d months during the year dependent must be a re and you usually must ha	ependents for and under the elative, usual	Eligible or 2020. **Your on ne age of 24 all y ly must be a mer	Dependents thild born prior to rear. Any child was mber of your hou	for 2020 o 1/1/2001 mus tho does not me usehold, must h	t be a full-time eet this age/stu	student udent tes	for at le	east five y other
Dependent Name	Date of Birth	Social Security #	Dependent Relationship to Taxpayer	Months in 2020 Lived with you	Months in 2020 a Full Time Student	Taxpayer paid more than 50% of support		
						YES	NO	
						YES	NO	
						YES	NO	
						YES	NO	1
Estimated tax paymes quarter of 2021. The Federal		l or checks writ OT mean withho State				nts in	the fi	
DATE AMOUNT	DAT	•	DATE	AMOUNT	DATE	AMOU		
Because of IRS regulations, y filing prior to our completion of be deducted from this accour have read the terms of engage	of your return. Ant on April 15 th	any refund on these r By signing below you	eturns will be depos are confirming that	Inless you complete ited into the bank a you have included	e and return a requaccount shown about all income receive	uired IRS ove and and during t	waiver of ny balanc the year a	electronic e due will nd that you
Signature of taxpayer			Signature o	_ Signature of spouse				
Taxpayer occupation			Spouse occ	Spouse occupation				

	All of these questions pertain to the 2020 year. Any <u>YES</u> answers will require complete details and documentation.		
1	Do you have funds in a foreign bank account or give/ receive a distribution from a foreign trust?	YES	NO
2	Did you contribute cash or items to a charity in 2020 that you wish to claim on your tax return. If YES, you MUST complete the Charitable Deduction Recap sent to you.	YES	NO
3	Did you purchase any goods online or through catalogs that did NOT include sales tax? If yes, please indicate total amount purchased \$	YES	NO
4	Do you have written documentation for all business miles? If yes, you MUST complete the	YES	NO
E	mileage section on the bottom of this form. If no, you cannot claim mileage.	YES	or N/A NO
5	Did you pay or receive alimony? If yes, provide complete details including date of divorce and a copy of the divorce decree.		
6	Did you pay child care expenses? If yes, please include documentation from the provider that shows amount paid, dependent covered, time period covered, and ID number of provider.	YES	NO ———
7	Did you buy or sell a home this year or refinance an existing home? If yes, please provide the settlement statement from the purchase, sale, or refinanceIf a refinance, you MUST provide documentation on how the loan proceeds were used.	YES	NO
8	Do you have a Health Savings Account? If yes, indicate any amounts you contributed OUTSIDE of work, and provide details, including the 1099SA form, for any withdrawals made during the year. Include proof that these distributions were spent on qualified medical care by providing the medical bills or a detailed recap showing medical provider, date, and amount.	YES	NO
9	Did you, or any of your dependents, contribute to or make a withdrawal from any state 529 plan? If yes, please provide copies of all pertinent documents including the 1099Q.	YES	NO
10	Did you pay any student loan interest? If yes, submit copies of all 1098Es received.	YES	NO
11	Did you pay any post-secondary (beyond high school) expenses for you, your spouse, or your	YES	NO
	dependents? This does NOT include student loan interest. If yes, you must provide Form 1098T and DETAILED documentation on all amounts paid during the year.		
12	If you answered YES to question 11, do any of the students involved have a felony drug conviction? If yes, provide details.	YES	NO or N/A
13	If you own rental property or had your own business (even on a small scale), did you make any payments that would require you to file any 1099 forms?	YES	NO or N/A
14	If you answered yes to question 13, did you or will you file all required 1099 forms?	YES	NO or N/A
15	Do you have any children under the age of 24 with unearned (<u>not</u> from a job) income over \$350? If yes, please provide details.	YES	NO
16	Did you make a gift or gifts to any individual during the year worth \$15,000 or more? If yes, provide name of recipient, address, description of item(s) given, and amount.	YES	NO
17	If you are a full-time teacher, did you pay for any supplies for your classroom? If yes, please provide details on items purchased and amounts.	YES	NO or NA
18	Did you get insurance through the Marketplace (healthcare.gov)? If yes, provide Form 1095A	YES	NO ———
19	Did you receive, sell, exchange, or otherwise acquire any financial interest in virtual currency?	YES	NO
20	Do any of these situations apply to you? Legally blind. Paid for domestic service in your home. Purchased any items that qualify for the solar energy credits. Contributed to a retirement account outside of work. Purchased a car, boat, or truck in 2020. If yes, please provide all pertinent details including a copy of the vehicle invoice showing sales tax paid	YES	NO
21	Please indicate amount of Economic Stimulus Payment you received for 2020. This would include amounts received in early 2021. If none enter zero \$		
22	What is your marital status as of 12/31/20?	Single	Married
	0000 Miles as Desay		

2020 Mileage Recap

	1 ^ຣ Business	2 nd Business	Charitable	Medical	Moving	Personal	Total All Miles**
Ĺ							
	**The total must e	equal the sum of the	other categories a	nd should be the	total miles drive	n during the year.	
	Car Information: Make			Model			

Your signature(s) on page one verifies that this log is a true and accurate reflection of mileage for 2020 and that you have the records to substantiate this mileage.