



New Client Tax Information Checklist

Thank you for choosing Kirsch CPA Group. We look forward to working with you.

If you have any questions, please call us at **(513) 858-6040**. Please complete the checklist. Gather all applicable documents upload to the portal or send to Kirsch CPA Group.

PERSONAL INFORMATION

Name	Social Security No.	Date of Birth	Cell Phone	E-mail
Taxpayer:				
Spouse:				
Street Address	City	State	Zip	County

Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED INFORMATION

1. Copy of your Driver's License or state identification. (Provide a copy for taxpayer and spouse)
2. Bank Account – Would you like direct deposit? No Yes - Provide a voided check
 If you have tax due, would you like direct payment from your account? No Yes - Provide a voided check
3. Provide a copy of the last Two Years Tax Returns.
4. Marital Status - Single Married Widow (Date _____) Divorced (Date _____) Same Sex Marriage
5. Did the IRS or State send you any notifications or do you have an Identity Protection PIN? No Yes (Attach documents)
6. Do you have a Foreign Bank Account with a balance over \$10,000 during the year? No Yes (Provide Details)
7. Did you receive, sell, send, exchange or acquire any financial interest in virtual currency? If yes, provide details.
8. Would you like us to prepare a Return for a Dependent (additional fee) who had Federal Tax withholding of more than \$250 or had investment income greater than \$1,100? No Yes (Provide W-2 and other income statements)
9. Will you have any major life changes in 2020? Retirement Income Changes Dependent change Martial Status
 If yes, would you like us to contact you to discuss tax planning? No Yes
10. Did you receive Health Savings (HSA) Distributions? No Yes (If **YES**, Attach 1099SA)
11. List amount contributed to a Health Savings Account (HSA) that is NOT through your employer? \$ _____
12. Would you like \$3 to go to the Presidential Campaign Fund? Taxpayer Yes Spouse Yes
13. Are you or your spouse blind? Taxpayer Yes Spouse Yes

Deliver all your Documents to Kirsch CPA Group by March 22.

Upload to Your Secure Portal - If you do not have a Portal, call 513-858-6040 or send an email to info@kirschcpa.com

INCOME INFORMATION (Please attach all applicable forms)

- Income Statements (Form W-2)
- Interest (Form 1099-Int)
- Dividends (Form 1099-Div)
- Stock or Mutual Fund Sales (Form 1099-B)
- Unemployment Compensation (Form 1099-G)
- 401k or IRA Distributions/Rollovers (Form 1099-R)
- Social Security (Form 1099-SSA)
- Education Distributions (Form 1099-Q)
- Foreclosure or abandonment of principle residence (Form 1099-A)
- Sale of Real Estate (Provide closing statement)
- Received Installment Payments for Property Sold
- Disability Income (Provide Documents)
- Income in a Foreign Country (Provide Documents)
- Gambling (Form W-2G)
- Alimony Received \$ _____
Date of original divorce or separation _____
- Trust or Estate Beneficiary (Form 1041 K-1)
- Cancellation of debt (Form 1099-C)

Are you a **Shareholder, Partner or Member of an S-Corp, LLC or Partnership?**

- Shareholder (Include Form 1120-S K-1)
- Partner (Include Form 1065 K-1)
- Beneficiary (Include Form 1041 K-1)

Did you receive other income from any of the following sources?

- Business Income (Please refer to Schedule C Worksheet* or Provide details)
- Rental Income (Please refer to Schedule E Worksheet* or Provide details)
- Farm Income (Please refer to Schedule F Worksheet* or Provide details)

(* For a detailed worksheet to gather your information visit www.kirschcpa.com/about/tax-forms/.)

If you paid more than \$600 to an individual or unincorporated business for rent or service during the year - Form 1099 must be issued. If you need help issuing Form 1099, provide name, address, social security # and amount paid.

OTHER INFORMATION

- Alimony paid* \$ _____
*Date of original divorce or separation _____
- Purchased a Qualified Electric Vehicle (Provide Invoice)
- Gift Tax Return may be required:
Single and gift is greater than \$15,000?* \$ _____
Married and gift is greater than \$30,000?* \$ _____
*Provide name, address, amount & SS# of recipient
- Moving expense for military position \$ _____
- Rented a property in Indiana \$ _____
- Energy efficient improvement to your residence (Attach details)
- Paid household employee wages of \$2,100 or more
- COBRA premiums paid \$ _____
- Made OH statewide political contribution \$ _____
- Engaged in bartering transactions
- Any internet/phone purchases without sales tax?*
- *List Total Purchase Amount \$ _____
- Retirement Contribution** to which Plan Type: Please select IRA Roth IRA SEP KEOGH
Contribution Amount: Taxpayer: \$ _____ Spouse: \$ _____

Student Loan Payment (Attach Form 1098-E for interest paid)

College Education Expenses (Attach Form 1098-T issued by the university)

Dependent Name	University Name	Qualified Tuition	Books & Materials	First 4 Years (yes or no)
		\$	\$	
		\$	\$	

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Contributed to a State College Saving 529 Plan

Beneficiary Name	Beneficiary SSN	Total Contributed	Program State
		\$	
		\$	
		\$	

Child Care Expenses (Provide total of all expenses and detail related to child care)

Dependent Name	Provider Name	Federal ID or SSN	Address	Total Expense
				\$
				\$
				\$

QUARTERLY ESTIMATED PAID (List below or attach copies of cancelled checks)

List all payments	Date Paid	Federal	State	City	School District
Prior year 4th Qtr Payment		\$	\$	\$	\$
1 st Quarter Payment		\$	\$	\$	\$
2 nd Quarter Payment		\$	\$	\$	\$
3 rd Quarter Payment		\$	\$	\$	\$
4 th Quarter Payment		\$	\$	\$	\$

DEDUCTION INFORMATION

PLEASE NOTE: The standard deduction is \$24,400 for married filing jointly and \$12,200 for individuals filing single.
Send in your itemized deductions if you exceed the standard deduction or if you are in a state that allows itemized deductions.

Unreimbursed Medical Expense - Please enter in amounts below if greater than 10% of your income

Medical Insurance Premiums: \$ _____ Care Giver Expense: \$ _____

Doctor/Dentist/Vision: \$ _____ Prescription Expense: \$ _____ Medical Miles Driven: \$ _____

Long Term Care Premiums: Taxpayer \$ _____ Spouse \$ _____

Real Estate Tax Paid: \$ _____

Mortgage Interest Payments: Provide a copy of **1098** Mortgage Interest Statement.

Charitable Contributions: (**Keep Your Receipts!**) Provide totals for the following items:

TOTAL monetary contributions \$ _____

TOTAL of your Charitable Miles Driven: _____

TOTAL non-cash charitable contributions \$ _____ (If over \$500, please provide name of organization & description)

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