



2020 Tax Information Checklist

Please complete the checklist.

Upload tax documents securely to kirschcpa.safesend.com/DropOff.aspx

Name:		Best Phone#:	Email:
Taxpayer:			
Spouse:			
Street Address:		City, State:	Zip:

I authorize Kirsch CPA Group to text questions to the listed phone# above. No Yes

PERSONAL INFORMATION

- Copy of your **Driver's License** or state identification. (Provide a copy front and back for each taxpayer)
- Bank Account** – For direct deposit, list last 4 digits of account#: _____ (If new account, please provide a voided check)
- Did the IRS or State send you any notifications or do you have an **Identity Protection PIN**? No Yes (Attach documents)
- Marital Status** - Did your status change? No Yes If YES, list new Marital Status and date of change: _____
- Do you have a **Foreign Bank Account** with a balance over \$10,000 any time during the year? No Yes (Provide Details)
- Did you receive **Health Savings Account (HSA) Distributions**? No Yes (If YES, Attach 1099SA)
- List amount contributed to a Health Savings Account (HSA) that is NOT through your employer? \$ _____
- Did you receive, sell, send, exchange or acquire any financial interest in **virtual currency**? If yes, provide details.
- 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)
- Are you expecting any major life changes in 2021? Retirement Income Changes Dependent Change Marital Status
*Would you like us to contact you to discuss tax planning or changes to your tax situation? No Yes
- Did you receive an **Economic Impact Payment** (rebate related to COVID-19) in 2020? You may have received two payments related to Economic Impact Payments (one payment between April and June of 2020 and the second in early 2021) No Yes*
* If yes, provide IRS letter 1444 or list the 1) first amount received \$ _____ and 2) second amount received \$ _____
- Did you **donate up to \$300** in cash to a qualified organization? The CARES Act allows you to take an above-the-line deduction. Donor advised fund does not qualify, carryovers do not qualify, must be a qualified organization. List amount \$ _____
- Your completed 2020 Tax return will be delivered electronically via SAFE SEND. *I prefer to have a mailed paper copy
*Additional Fee May Apply

INCOME INFORMATION (Please attach all applicable forms)

- | | |
|--|--|
| <input type="checkbox"/> Income Statements (Form W-2) | <input type="checkbox"/> Cancellation of Debt (Form 1099-C) |
| <input type="checkbox"/> Interest (Form 1099-Int or 1099-OID) | <input type="checkbox"/> Foreclosure or Abandonment of Residence (Form 1099-A) |
| <input type="checkbox"/> Dividends (Form 1099-Div) | <input type="checkbox"/> Sale of Real Estate (Provide closing statements) |
| <input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B) | <input type="checkbox"/> Received Installment Payments for Property Sold |
| <input type="checkbox"/> Unemployment Compensation (Form 1099-G) | <input type="checkbox"/> Disability Income (Provide Documents) |
| <input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R) | <input type="checkbox"/> Income in a Foreign Country (Provide Documents) |
| <input type="checkbox"/> Social Security (Form 1099-SSA) | <input type="checkbox"/> Gambling (Form W-2G) |
| <input type="checkbox"/> Education Distributions (Form 1099-Q) | <input type="checkbox"/> Alimony Received \$ _____ Date of agreement _____ |

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)

Upload all Documents to kirschcpa.safesend.com/DropOff.aspx by March 22, 2021

Questions? Contact us (513)858-6040



Did you receive **other income** during 2020? (*For a detailed worksheet visit www.kirschcpa.com/about/tax-forms/)

- 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)
- If you paid more than \$600 to an individual or unincorporated business for rent or service during 2020, 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 \$2,200 or more
- COBRA premiums paid \$ _____
- Made OH statewide political contribution \$ _____
- Engaged in bartering transactions
- 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: \$ _____
- Long Term Care Premiums:** 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)
		\$	\$	
		\$	\$	

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 childcare)

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

Did you have a baby or add a new dependent?

New 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"/>

QUARTERLY ESTIMATED TAX PAID IN 2020 (List below or attach copies of cancelled checks)

List all payments	Date Paid	Federal	State	City	School District
2019 4th Quarter Payment		\$	\$	\$	\$
2020 1 st Quarter Payment		\$	\$	\$	\$
2020 2 nd Quarter Payment		\$	\$	\$	\$
2020 3 rd Quarter Payment		\$	\$	\$	\$
2020 4 th Quarter Payment		\$	\$	\$	\$

DEDUCTION INFORMATION

PLEASE NOTE: The standard deduction is \$24,800 for married filing jointly and \$12,400 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 7.5% of your income

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

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

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)