



IRS Identity Authentication Initiative 2021

Client Name(s): _____

Required Information

Driver's License or State Issued Identification

Driver's License for Taxpayer:

Issue Date: _____ Expiration Date: _____

*For NY Licenses Document # on the front or back of card _____

Driver's License for Spouse: _____

Issue Date: _____ Expiration Date: _____

*For NY Licenses Document # on the front or back of card _____

Additionally, please provide a copy of the front and back of each license.

Email Addresses:

Taxpayer Email: _____

Spouse Email: _____

Signature of person preparing this form:



Certified Public Accountants & Business Consultants

Per IRS Security Summit requirements and several state requirements, all banking information must be verified annually. Verify the name of the financial institution, routing transit number, account number, and type of account below for use on your 2020 tax return by completing the following information: Please be sure to attach a voided check to this form. You can email, upload to your portal or fax back to us.

Primary Account:

Name of Financial Institution:

Routing Transit Number:

Account Number:

Type of Account: (1= Savings, 2 = Checking, 3=IRA)

Joint Account (Married filing Joint Returns Only): Y or N

Sign and date at the bottom to indicate your verification and return to this office. Do not submit this document to the IRS.

Taxpayer Signature: _____

Spouse Signature (if applicable): _____

Date: _____

Some financial institutions do not allow electronic deposits or withdrawals involving individual accounts for joint income tax returns. Be sure and indicate if the account listed on the letter are joint accounts.

NEW FOR 2020

Did you have any virtual currency (Cryptocurrency) transactions last year? **CIRCLE YES NO**



FULL NAME: _____

Additional Covid-19 Related Information

(Note applies to 2020 Return Only)

	<u>YES</u>	<u>NO</u>
1) Did you get a PPP loan for your business in 2020? IF so how much? _____ Have you requested loan forgiveness? ** If you have not and need assistance, please contact us		
2) Did you get the first COVID-19 stimulus? (If yes, please provide IRS Letter 1444 as proof) (if did not receive letter how much did you receive ** Very important to know exact amount _____		
3) Did you get second COVID-19 stimulus in 2020? If yes, please indicate how much _____		
4) if you were temporary laid off during 2020 did you receive unemployment insurance during the year (if so, please provide Form 1099 G)		
5) Did you work remotely during 2020 in a state different than your employer's office (if so, how many days were remote work) _____		
6) Did you receive an IRS PIN # for 2020 (if yes, please provide letter)		

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell	<input type="checkbox"/>	<input type="checkbox"/>

vehicle this year?

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

Did you receive any income from property sold prior to this year?

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

Did you receive tip income not reported to your employer this year?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?

Retirement Information

Are you an active participant in a pension or retirement plan?

Did you receive any Social Security benefits during the year?

Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

If you received a 2016 or 2017 qualified disaster retirement plan distribution in 2017 or 2018, did you repay any of the distribution in 2019? If yes, attach any Form(s) 5498 you received.

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses

Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?

Did you make any contributions to an education savings or 529 Plan account?

Did you pay any student loan interest this year?

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in

- your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Taxpayer Signature: _____

Date: _____

MANDATORY ACA HEALTH INSURANCE QUESTIONNAIRE - 2020 TAX YEAR

This questionnaire **MUST BE COMPLETED AND SIGNED** and submitted with your tax return documents **BEFORE** we will begin to prepare your return

PRIMARY TAXPAYER

Did you have qualifying health insurance coverage **ALL** 12 months of 2020 (More than 1 box may apply)

- Yes, through the Exchange/Marketplace---must provide Form 1095-A
If yes, did you receive an Advance Premium Tax Credit Yes No
- Yes, from **Medicare/Medicaid**
- Yes, from **my employer**
- Yes, from **individual policy**
- No, I did not have coverage **for any months** of 2020--Are you a tobacco user? Yes No
- No, but I did have coverage **for some months** of 2020--Are you a tobacco user? Yes No
If you had *some* coverage, complete "Insurance Coverage Chart" on back

SPOUSE (If Married, Filing Jointly)

Did your spouse have qualifying health insurance coverage **ALL** 12 months of 2020

- Not applicable (Married Filing Separately or Single)
- Yes, it is the same as primary taxpayer's coverage
- Yes, but it is different than the primary taxpayer's coverage
If spouse insurance is *different* than taxpayer, complete "Insurance Coverage Chart" on back
- No, my spouse did not have coverage **for any months** of 2020
Is this spouse a tobacco user? Yes No
- No, but my spouse did have coverage **for some months** of 2020
Is this spouse a tobacco user? Yes No
If spouse had *some* coverage, complete "Insurance Coverage Chart" on back

DEPENDENTS

(Only include those which are part of your TAX HOUSEHOLD)

Did your dependent(s) have qualifying health insurance **ALL** 12 months of 2020

- Not Applicable (No Dependents)
- Yes, it is the same as primary taxpayer's coverage
- Yes, but it is different than the primary taxpayer's coverage
If dependent's insurance is *different* than taxpayer, complete "Insurance Coverage Chart" on back
- No, my dependent(s) did not have coverage **for any months** of 2020
Is this dependent a tobacco user? Yes No
- No, but my dependent(s) did have coverage **for some months** of 2020
Is this dependent a tobacco user? Yes No
If dependent had *some* coverage, complete "Insurance Coverage Chart" on back

Did any dependent in your tax household have income in 2020

- Not Applicable (No Dependents)
- No
- Yes (If yes, mark the appropriate box below)
- My dependent needs to file a return
(It is highly beneficial for you to have us file the dependent's return)
- My dependent does not typically have to file a return
(We need to review the tax documents to be sure for 2020 before we can begin your return)
- My dependent has already filed a return (NOT RECOMMENDED)
(We need to review a copy of the filed return for 2020 before we can begin your return)

Certain income for dependents must be included in the calculation for Premium Tax Credit.

We **MUST** review this income before we can proceed

Exemptions

(From The Individual Shared Responsibility Payment)

Did you qualify for an exemption?

- No
- Yes (If yes, mark the appropriate box below)
- Part of a recognized religious sect (include proof of exemption with exemption #)
 - Part of a health sharing ministry (include proof of exemption with exemption #)
 - Incarcerated (include proof)
 - Member of an Indian Tribe (include proof of exemption with exemption #)
 - Hardship Exemption (include proof of exemption with exemption #)

EXEMPTION CERTIFICATE NUMBERS

Taxpayer	
Spouse	
Dependent 1	
Dependent 2	
Dependent 3	
Dependent 4	

Insurance Coverage Chart

(Complete only if prompted from an earlier question)

Place an "X" in the box for any month with NO coverage

Individual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer												
Spouse												
Dependent 1												
Dependent 2												
Dependent 3												
Dependent 4												

Describe coverage for each individual in your tax household (Include Proof)

Individual	Type of Coverage	From (Exchange/employer/other)
Taxpayer		
Spouse		
Dependent 1		
Dependent 2		
Dependent 3		
Dependent 4		

If any individual had more than one type of coverage, or there are other situations we should be aware of, please attach additional pages as needed.

By signing below, I acknowledge that the Health Care information
I have provided is accurate and complete.

Taxpayer Signature: _____

Date: _____