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If any of the following items pertain to you or your spouse for 2020,
please check the appropriate box and provide additional information if necessary.

Taxpayer Name: _____ **Spouse Name:** _____

YES NO

- Would you and your spouse like to donate to the Presidential Election Campaign?
- Did you receive an **Identify Protection PIN (IP PIN)** from the IRS? If yes, please provide the six-digit number and a copy of the letter from the IRS, as we will need this number to file your return.
Taxpayer: _____ Spouse: _____
- Did your marital status change during the year? If yes, provide date.

- Did your address change during the year? If yes, provide current address here:

- Provide County of residence and work as of **1/1/2020**.
Taxpayer: Residence _____ Work _____
Spouse: Residence _____ Work _____
- Could you be claimed as a dependent on another person's tax return?
- Were there any changes in dependents? If yes, please provide details. For children born this year, provide:
Name _____
Date of birth _____
Social Security Number _____

- If you don't claim all your dependents every year, please list out all the dependents you are claiming on your 2020 taxes.

- Were any of your unmarried children who might be claimed as a dependent 19 or older and were not enrolled as a student in 2020? If so, please list the dependent's name.

- Did any of your dependent children under age 19 or full-time students under age 24 at the end of 2020, have interest or dividend income in excess of \$1,100 or total investment income in excess of \$2,200?

Taxpayer Name: _____

Spouse Name: _____

YES NO

- Did you receive an economic impact payment in 2020 (related to COVID-19), If yes please provide the amount _____. If you believe you were due a payment but never received one, please also note. _____
- Did you have any debt canceled, forgiven, or discharged in 2020. If so, please provide Form 1099-C "Cancellation of Debt" from the lender that forgave the debt.
- Did you receive any of the following IRS Documents? If yes, provide a copy.
Form 1095-A (Health Insurance Marketplace Statement)
1095-B (Health Coverage)
Form 1095-C (Employer Provided Health Insurance Offer and Coverage)
- Did you receive a form 1095-A and have a dependent file their own tax return? If yes, provide a copy of the return (If we did not prepare). All income for the household must be reported for insurance purchased by the Marketplace (exchange).
- Did you make contributions **other than through payroll deduction** to a health savings account (HSA)? If yes, provide Form 5498-SA showing your contribution.
- If you made contributions to a health savings account (HSA) but did not reach the maximum for the year, would you like to discuss the tax savings of maximizing your 2020 contributions before April 15th?
- Did you take any distributions from an HSA? If yes, provide Form 1099-SA.
- If you took a distribution from your HSA, was all the money used for qualified medical expenses?
- Did you pay for health insurance (other than withheld pre-tax from your paycheck)? If yes, provide annual amount paid. Taxpayer \$_____ Spouse \$_____
- Did you receive any disability income? If yes, provide Form W-2, SSA-1099 or other tax document filed with the IRS reporting your income.
- Were you or your spouse on Medicaid and living in a nursing home?
- Did you receive any unemployment compensation? If yes, provide Form 1099-G.
- Did you have an interest in, or other authority over, any foreign assets or accounts, including bank, securities, or trusts?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
- Did you receive, sell, send, exchange, or otherwise acquire cryptocurrency (such as bitcoin)?
- Did you buy or sell any stocks, bonds or other investment property? If yes, attach brokerage tax statement.
- Did you purchase, sell, or refinance your principal home or second home? If any of your mortgage interest deductions are from a home equity loan, please specify on the Form 1098.

Taxpayer Name: _____

Spouse Name: _____

YES NO

- Did you make any residential energy-efficient improvements or purchases involving geothermal heat pumps, solar panels or wind turbines? If yes, provide the energy star rating and purchase invoice.
- Did you receive a distribution from a retirement plan (401(k), IRA, etc.)? If yes, provide Form 1099-R.
- Did you receive a distribution from your retirement plan because of COVID-19?
- Did you NOT take your Required Minimum Distribution (RMDs) due to COVID-19?
- Did you make a 2020 contribution to an IRA or SEP, **other than through wage deduction at work**? If yes, please provide the date and amount paid for you and spouse, if applicable.
Be sure to list the type of contribution (Traditional IRA, ROTH IRA, SEP)

Taxpayer: Date _____ \$ _____ Type: _____
Spouse: Date _____ \$ _____ Type: _____

- Would you like to make an IRA contribution for 2020 before April 15th if you haven't already? If you answer yes, we will call you to discuss your options and potential savings.
- Did you transfer or rollover any amount from one retirement plan to another retirement plan? If yes, provide Form 1099-R.
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020? If yes, provide Form 1099-R.
- Did you make any charitable contributions directly from your retirement account? If so, provide statement from financial institution showing donated amount.
- Did you make any cash charitable contributions? If so, please provide statements/amounts below.
(For 2020 you can deduct up to \$300 of charitable contributions without having to itemize.)

- Did you pay for childcare or preschool for dependent children under the age of 13? If yes, please provide a statement with the following information or note below:
Name of Childcare Business/Individual: _____
Tax ID # / SSN: _____
Address: _____
Amount paid for each child: _____

- Did you, as a **licensed educator** (teacher, librarian, counselor, principal, superintendent or aide that worked at least 900 hrs.), spend up to \$250 on classroom supplies that was not reimbursed?
 Total unreimbursed expenses: Taxpayer \$ _____ Spouse \$ _____

If yes, were you employed by an Indiana school corporation?
 Taxpayer: Yes No Spouse: Yes No

- Did you make a charitable contribution to any Indiana college? If so, please provide a statement verifying your contribution that includes the following:
 Name of College _____ Contribution \$ _____ Date Paid _____

Taxpayer Name: _____

Spouse Name: _____

YES NO

- Did you pay rent for your residence? If yes, provide the following:
 - Total Rent paid in 2020 \$ _____
 - Number of months rented _____
 - Landlord name and address _____
 - Address of location rented _____

- Did you pay property taxes on your **principal residence**? If yes, provide amount paid:
\$ _____
(DO NOT include property tax paid on rental properties or other business assets)

- If you paid premiums for an Indiana Long Term Care Partnership Policy, please provide the total amount of premiums paid in 2020. \$ _____

- May the IRS discuss your tax return with your preparer?

- Were you notified or audited by either the Internal Revenue Service or a State taxing agency? If yes, provide a copy of the notice.

- If you would like direct deposit for a potential refund, please provide a copy of a voided check or list the following **OR** check the box with "bank information same as last year"
 - Checking Savings
 - Name of Bank _____
 - Routing Number _____
 - Account Number _____ Bank information is the same as last year – no change

- Did you make estimated tax payments quarterly? If yes, provide the date and amounts paid:
 - Quarter 1** Federal \$ _____ State \$ _____ Date Paid _____
 - Quarter 2** Federal \$ _____ State \$ _____ Date Paid _____
 - Quarter 3** Federal \$ _____ State \$ _____ Date Paid _____
 - Quarter 4** Federal \$ _____ State \$ _____ Date Paid _____

- Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust in 2020?

- Do you have a valid will in place?

- If so, has the will been updated in the last 3 years?

Taxpayer Name: _____

Spouse Name: _____

College/Private School

YES NO

- Did you pay any student loan interest? If yes, provide **Form 1098-E**
- Did you, your spouse, or a dependent pay any college expenses (including tuition, books, computer, internet) to attend a college, university or vocational school? If yes, provide a statement listing payments made for tuition and fees (even if paid from a student loan or 529 plan). List any scholarships or grants received. Also provide **Form 1098-T** from the institution.

Student's Name _____

Tuition Paid \$ _____

Required Books and Supplies \$ _____

Scholarships/Grants \$ _____ Years in College _____

Student's Name _____

Tuition Paid \$ _____

Required Books and Supplies \$ _____

Scholarships/Grants \$ _____ Years in College _____

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, provide **Form 1099-Q**.
- Did you contribute to an Indiana College Choice 529 savings plan? **If yes, please provide a statement showing your contribution and account number for each plan.**
- Were or will funds be used to pay for K-12 education?
- Were or will funds be used to pay for post-secondary school (ex, trade school, college)?
- Did you incur any educational expenditures (tuition or books) for K-12 **private school** or did you **home school** any of your dependent children? If yes, please list the child's name and the name of the private school they attended or note if you home school your children.

Child's name _____ Name of school _____

Child's name _____ Name of school _____

Child's name _____ Name of school _____

Taxpayer Name: _____

Spouse Name: _____

BUSINESS/FARM/RENTAL

YES NO

- Did you start a new business in 2020 or create any new entities (ex. LLC)?
If yes, please provide articles of organization and EIN for the LLC or information regarding the new business.
- Was your home rented out or used for business? If yes,
Business square footage _____
Home total square footage _____
- Did you use your car on the job (other than to and from work)? If yes,
Business mileage _____
Total mileage _____
Car make/model and year _____
- Did you trade in, purchase, or dispose of any business assets (equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If so, provide invoice. Use attached business asset listing (if applicable) to mark disposed items.
- Did you exclude from meals your non-deductible entertainment expense?
- Did you pay employees wages while they were on family and medical leave? If so, what amount was paid? \$_____
- Did your business (Sch C or Sch F) pay any individual \$600 or more during 2020 for services (ex. contract labor, custom hire, repairs, trucking, professional services)?
- If yes, and your business is required to file Forms 1099 did you prepare them or ask our office to prepare them? If you prepared the 1099s yourself, please provide a copy of the 1099s you filed.
- If your business has payroll and we do not prepare your W-2s, please provide a copy of your W-3 and W-2s.
- Did the business receive a PPP Loan?
- Was the PPP Loan fully forgiven? If yes, please provide documentation from bank regarding the PPP Loan being forgiven. Date of forgiveness? _____
- If you received an EIDL advance, please provide correspondence that states whether it is a loan or grant.

