Union Tax Services Tax Intake Form

FILING STATUS

☐ Single
☐ Married Filing Joint
☐ Married Filing Single
☐ Head of Household
☐ Qualifying Widower

Please contact me at (970) 616-0601 once complete. I will send you a secure Dropbox link for this form & tax docs.

ADDRESS

Street & Apt. No. ______________________________

City ______________ State __________ Zip ________

County ______________ School Code (if app) ________

TAXPAYER

Social Security Number __________________________

First ____________ MI ____ Last _______________

Email ______________________________________

Work Ph _______________ Cell/Other _____________

Date of Birth ___________ Date of Death ___________

Preferred Method of Contact ☐ Email ☐ Phone ☐ Text

Occupation __________________________________

☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

SPOUSE

Social Security Number __________________________

First ____________ MI ____ Last _______________

Email ______________________________________

Work Ph _______________ Cell/Other _____________

Date of Birth ___________ Date of Death ___________

Preferred Method of Contact ☐ Email ☐ Phone ☐ Text

Occupation __________________________________

☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)

First, Middle Initial, Last Name	Student?	D.O.B	Social Security #	Disabled?	Relationship
______________________	☐ Yes ☐ No	__________	__________________	☐ Yes ☐ No	_____________
______________________	☐ Yes ☐ No	__________	__________________	☐ Yes ☐ No	_____________
______________________	☐ Yes ☐ No	__________	__________________	☐ Yes ☐ No	_____________
______________________	☐ Yes ☐ No	__________	__________________	☐ Yes ☐ No	_____________

EMPLOYMENT & RETIREMENT INFORMATION

1. ☐ Yes ☐ No - Are you employed?
2. ☐ Yes ☐ No - Are you contributing to a 401(k), 403(b), or other pre-tax account?

STATE & OTHER

1. ☐ Yes ☐ No - Are you requesting state return(s)? If yes, what state(s): ______________________
2. ☐ Yes ☐ No - Are you requesting local, school, RITA, or county return(s)? Please Specify: ______________

E-FILE / FILING INFO - - REFUND / PMT INFO

1. How do you want any **refund** sent to you? MUST CHECK ONE

☐ Direct Deposit (few days) Routing #: ____________________ Acct #: ________________________
☐ Applied to next year's return
☐ Paper check by mail (could take several weeks)

2. Any **taxes due** may be paid by check or online along with voucher provided by tax preparer. *<u>It is the taxpayer's responsibility to make payments before tax due dates.</u>

Tax Client Income and Expense Questions

Please Note: The following worksheets are intended to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. There is a "Scan Coversheet" available by separate download that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents. The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation and avoid delays.

BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check any that apply to you OR your spouse)

1.☐ Did you change your address from last year?
2.☐ Any change in your dependents from last year?
3.☐ Did you have children under 19 (or 24 if a full-time student) who had more than $2,200 in total unearned income?
4.☐ Are all your dependents either US residents or citizens?
5.☐ Did you pay any adoption expenses?
6.☐ Did you provide over half the support for someone you aren't claiming as a dependent?
7.☐ Are you being claimed or eligible to be claimed as a dependent on someone else's return?
8.☐ Were either you or your spouse in the military or National Guard?
9.☐ Did you purchase, sell or refinance your primary residence?
10.☐ Have you been notified by the IRS of changes to a previously submitted tax return, or received any other IRS or state notices?
11.☐ Did you make any gifts over $15,000 to any individuals?
12.☐ Did you buy and/or sell any virtual currency (ie Bitcoin, Ether, Roblox, etc.)? If so, please provide all transaction details to preparer.
13.☐ Did your marital status change from the prior year?

Details: ____

INCOME

Please check any of the following that you and/or your spouse received:

01.☐ W-2 Income
02.☐ Income from loans, grants or pandemic related programs
03.☐ Interest and/or Dividends ☐ Tax exempt Interest and/or Dividends
04.☐ Taxable refunds, credits or offsets (including prior year state refunds)
05.☐ Business income (self-employment Income)
*If "yes" please fill out Schedule C worksheet and provide financials
6.☐ Stock sales (capital gains)- (**MAKE SURE ALL BASIS INFO IS PROVIDED**)

7.☐ Any other assets sold or any other gains or losses
8.☐ Rental real estate income
* If "yes" please fill out Schedule E worksheet

Amount of any passive activity loss carryforward from 2020 $_______________
09.☐ K-1's (1120S, 1065, 1041)
10.☐ Unemployment
11.☐ Social Security income
12.☐ Foreign income
13.☐ **Alimony (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony received $_______________ (rcvd from whom?)

Name/SS#____

14. ☐ Other income: Please list: ______________________________

ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse:

1.☐ Educator expenses (teaching expenses)
2.☐ Health Savings Account deductions: Out of Pocket contributions only $_____
3.☐ Moving expenses (active military only, service related)
4.☐ Contributions to SEP, SIMPLE, and other qualified plans
5.☐ Self-Employed health insurance
6.☐ IRA contributions: Roth $__________ Pre-Tax $__________
7.☐ Student loan and/or tuition & fees deduction (you or your dependents)
8.☐ **Alimony (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony paid $_______________ (paid to whom?)

Name/SS#____

TAX DEDUCTIONS AND CREDITS

For the following, please check any of the following that apply:

01.☐ Itemized deductions
*if "yes" please fill out a Schedule A worksheet
02.☐ Energy efficiency related upgrades/repairs
03.☐ Oil & Gas investments credits
04.☐ Other tax shelters or credits
05.☐ Child care expenses paid $_______________

Provider name:______________________________

Address:______________________________

Provider EIN:______________________________

ESTIMATED PAYMENTS MADE ON RETURN (or refunds from a prior year applied to current)

$___________ Fed ___________ Date _____ Qtr
$___________ Fed ___________ Date _____ Qtr
$___________ Fed ___________ Date _____ Qtr
$___________ Fed ___________ Date _____ Qtr
$___________ State ___________ Date _____ Qtr
$___________ State ___________ Date _____ Qtr
$___________ State ___________ Date _____ Qtr
$___________ State ___________ Date _____ Qtr

TAX Client Schedule A Info

Fill out COMPLETELY or check ☐ "N/A". Include any back-up documents under Scan Coversheet

Medical Expenses	**Current Year**
Medical & Dental Expenses	$______________________________
Medical Insurance Premiums Paid	$______________________________
Long Term Care Premiums	$______________________________

☐ Yes ☐ No Fed Deductible? ☐ Yes ☐ No State Deductible? ☐ Yes ☐ No Not Qualified but Grandfathered Deductible?

Prescription Drugs and Medications	$______________________________
Medical Miles Driven	______________________________

Tax Expenses*	**Current Year** * Effective 1/1/2018, Total Tax deduction limited to $10,000
State/Local Income Taxes Paid	
(Other Than those on W-2s, 1099s, Etc.)	$______________________________
2020 State Income Taxes Paid in 2021	$______________________________
Real Estate Taxes	$______________________________
Personal Property Taxes	$______________________________
Qualified New Vehicle Taxes	$______________________________
Additional State or Local/Taxes	$______________________________
Other Taxes: ________________________	$______________________________

Interest Expense	**Current Year**
Home Mortgage Interest reported on form 1098	$______________________________ Include Form under Scan Cover Sheet
Date Mortgage Contracted*	____________________ **(Only needed for jumbo mortgages over $750,000)**
Date Mortgage Closed*	____________________ **(Only needed for jumbo mortgages over $750,000)**
Home Mortgage Interest paid to others	$______________________________
HELOC Interest Used for Home Improvement	$______________________________
Refinancing Points Paid in 2021	$______________________________
Investment Interest (other than K-1)	$______________________________

☐ Yes ☐ No Would you like to learn how to pay off your mortgage early?

Contributions	**Current Year**
Cash Contributions (**above $300/600 taken on 1040**)	$______________________________
Non-Cash Contributions	$______________________________
Volunteer Mileage Driven	______________________________

Casualty & Theft Losses – Related to Federally-declared Disaster ONLY

If you had any casualty or theft losses during the year, please provide detail below: Including date, description, amount of casualty or loss, any insurance reimbursement and basis in the property.

____

____

Tax Client Schedule C Info - One Form Per Business

Fill out COMPLETELY or check ☐ "N/A". Use a separate Worksheet for EACH Schedule C.*****Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next ______ pages" and stack under this page. If not available, please use the input sheet below.***

Business Info: (Required for all)

☐ Taxpayer or ☐ Spouse

Address of Business: ______________________________
____

Name of Business: _________________________

Business Code: ______________________________

EIN Number (If any): _________________________

Date Business Started: ______________________________

Accounting Method

☐ Cash
☐ Accrual
☐ Other(Specify): _____________________

☐ Yes ☐ No Do you do your own books/accounting
☐ Yes ☐ No Would you consider outsourcing to us?
☐ Yes ☐ No Are you a specified Service Trade or Business (eg: attorneys, accountants, doctors, etc.)

General Questions: (Required for all)

☐ Yes ☐ No Are you claiming use of a home office? *If yes, please include Home Office Deduction Worksheet*

☐ Yes ☐ No Do you have depreciable assets? *If yes, please provide a detailed depreciation schedule*

The Schedule should include: (Prior year detail is preferred):

A. Asset Description
B. Date Placed in Service
C. Cost
D. Accumulated Depreciation
E. Method of Depreciation and Years

☐ Yes ☐ No Self-Insured Health Insurance Deduction? *If yes, how much did you pay?* $______________

Vehicle Information: Year/Make/Model: ___________________________________ Date Placed in Service: _____________

Total miles driven: _____________ Business miles: _____________ Commuting miles: _____________

Income Questions: (Required if no P&L or Trial Balance Available)

☐ Yes ☐ No Do you know what your business is worth?
☐ Yes ☐ No Would you like to know?
☐ Yes ☐ No Was any revenue received from PPP/SBA type loans? ☐ Yes ☐ No Included Above?

Total Sales: $______________
Other Income: $______________
Amount: $______________

Cost of Goods Sold: (Required if no P&L or Trial Balance Available)

☐ Yes ☐ No Do you have employees other than yourself?
☐ Yes ☐ No Do you use subcontractors?
☐ Yes ☐ No Do you do your own payroll?
☐ Yes ☐ No Would you consider outsourcing payroll to us?

Beginning Inventory: $______________
Purchases: $______________
Cost of Labor: $______________
Materials and Supplies: $______________
Ending Inventory: $______________

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising:	$______________	Legal & Professional:	$______________	Travel:	$______________
Auto Expenses:	$______________	Office Expense:	$______________	Meal (Client/Prospect):	$______________
(Other than Mileage):	$______________	Wages to Self:	$______________	Utilities:	$______________
Commissions:	$______________	Wages to Children:	$______________	Other (List Below):	$______________
Contract Labor:	$______________	Wages to Others:	$______________	a.) _________________:	$______________
Depletion:	$______________	Pension/Prof Sharing Plans:	$______________	b.) _________________:	$______________
Depreciation (Need Sched):	$______________	Rent or Lease:	$______________	c.) _________________:	$______________
Employee Ben Programs:	$______________	a.) Vehicles, Machinery	$______________	d.) _________________:	$______________
Insurance (NOT Health):	$______________	b.) Other:	$______________	e.) _________________:	$______________
Interest:	$______________	Repairs & Maintenance	$______________	f.) _________________:	$______________
a.) Mortgage:	$______________	Supplies:	$______________	g.) _________________:	$______________
b.) Other:	$______________	Taxes & Licenses:	$______________	h.) _________________:	$______________

Tax Client Home Office Deduction Info

Note: Effective 2018, Home Office Deduction is available only to self-employed.
Fill out COMPLETELY or check ☐ "N/A".

General

Date home was first used for business: ________________________

Square Footage of Area Used for Home Business: ________________________

Total Square Footage of the Home: ________________________

Simplified Option

The IRS now allows an optional standard $5 per square foot deduction (maximum 300 square ft)
If you would like to choose this option rather than Standard Option, enter the necessary info below, otherwise, skip this section and complete the Standard Option section below.

☐ Yes ☐ No I would like to use the "Simplified Option" to claim my Home Office Deduction

Total square feet claimed for Home Office (cannot exceed 300 sq ft): _____________________

See: https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction for further information regarding Home Office Deduction

--OR--

Standard Option – Deduction Expenses	Current Year
Casualty Losses:	$______________
Deductible Mortgage Interest:	$______________
Real Estate Taxes:	$______________
Insurance:	$______________
Rent:	$______________
Repairs and Maintenance:	$______________
Utilities:	$______________
Other: _________________	$______________
Other: _________________	$______________
Other: _________________	$______________
Other: _________________	$______________

Depreciation:

☐ Yes ☐ No Do you have depreciable assets?

If yes, describe: ____

Additional Questions/Information

☐ Yes ☐ No Are you being forced to work from home by your employer for pandemic related reasons?

Describe anything unique that the tax preparer should know about your situation: ________________________________

____

____

____

TAX Client Schedule E info-One Page Per Property

Fill out COMPLETELY or check ☐ "N/A". Use a separate worksheet for EACH property

General: (Required for all)

Property Description: ____________________ ☐ Taxpayer ☐ Joint - Owner of Property

Address: ________________________________

City: ____________ State: _____ Zip: ________

General Questions:

1.☐ Yes – Check for Active Participant

2.☐ Yes – Check if property was used for personal use by you or your family for more than 14 days or 10% of the total rented days

If checked, enter the number of days for personal use: ____________

If checked, enter the number of days rented: ____________

Questions Related to Rental of Your Personal Dwelling (**Airbnb, VRBO, etc.)**

If only a portion of the dwelling is rented out:

1a. Enter number of rooms, OR square footage of area rented: _________________ ☐ Rooms ☐ Sq Ft (Check one)

1b. Enter total number of rooms OR total square footage of dwelling: _________________ ☐ Rooms ☐ Sq Ft (Check one)

2. Repairs/Supplies* related directly to area being rented (can deduct all): $ _____________

*Do NOT include these again in Repairs/Supplies below

3. Rent you paid (if you rent rather than own the dwelling you're renting out): $_____________

Income:	**Current Year**	
Rents Received	$ _____________	
Royalties	$ _____________	
Income received from PPP/SBA type loans	$ _____________	☐ Yes ☐ No Included Above?

Property Expense: **Current Year**

Note: IF printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below.

Advertising	$ _____________
Cleaning/Maintenance	$ _____________
Commissions	$ _____________
Insurance	$ _____________
Legal and Other Professional	$ _____________
Management Fees	$ _____________
Qualified Mortgage Interest	$ _____________
Other Interest	$ _____________
Repairs	$ _____________
Supplies	$ _____________
Real Estate Taxes	$ _____________
Other Taxes	$ _____________
Utilities	$ _____________
Other:	$ _____________
______________	$ _____________
______________	$ _____________
______________	$ _____________

Assets:

Existing Assets: Please provide a detailed depreciation schedule. The schedule should include: a) Asset Description b) Date Placed in Service c) Cost d) Accumulated Depreciation e) Method of Depreciation and Years

Description: _______________________________ Date Placed in Service: _____________ Purchase Amount: $_____________

Description: _______________________________ Date Placed in Service: _____________ Purchase Amount: $_____________

Description: _______________________________ Date Placed in Service: _____________ Purchase Amount: $_____________