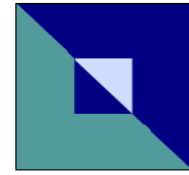


# L.R. Bult & Associates, Ltd.

Certified Public Accountants

1467 Ring Road, Calumet City, IL 60409

Tel: (708) 862-9400 Fax: (708) 862-1099 www.lrbult.com



## Client Questionnaire - 2020 Tax Return

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer.

Forms such as:

W-2 (Wages)  
1099-R (Retirement)  
1099-INT (Interest)  
1099-DIV (Dividends)  
1099-B (Brokerage Sales)  
Annual Brokerage statements (and revised)

W-2G (Gambling Winnings)  
1099-MISC (Rents, etc.)  
1099-G (Unemployment)  
1099 (any other)  
1098 - Mortgage Interest  
1098-T (Education)

1095 (Health Insurance)  
HUD-1 (Real Estate Sales/Purchases)  
Schedules K-1  
Charitable Contribution Statements  
Other Tax information statements  
Economic Impact Payment Notices 1444 & 1444-B

PERSONAL INFORMATION		FILL OUT ONLY IF YOU ARE A NEW CLIENT OR ANY INFORMATION HAS CHANGED FROM PREVIOUS YEAR:			
Name		Social Security	Date of Birth	Occupation	
Taxpayer					
Spouse					
Street Address		City		State	Zip
FILL OUT ONLY IF YOU ARE A NEW CLIENT OR ANY INFORMATION HAS CHANGED FROM PREVIOUS YEAR:					
**Taxpayer Drivers License or State ID #		State:	Date Issued:	Expires:	E-mail Address:
					Phone Number: Please Circle One- Cell, Home, Work
**Spouse Drivers License or State ID #		State:	Date Issued:	Expires:	Email Address:
					Phone Number: Please Circle One- Cell, Home, Work

\*\*Refunds may be delayed without ID information.

Taxpayer/Spouse	
Blind	<input type="checkbox"/>
Disabled	<input type="checkbox"/>

FILL OUT ONLY IF YOU ARE A NEW CLIENT OR ANY INFORMATION HAS CHANGED FROM PREVIOUS YEAR:				
Dependents Name (First, Last)	Relationship	Social Security #	Date of Birth	Disabled

Please answer the following questions to determine maximum deductions:

DEPENDENT INFORMATION	Please Circle
Did your marital status change during the year (by December 31, 2020)?	Yes No Not Sure
Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?	Yes No Not Sure
Did you or your spouse retire or change jobs in 2020?	Yes No Not Sure
Were there any changes in dependents from the prior year?	Yes No Not Sure
<i>If yes, explain: _____</i>	
Did you have any children under the age of 19, or a full-time student under age 24 with unearned income of more than \$2,100?	Yes No Not Sure
Do you have dependents who must file a tax return?	Yes No Not Sure
Did you have any dependent care costs?	Yes No Not Sure

HEALTH INSURANCE	Please Circle
Did you and all members of your household maintain minimum health care coverage for all months of 2020?	Yes No Not Sure
Did you or any member of your family enroll in health insurance coverage through the Health Insurance Marketplace at healthcare.gov under the Affordable Care Act? If yes, enclose Form 1095-A, Health Insurance Marketplace Statement.	Yes No Not Sure
Do you currently have a Health Savings Account?	Yes No Not Sure

INCOME INFORMATION	Please Circle
Did you receive unemployment?	Yes No Not Sure
Did you have gambling winnings or losses this past year?	Yes No Not Sure
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly?	Yes No Not Sure
Did you receive any disability income during the year?	Yes No Not Sure
Did you receive economic impact payments in 2020 & 2021 (related to COVID-19)?	Yes No Not Sure
<i>If yes, please provide the amount EIP #1 from IRS Notice 1444 _____ EIP #2 from Notice 1444-B _____</i>	
Did you receive, sell, send, exchange, or acquire any Virtual Currency?	Yes No Not Sure
Did you receive any other income?	Yes No Not Sure

**(CONTINUE ON BACK)**

PURCHASES, SALES, DEBT INFORMATION	Please Circle
Did you sell, exchange, or purchase any real estate during the year? .....	Yes No Not Sure
Did you acquire or dispose of any stock during the year? .....	Yes No Not Sure
Did you sell an existing business, rental, or other property this year? .....	Yes No Not Sure
Did you have any debts canceled or forgiven this year, such as a home mortgage, credit cards, or student loan(s)? .....	Yes No Not Sure
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? .....	Yes No Not Sure
Did you go through bankruptcy proceedings? .....	Yes No Not Sure

ITEMIZED DEDUCTION INFORMATION	Please Circle
Did you make any cash charitable contributions? .....	Yes No Not Sure
<i>If yes, please provide the amount</i> .....	
Did you make any noncash charitable contributions (clothes, furniture, etc.)? .....	Yes No Not Sure
Did you make any major purchases during the year (cars, boats, etc.)? .....	Yes No Not Sure
Did you pay property tax this year? .....	Yes No Not Sure
Did you pay mortgage interest? .....	Yes No Not Sure
Did you incur expenses as a K-12 educator? .....	Yes No Not Sure

MISCELLANEOUS INFORMATION	Please Circle
Did you give a gift of more than \$15,000 to one or more people? .....	Yes No Not Sure
Did you install any energy efficient improvements to your main residence (new construction and rentals do not apply) such as biomass stoves; generators; or fuel cells; or energy efficient improvements such as exterior windows, doors, and skylights; roofs; insulation; air source heat pumps; gas; propane or oil furnaces and fans; central air conditioners; or tankless water heaters (Partially Expired)? .....	Yes No Not Sure
Do you have a foreign bank account, trust, or business? .....	Yes No Not Sure
Did you have a financial interest in foreign financial assets? .....	Yes No Not Sure
Do you owe back child support or any other debts that could affect your return? .....	Yes No Not Sure
Do you have any unpaid sales/use tax for tax year 2020 (such as from goods you purchased online or from a catalog)? .....	Yes No Not Sure
Did you make any estimated tax payments for the 2020 tax year? .....	Yes No Not Sure
<i>If yes, please provide the payment dates &amp; amounts</i> .....	

EDUCATION INFORMATION	Please Circle
Did you have any educational expenses during the year on behalf of yourself, spouse, or a dependent(s)? .....	Yes No Not Sure
Did you pay interest on a student loan for yourself, your spouse, or your dependent(s) during the year? .....	Yes No Not Sure
Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? .....	Yes No Not Sure
Did you cash any U.S Savings Bonds Series EE and/or I ? .....	Yes No Not Sure

DIRECT DEPOSIT OR REFUND	Please Circle
Would you like to have your refund(s) directly deposited into your account? .....	Yes No Not Sure

FILL OUT ONLY IF YOU ARE A NEW CLIENT OR ANY INFORMATION HAS CHANGED FROM PREVIOUS YEAR:

**ACCOUNT:**

Name of Financial Institution- \_\_\_\_\_

Name on Account- \_\_\_\_\_

Financial Institution Routing Transit Number- \_\_\_\_\_

Your Account Number- \_\_\_\_\_

Type of Account-  Checking  Traditional Savings  Other *Please Specify* \_\_\_\_\_

We will prepare your 2020 Federal and State income tax returns using information you provide to us. We may ask for clarification of some items, but will not audit or otherwise verify the data to discover errors or omissions, should any exist. We will perform accounting services only as needed to prepare your tax returns and will not verify or audit your records. In instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select. The following Questionnaire will help organize important information in order to facilitate an efficient preparation of your return.

To the best of my knowledge the information enclosed in this client tax organizer is correct includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date