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New Client: \_\_\_\_\_

## 2020 Tax Year Questionnaire

Please complete the following information so we may update our records and assist you with your income tax preparation.

**Are you:**  Single  Married  Divorced  Legally Separated  Widowed

Last Name		First Name			MI
Social Security Number			Date of Birth		
Occupation		Address (City, State and Zip)		Cell Phone	
Email Address			Health Insurance Coverage <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL YEAR <input type="checkbox"/> ALL YEAR		
<b>Type of Income</b>	<b>Yes</b>	<b>No</b>	<b>Type of Income</b>	<b>Yes</b>	<b>No</b>
Wages or Salaries (W-2 form)			Self-Employment (1099-MISC, 1099-NEC) If yes, please see self-employment expense questionnaire		
Disability or Workers Comp (1099-R)			Social Security or Railroad Retirement Benefits (Form SSA-1099, RRB-1099)		
Unemployment Compensation (Form 1099-G)			Interest/Dividends (1099-INT, 1099-DIV)		
Retirement income or payments from Pensions, Annuities, and/or IRA (Form 1099-R)			Refund of state/local income taxes (1099-G)		
Any other type of income not listed above (tips, gambling winnings, stocks, bonds, trust income, scholarships, jury duty, etc)?			If yes, please list		

### **Spouse Information:**

Last Name		First Name			MI
Social Security Number			Date of Birth		
Occupation		Address:		Cell Phone	
Email Address			Health Insurance Coverage <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL YEAR <input type="checkbox"/> ALL YEAR		
<b>Type of Income</b>	<b>Yes</b>	<b>No</b>	<b>Type of Income</b>	<b>Yes</b>	<b>No</b>
Wages or Salaries (W-2 form)			Self-Employment (1099-MISC, 1099-NEC) If yes, please see self-employment expense questionnaire		
Disability or Workers Comp (1099-R)			Social Security or Railroad Retirement Benefits (Form SSA-1099, RRB-1099)		
Unemployment Compensation (Form 1099-G)			Interest/Dividends (1099-INT, 1099-DIV)		
Retirement income or payments from Pensions, Annuities, and/or IRA (Form 1099-R)			Refund of state/local income taxes (1099-G)		

Any other type of income not listed above (tips, gambling winnings, stocks, bonds, trust income, scholarships, jury duty, etc)?			If yes, please list
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**Dependent Information:** Please list names of everyone who lived with you during last year and anyone you may have supported who did not live with you (except spouse). Proof of support may be required.

**Can you be claimed as a dependent by another taxpayer? \_\_\_ Yes \_\_\_ No**

Last Name		First Name				MI		
Social Security Number		Date of Birth		Son/Daughter/Other				
<b>Is above dependent covered by health insurance?</b>	Yes	No	<b>Disabled?</b>	Yes	No	<b>Full-time Student?</b>	Yes	No

Last Name		First Name				MI		
Social Security Number		Date of Birth		Son/Daughter/Other				
<b>Is above dependent covered by health insurance?</b>	Yes	No	<b>Disabled?</b>	Yes	No	<b>Full-time Student?</b>	Yes	No

Last Name		First Name				MI		
Social Security Number		Date of Birth		Son/Daughter/Other				
<b>Is above dependent covered by health insurance?</b>	Yes	No	<b>Disabled?</b>	Yes	No	<b>Full-time Student?</b>	Yes	No

**2020 Questions:** Please take a moment and answer the following questions.

**Did you make any estimated tax payments for 2020? \_\_\_ Yes \_\_\_ No**

	Yes	No		Yes	No
Did your marital status change from last year? If yes, explain below.			Did you make or intend to make by April 15, 2020 any IRA or ROTH IRA contributions for 2020?		
Were you or your spouse permanently and totally disabled last year?			Did you convert any IRAs into ROTH IRAs?		
If filing Head of Household, provide name & address of other parent below.			Did you make any Keogh, SIMPLE, SEP or 401k contributions thru your business? If yes, please see self-employment expense questionnaire		
Did you pay or receive alimony or spousal maintenance? For divorce agreements signed on or before 12/31/2018			Did you pay any mortgage interest? (Form 1098)		
Do you have children under age 18 (or FT students age 19-23) with investment income greater than \$2,000?			Did you contribute to a Health Savings Account?(Forms 5498-SA, 1099-SA, W2 with code W in box 12)		
Do you have dependents who must file?			Did you make any major purchases during 2020 (car, boat, etc)?		
Did you provide over half the support for any other person not listed above during last year?			Did you make any out of state purchases and not pay sales tax?		

**2020 Questions: cont.**

	Yes	No		Yes	No
Did you pay for child care while you worked or looked for work, or as a full-time student?			Did you pay for any medical & dental expenses (including insurance premiums)?		
Did you pay any tuition or education expenses for yourself, spouse or your dependents? (Form 1098-T)			Did you pay any taxes (state, real estate, personal property, sales)?		
Did you pay any student loan interest? (Form 1098-E)			Did you pay for supplies used as an eligible educator such as a teacher or teacher's aide?		
Did you buy, sell, or refinance a principal residence or other real property last year? If <b>yes</b> , include closing or escrow statements.			Did you adopt a child?		
Did you make any energy efficient improvements to your main home?			Did you or your dependents have ownership interest in any partnerships, LLC or corporations?		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency? For example, bitcoin			Did you work from a home office or use your car for business? <i>If so, please provide beginning and ending mileage for year.</i>		
Did you have any debts forgiven? (Forms 1099-C, 1099-A)			Has your Earned Income Credit or any part of it been disqualified in a prior year?		
Did you purchase an alternate fuel vehicle?			Did you make gifts of more than \$15,000 to any individual?		
Did you purchase & install energy-efficient home items?			Did you receive the First Time Homebuyers Credit in 2008?		
Did you have health coverage through the Marketplace (Exchange)? (Form 1095-A)			Did you receive an Economic Impact Payment (stimulus) in 2020?		

**Please provide explanations to the above questions here or any additional information deemed necessary.**

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**Direct Deposit Information:** Please provide a voided check or banking information below if you want any refunds to be directly deposited. **PLEASE DOUBLE CHECK ALL NUMBERS**

**BANK NAME:** \_\_\_\_\_ **ROUTING #:** \_\_\_\_\_  
**ACCOUNT NUMBER:** \_\_\_\_\_

**Representation and Payment Terms:**

We will prepare your federal and all state income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns. We will use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. The law imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, let us know.

Payment is due when services are rendered. We accept cash, money orders, CashApp, PayPal, Visa, MasterCard and Discover.

By signing below, I agree that the information I included on this form and all other documentation provided to Slaughterhouse Tax Consultants are true and accurate to the best of my knowledge and that I have all documentation for the deduction information that I provided to Slaughterhouse Tax Consultants. Furthermore, I agree to the payment terms as stated above. I also understand that I am responsible for any additional costs incurred in collection actions that result from non-payment for services rendered.

I have read the above Representation and Payment Terms and I understand and agree to them.

Signature \_\_\_\_\_

Date \_\_\_\_\_