

Trinity Global Financial Group, PLLC  
 267 John Knox Road Suite 212  
 Tallahassee, FL 32303  
 850-877-9461 Office  
 850-792-2785 Fax

## 2020 Personal Data

Filing Status:				
Taxpayer Name	SSN	<b>We MUST have the entire SSN for the taxpayer</b>		
Spouse Name	SSN			
Address to use on tax return	Apt No.	City	State	Zip
<p><b>NOTE:</b> If the address ABOVE does NOT reflect your actual state of residence (using a family/friend's mailing address) we <b>MUST</b> have your state of residence to properly file your return. Enter ACTUAL STATE OF RESIDENCE (if different): <span style="float: right;">DO YOU NEED A CITY/LOCAL TAX RETURN EXTENSION FILED? SEE NOTE BELOW ABOUT EXTENSIONS.</span></p>				
<p><b>As part of the ID theft protection process states are <b>requiring</b> a driver's license number on the return. Please send a copy of your current US licenses. WE MUST HAVE FRONT AND BACK OF NEW YORK STATE LICENSES!</b></p>				
ONLY If your address for the tax return is a foreign country provide foreign:		State/Province	Country	Postal Code
<b>MAKE NO ENTRY HERE IF YOUR ADDRESS ABOVE IS IN THE US.</b>				
Taxpayer		Spouse		
Date of Birth		Date of Birth		
Occupation		Occupation		
Daytime Phone	Ext	Daytime Phone	Ext	
Evening Phone	Ext	Evening Phone	Ext	
Cell Phone	Foreign Phone			
E-mail		E-mail		
US Citizen? YES If not, what country?		US Citizen? YES If not, what country?		
Credentialed? If YES, are you receiving a housing allowance? Form 4361 Exempt from SS/SE tax on file with IRS?		Credentialed? If YES, are you receiving a housing allowance? Form 4361 Exempt from SS/SE tax on file with IRS?		
Full Time Student Blind		Full Time Student Blind		
Do you want \$3 to go to the Presidential Election Campaign Fund		Does spouse want \$3 to go to the Presidential Election Campaign Fund		
Did you purchase health care insurance for yourself, or any family member/dependent through a state or federal marketplace/exchange? YES If yes, we <b>MUST HAVE</b> all forms 1095A.				
Do you need information helpful in completing the FAFSA application? We will send your FAFSA data once your return has been efiled. <b>Note that the for the 2021 school year FAFSA data is from your 2019 return so you may already have this information in your records.</b>				
DID you have a financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, trust, or other type of foreign financial account where the combined highest balance of all accounts is \$10,000 or more? <b>You MUST complete and return the last four pages as appropriate for your situation by MARCH 31, 2020 to ensure timely filing.</b>				
<b>DUE DATES and ESTIMATED PAYMENTS:</b> Federal returns are due on April 15 <sup>th</sup> of each year. If you are living <b>outside</b> the United States <b>ON APRIL 15TH</b> , you have an automatic extension to file until June 15 <sup>th</sup> without any action needed on your part. If you are unable to file by the applicable date you <b>MUST</b> apply for an extension. Please note that <b>we only apply for an extension if you contact us or if we have received your tax questionnaire and are not able to complete the return by the due date.</b> State returns are due on April 15 <sup>th</sup> and generally follow the federal extension dates however some states do not. When you ask us to apply for an extension we will include the state extension if we know your state of residence. Please note that most states will only grant the extension if you have paid 90% of the state tax due on the return by the original due date of April 15 <sup>th</sup> . Estimated payments are due on the 15 <sup>th</sup> day of April, June, September and January the following year. Most states require that you make payments to cover your estimated tax liability. <b>If you have not made the required payments and file after the due date, even if you have applied for an extension of time to file, you will usually be penalized.</b> We will be glad to provide you with help calculating estimated payments and provide payment vouchers upon request.				
I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2020 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. <b>If this document is submitted by email or via your secure portal, the email/upload will serve as electronic signature.</b>				
Taxpayer Signature	Date	Spouse Signature	Date	

Taxpayer Name:

SSN:

\*\*\* SEE NOTES AT BOTTOM\*\*\*

# Dependents

\*\*\* SEE NOTES AT BOTTOM\*\*\*

<b>First Name</b>	Initial	Last Name	Suffix
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SSN	Relationship	Number of months lived with you in 2020
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Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> <b>Do you want RLE to prepare a return for this income?*</b>
---------------	--

Child care expenses incurred and paid in 2020 \*\*

<b>First Name</b>	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2020
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> <b>Do you want RLE to prepare a return for this income?*</b>
---------------	--

Child care expenses incurred and paid in 2020 \*\*

<b>First Name</b>	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2020
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> <b>Do you want RLE to prepare a return for this income?*</b>
---------------	--

Child care expenses incurred and paid in 2020 \*\*

<b>First Name</b>	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2020
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> <b>Do you want RLE to prepare a return for this income?*</b>
---------------	--

Child care expenses incurred and paid in 2020 \*\*

<b>First Name</b>	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2020
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> <b>Do you want RLE to prepare a return for this income?*</b>
---------------	--

Child care expenses incurred and paid in 2020 \*\*

\* If you choose to have RLE prepare your dependent's return please forward a copy of their W-2 and/or 1099 documents. If NOT, be sure the dependent does NOT claim themselves as an exemption on their return.

\*\* Provide the name, address and EIN or SSN for child care provider. Use last page for notes if needed.

NOTE: If you qualified for Earned Income Credit in 2019 please provide documentation to prove the child's residence during 2020 include medical records, school records, day care records, etc.

Taxpayer Name:

SSN:

<b>ESTIMATED TAX PAID</b>	<b>Amount Paid To IRS</b>	<b>Date Paid</b>	<b>Amount Paid To State</b>	<b>Date Paid</b>	<b>Amount Paid To Local</b>	<b>Date Paid</b>
2019 overpayment applied to 2020 taxes						
1 <sup>st</sup> Qtr 2020 payment (was due 4/15/2020)						
2 <sup>nd</sup> Qtr 2020 payment (was due 6/15/2020)						
3 <sup>rd</sup> Qtr 2020 payment (was due 9/15/2020)						
4 <sup>th</sup> Qtr 2020 payment (was due 1/15/2021)						
Total						

The quarterly payments for HQ will appear on your June, July\*\*, September 2020 and January 2021 statements as a transaction in your class (05) shown as CK UNITED STATES TREASURY Be sure to forward your statements to us for verification. We will ALSO NEED YOUR DECEMBER 2020 STATEMENT!

### **PDF FORMAT IS PREFERRED**

**\*\*NOTE THAT FOR 2020, THE MONTHLY STATEMENTS THAT SHOW YOUR QUARTERLY ESTIMATED PAYMENTS IS CHANGED**

#### **IF YOU ARE DUE A REFUND INDICATE HOW IT SHOULD BE HANDLED**

Apply overpayment to your 2021 estimated taxes

Direct deposit to your checking/savings account (enclose a voided check)

Paper check in the mail to the address on your return

**Did you receive, sell, send, exchange or otherwise acquire any financial interest in any VIRTUAL CURRENCY (Bitcoin, etc.)?      YES      NO**



Protection Plus is the leading provider of audit assistance and identity theft restoration services in the tax industry. For a one-time fee of \$59.95 at the time of tax preparation, their experienced professionals will provide assistance with a multitude of IRS issues and provide identity restoration services in the event your identity is compromised. The audit assistance will provide coverage on your 2020 federal tax return for three years, and the identity theft restoration services for a full year. We are recommending that all of our clients add this valuable service to their tax preparation this year.

Mark this box to authorize the inclusion of this valuable service with your return preparation.

Taxpayer Name:

SSN:

# Income

**PLEASE ENCLOSE ALL FORMS 1099 AND W-2**

EMPLOYER

JOB TITLE

GROSS EARNINGS

Taxpayer

Spouse

W2 & 1099 attached YES  NO  If no, please provide explanation on comments page of questionnaire.

## SOCIAL SECURITY BENEFITS

1099SSA attached YES  NO

Taxpayer

Spouse

Net benefits (1099SSA Box 5)

MEDICARE Premiums (1099SSA Box 3, Part B, C&D)

Income tax withheld (1099SSA Box 6)

## IRA/MBA DISTRIBUTIONS 1099R attached Yes No Was any portion rolled over? Yes No

PAYER'S NAME

TAXPAYER AMOUNT

SPOUSE AMOUNT

## INTEREST INCOME Interest earned on accounts held in foreign banks must be reported 1099INT attached Yes No

PAYER'S NAME

AMOUNT

## DIVIDEND INCOME 1099DIV attached Yes No

PAYER'S NAME

Ordinary Dividends

Qualified Dividends

Capital Gains Distribution

Taxpayer Name:

SSN:

**RENTAL INCOME & EXPENSE** 1099M attached Yes  No

Kind of Property & Address	Dates available for rent	Rent paid at less than fair rental value?	Rent to a relative?	Did you participate in management of property?
A		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Property A	Property B	Property C	Property D	Property E	Property F
Total Rent Received						
Advertising						
Auto & Travel						
Cleaning & Maintenance						
Insurance						
Legal & Professional Fees						
Management Fees						
Mortgage Interest to Banks						
Other Interest						
Repairs						
Supplies						
Taxes						
Utilities						
Other: (please list detail)						
Original Cost:						
Date Acquired:						

**OIL/GAS ROYALTY INCOME & EXPENSE** 1099M attached Yes  No

Payer Name	Amount	Taxes Paid	Other Expenses

**ROYALTIES, PARTNERSHIPS, TRUSTS & ESTATES**

Royalties (Copyrights & Patents) <u>Please attach all Forms 1099</u>	
Royalties (Authors, Artists, etc.) <u>Please attach all Forms 1099</u>	
Did you own an interest in one or more partnerships in 2020? <u>Please attach all Schedules K-1</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive income from a trust or estate in 2020? <u>Please attach documentation</u>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Taxpayer Name:

SSN:

**PROFESSIONAL EXPENSES Provide NAME of Business**

Describe nature of business:

DO NOT LIST EXPENSES FOR WHICH YOU HAVE BEEN OR WILL BE REIMBURSED

ITEMS NORMALLY 100% BUSINESS USE		ITEMS NEEDING ALLOCATION		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	BUS. %
Credential and Professional Dues:		Repairs on professional equipment:		
Supplies for business purposes:		Credit card fees:		
Out of town travel (other than meals):		Internet & e-mail charges:		
Meals:		Cell phone charges:		
Periodicals & one-read books (no newspapers):		Computer software:		
Reference books for your library:				
Long distance calls for business purposes:				
Newsletters:				
Postage for business purposes:				
Gifts for business purposes:				
Professional education:				

**VEHICLE INFORMATION**

\*Do **NOT** list STL vehicles or vehicles which were **NOT** used for business. (STL vehicles used in the US MAY qualify to be listed here)

\*Do list non-STL vehicles which were used for business even though AGWM reimbursed you.

\*For rented or borrowed vehicles, we **MUST** have actual expenses as well as the mileage.

Needed Data	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year and make of vehicle				
Date vehicle FIRST PUT INTO SERVICE FOR BUSINESS USE:				
Purchase price				
Owned, rented, leased, lease-purchase or borrowed				
Was vehicle used on the field?				
For personally owned on field vehicles, \$ amount you were reimbursed for fuel & other expenses.				
Business miles driven in 2020				
Personal miles driven in 2020				
Do you have written records of the above mileage?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Vehicle rental or lease payments				
Gas, oil, repairs, insurance, washes, etc.				
Total \$ amount of interest paid on vehicle loans				
Property taxes on vehicle				
Date sold & selling price (if sold)				
Was car sold to relative (if sold)				
Do you have another vehicle available for personal use that is not listed above?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>

Taxpayer Name:	SSN:
<b>DO NOT COMPLETE THE HOUSING INFORMATION UNLESS YOU ARE CREDENTIALLED AND RECEIVING A HOUSING ALLOWANCE.</b>	

U.S. HOUSING EXPENSES (ACTUAL EXPENSE)			
For Home You <u>LIVED IN</u> RENTED		For Home You <u>LIVED IN</u> OWNED	
Rent paid		Total mortgage payments (principle, interest, property tax and insurance)	
Utilities [electricity, gas, water, trash pickup, local telephone service, internet and cable (no cellphones)]		Down payment made in 2020	
Furnishings, appliances, bedding, utensils, etc.		Utilities [electricity, gas, water, trash pickup, local telephone service, internet and cable (no cell phones)]	
Repairs and maintenance (including tools and materials for DIY)		Furnishings, appliances, bedding, utensils, etc.	
		Repairs and maintenance (including tools and materials for DIY)	

Fair rental value of home you OWNED and lived in	
Fair rental value of U.S. housing provided to you free of charge	
U.S. Housing allowance declared	

FIELD HOUSING (SHELTER) <small>*Do NOT add items here that were not included in your quarterly reports.</small>	1 <sup>st</sup> Quarter Budget Report	2 <sup>nd</sup> Quarter Budget Report	3 <sup>rd</sup> Quarter Budget Report	4 <sup>th</sup> Quarter Budget Report
Rent paid				
Utilities (electricity, gas, water, trash pickup)				
Repairs and maintenance				
Totals				

RESIDENCY INFORMATION (if you were permanently based in the U.S. for all of 2020, you may skip this section.)			
If you are in the U.S., give date you will be leaving for the field and phone # where you can be reached then.			
If you are in the field, give date you will return to the U.S. and phone where you can be reached then.			
Check box if you ever claimed to foreign authorities you are not a bona fide resident of country YES <input type="checkbox"/> NO <input type="checkbox"/>			
Check box if you are required to pay income tax in your foreign country of residence YES <input type="checkbox"/> NO <input type="checkbox"/>			
Type of Visa		Expiration Date	
Indicate type of FIELD housing	<input type="checkbox"/> Purchased House <input type="checkbox"/> Rented House/Apartment <input type="checkbox"/> Quarters furnished by Employer <input type="checkbox"/> Other (please describe)		
Last foreign address during 2020 REQUIRED IF YOU LIVED ABROAD!			
Address:	City:	Province:	
Country:	Foreign Postal Code:		
Check box if you maintained a home in the U.S. YES <input type="checkbox"/> Check box if rental unit <input type="checkbox"/> IF CHECKED, COMPLETE INFORMATION BELOW			
Address of home			
Name of Occupants			
Relationship to you			

**U.S. ARRIVAL AND DEPARTURE DATES** Please list all dates taxpayer (not spouse) was/will be in the U.S. or its possessions during 2020 or 2021. Note that if spouse receives income for work performed abroad, you should complete a separate travel/time table. Use exact dates for 2020.

2020 EXACT DATES <span style="color:red;">Check Box if overseas ALL of 2020</span>		2021 EXACT OR ANTICIPATED DATES	
DEPARTED FOREIGN COUNTRY	ARRIVED IN FOREIGN COUNTRY	DEPARTED FOREIGN COUNTRY	ARRIVED IN FOREIGN COUNTRY

NOTE THAT WE ARE ASKING FOR YOUR DATES FOR DEPARTURE FROM AND ARRIVAL IN THE FOREIGN COUNTRY IN ORDER TO MORE ACCURATELY CALCULATE YOUR TIME IN THE US SINCE INTERNATIONAL AIRSPACE IS DEEMED TO BE TIME IN THE US.

Did ANYONE included in this tax return purchase health insurance through the Healthcare Exchange (federal or state) as part of the Affordable Care Act (Obamacare) in 2020? YES, we purchased health insurance on the healthcare exchange for 2020. If yes, we MUST have your form 1095A in order to reconcile the premiums with the IRS.

If you were uninsured or if you purchased insurance through your employer or from a commercial outlet no further information/action is required.



### COVID-19 Implications

Yes No

Did you receive any EIP? (STIMULUS PAYMENT)  
LIST AMOUNT OF EACH PAYMENT ON PAGE 13.



Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)?

Were you or your spouse unemployed for any portion of the year due to COVID-19?

Did you or your spouse continue to receive wages from your employer even if you were unable to work?

Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you or your spouse own a farm or business, did you continue to pay any employees while they were not working?

If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay?

If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?

If "Yes," was the loan forgiven or have you applied for forgiveness?

If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?



## PROFESSIONAL EQUIPMENT

Please list **ONLY** equipment purchased with personal funds. Note, however, that the monthly funds you receive from HQ for computer equipment are considered personal funds and you should list these equipment purchases.

Most items of equipment used in your business are included in an IRS list with three broad categories: 1) Items requiring a written log to establish the business use %; 2) Items whose business use % may be documented by other methods; 3) Items not "listed" for which the business use % may be established by your conservative estimate.

The first category includes computers and any equipment attached to them -- either wired or wireless. In order to take a deduction for items in this category, you must indicate that you have in your possession a written log of the time you used the computer. There must be a separate log for each computer.

The log need only show the date, the hours/minutes the computer was used and the hours/minutes for business purposes. Equipment attached to the computer is presumed to be used the same % as the computer itself unless you can demonstrate otherwise.

NOTE: The law does allow for a representative sample in place of a complete year-long log. This sample should cover a period of at least one full month. If you have not kept the log, you can start it now and apply the result back to 2020

NOTE: If the item is 100% business use then no log is required.

The second category includes cameras, camcorders, iPods, audio recorders and players, projectors, etc. You need only to be able to testify that you have documents such as phone bills, pictures, videos, tapes, CDs, etc. that would definitely demonstrate the business use % you assign to the item.

A few items in the third group which could arguably belong to group two include assets such as musical instruments, PDAs and GPS units. The logic is that these are so directly linked to your business that the documentation is not needed.

Equipment purchases of \$250 or less are no longer depreciated. They will be expensed fully in the year purchased. This will reduce your record keeping requirements. Please group all similar equipment purchases where the individual purchase price is below \$250 by category based on the business use percent. For example if you purchased six different items where the business use percent was 75% and the total of all six items was \$350 (No single item over \$250) make one entry of \$350 with a business use of 75%.

Please review your asset list from your **2019** return (copy available in your portal), and list below any changes to last year's assets, including business use % or sale. Also, please list any assets purchased in **2020** along with the business use %.



Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Reserved for future use.	AMOUNT

**HIGHER EDUCATION EXPENSES**

If you or one of your dependents paid for education at a college, university or trade school in 2020, you may be eligible for a credit against your tax and even a refund above the tax. For each student, please send us a copy of Form 1098-T from the school. The cost of course materials (books and required supplies) may now be counted. For each student, on a separate sheet, please give the amount paid for these in 2020. Also for each student, please state if courses were for undergraduate or post-graduate education.

**RESIDENTIAL ENERGY SAVING EXPENSES**

Did you install insulation or energy efficient doors or windows to your primary residence in the U.S. during 2020? Yes

Did you install solar electric, solar water heater or fuel cell equipment to your primary residence in the U.S. during 2020? Yes

If you answered "YES" to either question, please attach a copy of the contract or invoice for its purchase or installation.

UNREIMBURSED MEDICAL EXPENSES	AMOUNT
Doctor visits, labs, hospital, supplies (eyeglasses, hearing aids, etc.)	
Prescriptions	
Miles driven in 2020 for medical purposes	

INSURANCE	TAXPAYER	SPOUSE
Premiums paid for medical insurance ( other than Medicare or long-term health care)		
Premiums paid for long-term (usually nursing home) health care insurance		
Medicare Part B and Part D premiums		

**TAXES**

Real estate property taxes, (even if included in housing on page 6) <b>DO NOT INCLUDE RENTAL PROPERTY TAXES</b>	
Personal property taxes	
Sales tax on motor vehicles and certain other major purchases during 2020	

**INTEREST EXPENSE**

Home mortgage interest paid for primary residence, <b>not rental property</b> ( even if included on page 6 for housing allowance)	
Home mortgage interest paid to an individual ( name address and social security number REQUIRED)	
Points on an original home loan (please attach Form 1098)	
Points on home mortgage refinance (please attach closing/settlement statement)	
Mortgage insurance premiums (not homeowners insurance) on mortgages taken out after 2006	
Interest on funds borrowed for investment purposes (e.g. loans to purchase stocks, bonds, land, etc.)	
Interest paid on student loans	Taxpayer: _____ Spouse: _____ Other Dependent: _____

**CHARITABLE CONTRIBUTIONS**

Contributions by cash or check to U.S. based charitable organizations (please list each organization & amount)	
Miles driven in 2020 for charity	
Non-cash contributions to U.S. based charitable organizations. If over \$500, provide receipts for all non-cash donations.	

**MISCELLANEOUS**

Child and dependent care expenses so you and your spouse could be gainfully employed	
Educator expenses	
*Alimony paid:	*Social Security number of person to whom paid:

\* If divorce was finalized AFTER 1/1/2019 this does NOT apply.

Taxpayer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**STATE INFORMATION** Please list below each place where you lived in the United States during 2020 \_\_\_\_\_

Address	City	County	State	Please give exact dates	
				From (MM/DD/YY)	To (MM/DD/YY)

Please refer to the list of states by each item below. If you lived in one or more of the states, please answer the question.

**USE TAX** Many States impose a "Use" tax (sales tax) on goods purchased while living in one of these States, from sources outside the State, on which no sales tax was paid (e.g. mail-order goods, books, subscriptions, internet purchases, etc.).

Please read and answer. > Did you have any such purchases? YES  Total retail value of goods purchased: \$ \_\_\_\_\_

> What State did you live in when the goods were purchased?

**TUITION & TEXTBOOKS** IL, IA, MN These States grant a credit for expenses parents have paid for textbooks, tuition and lab fees for their children in grades K-12 (excluding expenses for classes in religious instruction).

Child's Name	Grade	Name of School	Address of School	Amount

**RENTERS** CA, IN, MA, MI, MN, MT (age 62 or over), NJ, NY, RI, WI These States grant credits to some renters based on the amount of rent paid and/or your amount of income.

Landlords name and address: \_\_\_\_\_

Address where you rented: \_\_\_\_\_

Number of months rented	Monthly Rent	Total Rent

Minnesota Only Please send to us the Form CRP from your landlord for 2020.

New York Only Monthly rent included which of these? Heat  Gas  Electricity  Furnishings  Board

Wisconsin Only Did you pay for heating while renting? YES

**CALIFORNIA and MAINE** Which State applies to you? California  Maine

	Taxpayer	Spouse
How many days where you in the States during 2020?		
Prior to 2020, when were you last a resident of the State?		
Do you own property in the State?	YES <input type="checkbox"/>	YES <input type="checkbox"/>

**CONNECTICUT**

Qualifying property	Town or District to which tax was paid	Description of property	List or bill number (if available)	Date paid	Amount paid
Primary residence					
Automobile					

**CAPITAL GAINS & LOSSES** (Sale of stocks, bonds, land, etc.)

DESCRIBE PROPERTY SOLD (Number of acres, shares, etc.) PLEASE ENCLOSE ALL FORMS 1099B	Acquired			Sold			Selling Price	Cost
	MM	DD	YY	MM	DD	YY		

**INSTALLMENT SALES** IF SALE WAS IN 2020, PLEASE SEND COPY OF CLOSING STATEMENT OR CONTRACT

Description of property sold	Acquired			Sold			Amount received in 2020	
	MM	DD	YY	MM	DD	YY	Principle	Interest

**SALE OF PERSONAL RESIDENCE**

Date residence sold: \_\_\_\_\_ Date residence was acquired: \_\_\_\_\_

Original cost of residence (please attach purchase closing statements if possible) \_\_\_\_\_

Cost of improvements to residence (e.g. additions, storm windows, carpeting, etc.) \_\_\_\_\_

Selling Price (please attach copy of closing statement) \_\_\_\_\_

How many months did you live in the house during the 5 years previous to the date of sale? \_\_\_\_\_

Was the house ever used as a rental property? YES

**IRA'S**

	Taxpayer	Spouse
Do you want to contribute to an IRA or SEP IRA if it will save you tax?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Amount deposited in a traditional IRA for 2020 (not elective compensation deferrals such as 403b, MBA)		
Amount deposited into ROTH IRA for 2020		
Amount converted from a traditional IRA to a ROTH IRA for 2020		

Taxpayer Name:

SSN:

Click the portal image to the right to access the SECURE portal so that you can upload the completed questionnaire and your tax documents. NOTE: The old portals are still accessible but we ask that you use this new portal. Email us with questions about accessing if you haven't already set up your password. (NOTE: Be sure to SAVE the questionnaire before uploading.)



**FOR 2020, IF YOU RECEIVED EITHER OR BOTH OF THE STIMULUS PAYMENTS, PLEASE PROVIDE THE AMOUNTS FOR EACH PAYMENT HERE. NOTE THAT IF YOU DID NOT RECEIVE ONE OR BOTH, ENTER ZERO HERE, REGARDLESS OF THE DATES RECEIVED.**

**REQUIRED**

**REQUIRED**

**REQUIRED**

STIMULUS ONE AMOUNT    STIMULUS TWO AMOUNT

**THE SECOND STIMULUS MAY HAVE COME IN 2021 BUT MUST BE RECONCILED ON YOUR 2020 TAX RETURN.**

**DO NOT REPORT THE 3RD STIMULUS THAT WAS PAID OUT IN SPRING 2021. SAVE THAT DATA FOR NEXT YEAR.**

Begin typing below and provide us with any additional information that you feel is relevant to your 2020 return.

Taxpayer Name:

SSN:

# FOREIGN BANK ACCOUNTS

**PLEASE COMPLETE A SEPARATE FORM FOR SPOUSE IF NECESSARY.**

At any time in 2020, did the combined balances of all **foreign accounts** on which you could sign exceed \$10,000? YES  NO  If "NO," do not complete the section below. If "YES," you must give the following for EACH account. If more space is needed, please enclose on a separate sheet.

## Part I Information on Financial Account(s) Owned Separately

**(PERSONAL ACCOUNT)**

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Taxpayer Name:

SSN:

### Part II Information on Financial Account(s) Owned Jointly

(PERSONAL ACCOUNTS AND ANOTHER PERSON/ENTITY'S ACCOUNTS)

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

#### Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

#### Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

#### Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Taxpayer Name:	SSN:
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**Part III Information on Financial Account(s) Where Filer has Signature or Other Authority but NO Financial Interest in the Account(s)**  
**(ANOTHER PERSON/ENTITY'S ACCOUNT)**

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

**Owner Information**

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

**Owner Information**

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

**Owner Information**

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner



Form 114a

Department of the Treasury  
Financial Crimes Enforcement  
Network (FinCEN)

October 2013

# Record of Authorization to Electronically File FBARs

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.



## Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name	2. Owner first name	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning \_\_\_\_\_ (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, \_\_\_\_\_ to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8 Date / / MM DD YYYY	9 Owner or entity TIN	10 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12 Date / / MM DD YYYY	13 Spouse TIN	14 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

## Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name	16. Preparer first name	17. Preparer M.I.	18. Preparer PTIN
19 Address	20 City	21 State	22 ZIP/postal code
23 Country code	24 Preparer's (item 15) employer's (Entity) name	25. Employer EIN	26. Preparer's signature

### Instructions for completing the FBAR Signature Authorization Record

#### This is a fill and print form using Adobe Reader

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10.

#### Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**