

Drop off Date:

Cashwell Accounting Inc 2020 Tax Return Intake Form

You will need:

- Tax Information such as **Forms W-2, 1099, 1098, 1095**.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

Please complete pages 1-3 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions please ask at the front desk or call the Office 352-242-1001

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Part I - Your Personal Information (if you are filling a joint return enter your names in the same order as last year's return)

1. Your first name		M.I.	Last name	Daytime telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name		M.I.	Last name	Daytime telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address				State	ZIP code
4. Your Date of Birth	5. Your job title	6. Last year, were you: a. Full-time student b. Totally and permanently disabled c. Legally blind		7. Your spouse's Date of Birth	8. Your spouse's job title 9. Last year, was your spouse: a. Full-time student b. Totally and permanently disabled c. Legally blind

10. Can anyone claim you or your spouse as a dependent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<hr/>			
Part II – Marital Status and Household Information			
1. As of December 31, 2020, what was your marital status?	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	(This includes registered domestic partnerships, civil unions, or other formal relationships under state law)
	a. If Yes, Did you get married in 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Did you live with your spouse during any part of the last six months of 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date of final decree	<hr/>	
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated	Date of separate maintenance decree
	<input type="checkbox"/> Widowed		Year of spouse's death

If additional space is needed check here and list on page 3

Check appropriate box for each question in each section

Part III – Income – Last Year, Did You (or Your Spouse) Receive		
Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1. (B) Wages or Salary? (Form W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7. (A) Self-Employment income? (Form 1099-MISC, 1099-NEC, cash, virtual currency, or other property or services)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8. (A) Cash/check/virtual currency payments, or other property or services for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9. (A) Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11. (A) Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14. (M) Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, virtual currency, Sch K-1, royalties, foreign income, other property or services, etc.) Specify _____

Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay		
Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2. Contributions to a retirement account? <input type="checkbox"/> IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> Roth IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. Any of the following? <input type="checkbox"/> (A) Medical & Dental (including insurance premiums) <input type="checkbox"/> (A) Mortgage Interest (Form 1098) <input type="checkbox"/> (B) Charitable Contributions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8. (B) Student loan interest? (Form 1098-E)
Part V – Life Events – Last Year, Did You (or Your Spouse)		
Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1. (A) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2. (A) Have credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3. (A) Adopt a child?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. (B) Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> If yes, for which tax year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 8. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9. (A) Have health coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10. (B) Receive an Economic Impact Payment (stimulus) in 2020?

Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (*this email address will not be used for contacts from the Internal Revenue Service*) _____
2. Presidential Election Campaign Fund (*If you check a box, your tax or refund will not change*)
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse
3. If you are due a refund, would you like:
 - a. Direct deposit Yes No Yes No
 - b. To purchase U.S. Savings Bonds Yes No
 - c. To split your refund between different accounts
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes No
5. Did you live in an area that was declared a Federal disaster area? Yes No If yes, where?
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes No

Additional comments:

PLEASE NOTE, No Tax return will be filed until:

1. Invoice is Paid
2. Engagement letter is signed
3. Efile Signature form 8879 is signed