HOGAN • HANSEN

A Professional Corporation

Certified Public Accountants and Consultants

If we have never prepared your returns before, bring in your previous year's income tax returns.

2020 INCOME TAX INFORMATION

	Name	Social Security Number	Date of Birth
Taxpayer	______________	__________	________
Spouse	______________	__________	________

Address ______________________________

Telephone number ______________________________

E-mail address ______________________________

School district ______________________________

DEPENDENTS

Name	Date of Birth	Social Security Number	Relationship	Income over $1,000	Covered by Health Insur.

Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account or brokerage account, located in a foreign country? (Note: This includes business accounts and accounts you may sign as power of attorney.) ☐ Yes ☐ No

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? ☐ Yes ☐ No

During 2020, did you receive, sell, send, exchange, or otherwise acquire any virtual currency? ☐ Yes ☐ No

Please provide the following documents:

- Forms 1095-A, 1095-B, 1095-C
- Forms W-2 for wages, salaries and tips
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, unemployment, HSA, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Information concerning all other sources of income including commissions, alimony received, jury duty, tips and gratuities, director's fees, bartering, etc.
- If you or your spouse purchased or sold a principal residence in 2020, please include a copy of your closing statement(s).

Did you receive an Economic Impact Payment? (Stimulus Check) ☐ Yes ☐ No

If so, how much was received? (Provide Notice 1444) $____________

Did you receive a Paycheck Protection Program (PPP) loan? ☐ Yes ☐ No

If yes, how much was received? $____________

If yes, was it forgiven? ☐ Yes ☐ No

If you have a refund on your 2020 return and you want the refund direct deposited into your bank account, do you have the same bank account as last year? ☐ Yes ☐ No

If not (or if you did not have a refund direct deposited last year), please provide a voided check from that account.

INTEREST INCOME

TSJ	Name of Payer	Ordinary	U.S. Bonds and Obligations	Tax Exempt

DIVIDEND INCOME

TSJ	Name of Payer	Total Ordinary Dividend	Qualified Dividend	Total Capital Gain Distribution

CAPITAL GAINS OR LOSSES

TSJ	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

RENTAL INCOME

Property description ______________________________

Rent income ______________________________

Interest (Form 1098) ______________________________

Taxes ______________________________

Insurance ______________________________

Utilities ______________________________

Maintenance ______________________________

Repairs ______________________________

Please provide a copy of the closing statement for rental property purchased or sold in 2020.
Attach a schedule showing any new furnishings or improvements.

INCOME TAX PAYMENTS AND REFUNDS

Were tax refunds received and/or payments made as shown on your 2019 income tax returns? ☐ Yes ☐ No

Please include any IRS or state tax notices received during the year.
Were any refunds received or payments made for tax years prior to 2019? ☐ Yes ☐ No

Estimated Payments

	Federal		State	
	Date	Amount	Date	Amount
1st quarter (due July, 2020 (Federal); April, 2020 (Iowa))				
2nd quarter (due July, 2020 (Federal); June, 2020 (Iowa))				
3rd quarter (due September, 2020)				
4th quarter (due December, 2020 / January, 2021)				

ITEMIZED DEDUCTIONS, CREDITS AND ADJUSTMENTS

Medical Expenses

Health insurance premiums paid with after-tax dollars	_______	Dental	_______
	_______	Glasses and contacts	_______
Long-term care premiums	_______	Hearing aids	_______
Prescription drug premiums	_______	Prescription drugs and insulin	_______
Doctors, hospitals, etc.	_______	Medical mileage - number of miles	_______
Lodging - number of nights	_______	Insurance reimbursement	_______

Contributions

Cash contributions supported by cancelled check or receipt

______________ ______________
______________ ______________
______________ ______________
______________ ______________

Other than cash (if over $500, need to show when and how acquired, cost and how valued):

____________ ______________
____________ ______________

Charitable miles driven __________

Written substantiation from the charitable organization is required for contributions over $250.

Note: Even if you take the standard deduction, you can deduct up to $300 of charitable contributions for 2020 (you must still have proper documentation).

Interest

Home interest (Form 1098) ___________
Home interest paid to individual:
Amount ________________________________
Name ________________________________
Address ________________________________
Social Security Number ____________________
Mortgage insurance premium ___________
Points on mortgage ___________
Investment interest ___________

Do you have HELOC? ☐ Yes ☐ No If so, what were the proceeds used for? _______________

Note: Beginning 01/01/18, HELOC interest is only deductible if proceeds were used for home improvements.

Taxes

Property taxes ___________
Car license - Amount ___________
Number of cars ___________
Sales tax on major purchases (car, boat, etc.) ___________

Other:
____
____

Gambling Losses ___________ (Please provide documentation)

Adjustments

Roth IRA contributions	Taxpayer ___________	Spouse _________
Regular IRA contributions	Taxpayer ___________	Spouse _________
Keogh or SEP contributions	Taxpayer ___________	Spouse _________
Health Savings account contribution (include Form 1099SA)	Taxpayer ___________	Spouse _________
Interest paid on student loans (include Form 1098)	Taxpayer ___________	Spouse _________

Alimony paid - Amount (only deductible for pre-2018 divorces) ________________
Recipient's name and Social Security Number ________________
Moving expenses paid (military only) ________________
Educator expenses ________________

Child Care Credit

Name of Provider	ID#	Address	Amount
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________

Educational Expenses

Please provide all copies of Form 1098-T and payment history from college.

Tuition and fees paid for higher education:

Name of Student	Tuition and Fees	Course Materials
____________	____________	____________
____________	____________	____________
____________	____________	____________

Student loan interest paid (include Form 1098-E) ____________

Iowa Credits, Contributions and Campaign Funds

Tuition or textbook expenses (including extracurricular activities) for a dependent in grades K-12 in a school in Iowa:

Name of Student	Amount
____________	____________
____________	____________
____________	____________

For each dependent, list separately: name of school attended, type of expenses, amount paid (for list of eligible expenses go to *https://tax.iowa.gov/expanded-instructions/tuition-and-textbook-credit-k-12-only-2* or call our office).

Months served as a volunteer firefighter, police officer or EMT:

Taxpayer ____________ Spouse ____________

Enter the amount you wish to contribute on your 2020 tax return to:

	Amount
Iowa Fish and Wildlife Fund	____________
State Fairgrounds Renovation	____________
Firefighters Fund/Veterans Trust Fund	____________
Child Abuse Prevention	____________

Contribution to Iowa College Savings Fund: Taxpayer ________ Spouse ____________

Federal Campaign Fund ($3.00): Taxpayer ☐ Yes ☐ No

Spouse ☐ Yes ☐ No

Energy Credit

In 2020, if any qualified energy efficient improvements were made to your residence (energy-efficient exterior windows, doors, skylights, roofs (metal and asphalt), insulation, energy-efficient heating and air condition systems, water heaters (natural gas, propane or oil), or biomass stoves), please let us know and we will help determine if you qualify for this credit.

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