

CLIENT INFORMATION WORKSHEET
Tax Year 2021

Taxpayer

Spouse

Name: _____

Name: _____

SSN: _____ DOB: _____

SSN: _____ DOB: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: No Change - Use same as prior year: YES NO

New: (if applicable) _____

Dependents: No Change - Use same as prior year: YES NO

Dependents to remove this year: YES NO

Name: _____

Name: _____

New Dependent(s) this year: YES NO

Name: _____

Name: _____

SSN: _____

SSN: _____

DOB: _____

DOB: _____

Relationship: _____

Relationship: _____

If a refund is due to you, do you want it direct deposited? YES NO

If a balance is due, do you want the payments drafted from your account? YES NO

If estimated tax payments are required, do you want the payments drafted from your account? YES NO

Name of Financial Institution: _____

Bank Routing #: _____

Bank Account #: _____

Checking Savings

Name: _____

Tax Year: _____

**NEW for
2021**

1. Did you receive the 2021 Economic Impact Payment (EIP)? YES NO
Amount Received (In March or April 2021): _____ **Please provide IRS Letter 6475**
2. Did you receive any Advance Child Tax Credit Payments in 2021? YES NO
Taxpayer Amount: _____ **Please provide IRS Letter 6419 (Mailed in January 2022)**
Spouse Amount: _____ **Please provide IRS Letter 6419 (Mailed in January 2022)**
3. Did you or your spouse make charitable contributions in 2021? YES NO
If yes, how much: _____ **Please provide statements from the charity.**
4. Would you like to contribute to an IRA for the 2021 tax year? YES NO
If so, Traditional IRA Roth IRA
Taxpayer Amount: _____
Spouse Amount: _____
5. Do you expect your 2022 taxable income and withholdings to be different for 2021? YES NO
6. Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If yes, please provide documentation. YES NO
7. Did you have any transactions pertaining to a health savings account (HSA) or medical savings (MSA)? If so, include all form 1099-SA and/or 5498-SA. YES NO
If you had any distributions, were they used for qualifying medical expenses? YES NO
8. Are you enrolled in Marketplace Health Insurance? If so, include the form 1095-A in order to reconcile your advance premium tax credits. YES NO
9. Did you or any of your dependents pay tuition to a secondary education institution? If so, include Form 1098-T. Also include the cost of books/supplies required for the related tuition. YES NO
10. Did you pay any student loan interest? If so, include form 1098-E. YES NO
11. Are you or your spouse an educator? YES NO
If so, how much of your personal money did you spend on materials or supplies for your classroom?
Taxpayer Amount: _____ (Max allowed = \$250)
Spouse Amount: _____ (Max allowed = \$250)
12. Did you or your spouse have any interest in or a signature authority over a bank account, securities account, or other financial account in a foreign country? YES NO
13. At any time during 2021, did you or your spouse receive, sell, send, exchange, or otherwise acquire any financial interest in any crypto or virtual currency? YES NO

Beginning with tax year 2021, individual taxpayers may choose to either itemize or claim the standard deduction on the Kansas individual income tax return. Please provide documents for out of pocket medical, real estate and personal property taxes, mortgage interest, and charitable contributions.

Name: _____

Tax Year: _____

14. Are you or your spouse self-employed? YES NO

If so, were you unable to work between January 1, 2021 and September 30, 2021 for one or more of the following reasons: YES NO

- You were subject to a federal, state or local quarantine or isolation order related to COVID-19.
- You were advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- You were experiencing symptoms of COVID-19 and seeking medical diagnosis of COVID-19.
- You were seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of COVID-19.
- You were exposed to COVID-19 or were unable to work pending the results of test or diagnosis.
- You were obtaining immunization related to COVID-19.
- You were recovering from any injury, disability, illness or condition related to such immunization.
- You were caring for an individual who was subject to a federal, state or local quarantine or isolation order related to COVID-19.
- You were caring for an individual who had been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- You were caring for a son or daughter because the school or place of care for that child was closed or the childcare provider for that child was unavailable due to COVID-19 precautions.
- You were accompanying an individual to obtain immunization related to COVID-19.
- You were caring for an individual who was recovering from any injury, disability, illness, or condition related to immunization.

If so, how many day were you unable to work? (Maximum allowed = 10)

Taxpayer: _____

Spouse: _____