



SHANNON A RAASCH CPA INC

2021

INFORMATION REQUIRED TO DO YOUR TAX RETURN

Primary Name

Spouse Name

DEMOGRAPHICS ("PRIMARY" IS THE 1ST NAME ON THE RETURN, & "YOU" INCLUDES BOTH SPOUSES FOR JOINT RETURNS)**NEW CLIENT WE NEED A COPY OF YOUR 2019 AND 2020 TAX RETURNS****NEW CLIENT Please complete the Demographics Sheet****RETURNING CLIENTS Please complete the Demographics Sheet if anything has changed****RETURN DELIVERY OPTIONS. CHOOSE 1****IN OFFICE PICKUP****SECURE WEB PORTAL - We will send you a link to set up user name & password****E-MAIL with Password (Client Accepts Security Risks)****US MAIL (Add \$10 Postage & Handling)****RETURN REFUND OPTIONS. CHOOSE 1****REFUND DIRECT DEPOSIT? PROVIDE COPY OR IMAGE OF VOIDED CHECK (not deposit slip)****REFUND BY MAIL** IRS will send a Check, OK will send a Debit Card**AMOUNT OF 3RD STIMULUS RECEIVED PROVIDE IRS LETTER 6475 OR NOTICE 1444-C**

\$	JOINT	OR	\$	PRIMARY	\$	SPOUSE
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*Most received \$1400 for Primary, Spouse & Each Dependent. It may have come in Installments.***ADVANCE CHILD TAX CREDIT PROVIDE IRS LETTER 6419**

\$	AMOUNT Primary	\$	AMOUNT Spouse
#	←Based on how many children→	#	

Please indicate if any of the following situations occurred. If we have your 2020 return, we can determine this.**Did Primary or Spouse File last year as Single, Head of Household or Qualifying Widow(er)?****Did Primary or Spouse File last year as Married Filing Jointly with a Different Spouse?****Did Primary or Spouse File last year as Married Filing Separately with same or different spouse?****FILING & MARITAL STATUS Choose your Status & Check which situation applies to you**

SINGLE	JOINT	MARRIED SEPARATE	HEAD OF HOUSEHOLD	QUALIFYING WIDOW(ER)
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NEVER BEEN MARRIED**COURT ORDERED SEPARATION OR SPOUSAL SUPPORT DECREE, OR A WRITTEN SEPARATION AGREEMENT?****WIDOWED****DATE** _____**MARRIED LIVED WITH SPOUSE** [] **ALL YEAR** or, **DATES FROM** _____ **TO** _____**MARRIED BUT DID NOT LIVE WITH SPOUSE AT ALL DURING THE YEAR****DEPENDENTS & OTHER HOUSEHOLD MEMBERS**

Y	N	DEPENDENTS	How Many?		MUST Complete Dependent Worksheet
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Y	N	DID ANY OTHER RELATIVES LIVE IN YOUR HOME? IF SO, EXPLAIN WHO & CIRCUMSTANCES.
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Y	N	DID ANY OTHER PERSONS THAT YOU SUPPORTED LIVE IN YOUR HOME FOR THE ENTIRE YEAR?
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TAX COMPLIANCE

Y	N	FOREIGN BANK ACCT. OR TRUST Owned, Controlled, Transfers to or from? Country _____ Amount \$ _____
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Y	N	IF YES - Did the Total of All Such Accounts Exceed \$10,000 at Any Time during 2021?
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Y	N	IF IT WAS - Did you File an FBAR (FinCEN 114)? We need a copy of it. (NOTE: WE DO NOT FILE THIS FORM)
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Y	N	VIRTUAL CURRENCY. Did you receive, sell, send, exchange or acquire any financial interest in a Virtual Currency like BIT COIN? IF SO, A FORM 8949 REPORT MUST BE PROVIDED TO US (Available from CryptoTrader.Tax & others)
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Y	N	OBAMA CARE - Did any Household Member have Insurance from the healthcare.gov marketplace? IF SO, WE MUST have Forms 1095-A for everyone covered by marketplace Insurance.C80
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Y	N	CANNABIS BUSINESS - Are you Involved in any aspect; grower, dispensary, distributor? NOTE, We currently do not prepare returns for those engaged in these activities unless you are a strictly a W-2 employee.
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Y	N	Do you have UNFILED TAX RETURNS for Prior Years? IF SO, What years?
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Y	N	DO YOU OWE BACK TAXES TO THE IRS? [] Y [] N TO THE STATE? [] Y [] N
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		IF SO, ARE YOU ON A PAYMENT PLAN? FEDERAL [] Y [] N STATE [] Y [] N
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Y	N	DO YOU HAVE DELINQUENT STUDENT LOANS, CHILD SUPPORT, or Other Refund Garnishments?
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Y	N	HAVE YOU RECEIVED LETTERS FROM IRS? OR STATE? If so, provide them _____
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Y	N	HAS THE IRS DISALLOWED OR REDUCED ANY TAX CREDIT (EIC, CTC, ACTC or AOTC)?
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Y	N	DO YOU HAVE AN IP PIN? Primary _____ Spouse _____
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Y	N	Did you purchase Items from Outside of OK where no Sales Tax was paid? If so,
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		Check here to use the Safe Harbor Table. OR, provide the Amount of purchases \$ _____
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ESTIMATED FEDERAL AND/OR STATE TAX PAYMENTS

Y	N	FEDERAL ESTIMATED TAX PAYMENTS?	Attach a list of the date & amount of each payment
Y	N	OK ESTIMATED TAX PAYMENTS?	Attach a list of the date & amount of each payment
Y	N	OTHER STATE ESTIMATED TAX PAYMENTS?	Identify State & provide date & amount of each payment
Y	N	APPLY REFUND TO NEXT YEAR'S ESTIMATED PAYMENTS?	FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/>

QUESTIONS TO HELP US FIND OTHER INCOME AND DEDUCTION ITEMS

Y	N	DID YOU TAKE MONEY OUT OF A 401K, IRA, OR OTHER RETIREMENT PLAN?	1099-R 1099-SSA
Y	N	DID YOU GET SOCIAL SECURITY OR A PENSION-MILITARY, FEDERAL, STATE, OTHER?	1099-R 1099-SSA
Y	N	DID YOU DRAW UNEMPLOYMENT BENEFITS?	FORM 1099-G
Y	N	DID YOU CONTRIBUTE TO AN OKLAHOMA 529 PLAN FOR ANYONE?	Amount Contributed for each person
Y	N	CHARITABLE CONTRIBUTIONS-CASH/CHECK/ONLINE? \$ <input type="text"/>	Documents showing dates & amounts
Y	N	ARE YOU SELF EMPLOYED, DO CONTRACT LABOR OR HAVE HOBBY OR GIG INCOME?	Business Worksheet
Y	N	DO YOU OWN A BUSINESS THAT IS A PARTNERSHIP OR S-CORP?	All info to do the return, or the K-1's
Y	N	DO YOU OWN RENTAL PROPERTIES?	Rental Worksheet
Y	N	DO YOU HAVE A FARMING BUSINESS OR HOBBY?	Farm Worksheet
Y	N	DO YOU HAVE A STOCK BROKERAGE ACCOUNT or OWN STOCKS OR MUTUAL FUNDS?	Year End Tax Stmt
Y	N	DID YOU HAVE GAMBLING WINNINGS?	W2G & Gambling Log
Y	N	DID YOU SELL OR BUY ANY REAL ESTATE?	Settlement Statements from Both Purchase & Sale, + Details
Y	N	DID YOU RECEIVE ALIMONY PAYMENTS FROM ANYONE?	Their Name, SSN, Amount & Date of Decree
Y	N	DID YOU MAKE ALIMONY PAYMENTS TO ANYONE?	Their Name, SSN, Amount & Date of Decree
Y	N	DID YOU CONTRIBUTE TO AN IRA OR ROTH (not counting from your job)	Contribution confirmation documents
Y	N	DID YOU CONTRIBUTE TO AN HSA OTHER THAN BY PAYROLL DEDUCTIONS? (Out of your own bank acct?)	
Y	N	DID YOU RECEIVE MONEY FROM AN HSA ACCOUNT? Form 1099-HSA	ALL OR, AMOUNT
		PROVIDE THE AMOUNT THAT WAS USED FOR MEDICAL EXPENSES	\$ <input type="text"/>
Y	N	WAS ANYONE ENROLLED IN COLLEGE, VOTECH, ETC?	1099 Q, 1098-T & Account Statement + Student Worksheet
Y	N	STUDENT LOAN INTEREST?	Documentation of Amount Paid
Y	N	WILL THE TOTAL OF YOUR MORTGAGE INTEREST, REAL ESTATE TAX, CHARITABLE DONATIONS & MEDICAL EXPENSES (over 7.5% of income) EXCEED THESE LIMITS? SINGLE \$12550 MARRIED SEPARATE \$12550 HEAD OF HOUSEHOLD, \$18800 JOINT \$25100	If so, Mortgage Forms 1098 Tax Statements, Contribution Verification Statements & Totals for out of pocket medical

TAX ADVANTAGED OCCUPATIONS

Y	N	ARE YOU A CLASSROOM TEACHER WITH EDUCATOR EXPENSES?	Primary \$ <input type="text"/> Spouse \$ <input type="text"/>
Y	N	ARE YOU A MINISTER WHO OPTED OUT OF SE TAX?	W2 & Housing Allowance Worksheet. Ministry Expenses won't help.
Y	N	ARE YOU A MINISTER SUBJECT TO SE TAX?	W2 & Both Ministry Expense & Housing Allowance Worksheets
Y	N	IF SO, DO YOU HAVE UNREIMBURSED MINISTRY EXPENSES?	Provide a Summary of Expenses. See Website for worksheet
Y	N	MILITARY RESERVE WITH UNREIMBURSED TDY EXPENSES?	Out of pocket expense information
Y	N	MILITARY ACTIVE DUTY WITH UNREIMBURSED TRANSFER EXPENSES?	Amount & Distance of the move.

QUALIFIED FORMER FOSTER YOUTH OR UNACCOMPANIED YOUTH WHO IS UNDER AGE 19 OR STUDENT UNDER AGE 24

Y	N	WERE YOU IN FOSTER CARE ON OR AFTER AGE 14 & AGREE THAT STATUS CAN BE DISCLOSED TO IRS
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OTHER QUESTIONS FOR TAX CREDIT ELIGIBILITY

Y	N	Was Primary or Spouse if filing Jointly, a Non Resident Alien for any part of the year?
Y	N	Could the Primary, or Spouse if filing Jointly, be a Qualifying Child of another person for the year?
Y	N	Was the Primary's Main Home in the US for more than half of the year?
Y	N	If Filing Jointly, was the Main Home of the Spouse in the US for more than half of the year?
Y	N	Is the Primary or Spouse eligible to be claimed as a dependent on anyone else's tax return for the year?

ATTESTATION

> I/WE HAVE READ THE FOREGOING AND THE INFORMATION PRESENTED IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.
 > I/WE HAVE LOGS, RECEIPTS OR OTHER DOCUMENTATION FOR ALL INFORMATION Provided herewith, or subsequently, to substantiate amounts provided.
 > I/WE HAVE DECLARED ALL INCOME, including CASH, & OTHER INCOME whether or not it was reported to the IRS by Third Parties.
 > I/We Acknowledge that my/our return will be prepared Solely from information that I/We have provided.
 > For a Joint Return, if only one Spouse has signed this form, I, the Undersigned, hereby attest and affirm that my Spouse is aware of and in agreement with my actions and that information provided for my Spouse is true and correct to the best of my knowledge and belief.
 > If I/we choose to provide documents by E-mail, or request E-mail delivery of documents, I/we agree to do so at my/our own risk and hereby hold Shannon A Raasch CPA, Inc. and its staff and associates, harmless for any data interceptions or other complications or costs arising therefrom.

Signature Primary		Signature Spouse	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Primary Name	Date	Print Spouse Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>