

# 2020 Tax Questionnaire

Zimmerman & Co. CPAs Inc.

**Please check the appropriate box or, if an entire section is not applicable, you can indicate as such.  
Please include all necessary details and documentation for every "YES" answer.**

CLIENT NAME: \_\_\_\_\_

## Personal Information

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Did your marital status change during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your address change from last year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If YES, attach the IRS letter.  | <input type="checkbox"/> | <input type="checkbox"/> |

## COVID-19 Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you receive an Economic Impact Payment (EIP)?<br>If YES, how much in first round (4/2020 – 9/2020) \$ _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| And, how much in second round (12/2020 – 3/2021) \$ _____<br>If YES, did you receive an IRS Notice 1444? (attach notice)                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive emergency leave sick pay?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive emergency family leave wages?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you forego taking your Required Minimum Distribution, as allowed under the CARES Act?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take a COVID-emergency retirement distribution that you might want to repay or spread the income over three years, as allowed under the CARES Act? | <input type="checkbox"/> | <input type="checkbox"/> |

## Dependent Information

**NOT APPLICABLE** (go to next section)

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year?    | <input type="checkbox"/> | <input type="checkbox"/> |

**Dependent Information (continued)**

	Yes	No
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

**Purchases, Sales and Debt Information**

Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year? (attach Form(s) 1099-S, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate other than your principal residence during the year? (attach Form(s) 1099-S, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year NOT reported on a 1099-B broker statement?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year? If YES were the proceeds used to build or substantially improved the property secured by the home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information**

Did you have any foreign income or pay any foreign taxes during the year other than those reported on an investment statement?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information (continued)**

	Yes	No
Do you own rental real estate property INDIVIDUALLY (not inside an entity that files its own, separate tax return)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, how many days was it available for rent: _____		
How many days was it actually rented: _____		
How many days was it used personally: _____		
If YES, did you make payments that would require you to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, did you or will you file the required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>

**Self-Employed Income Information**       **NOT APPLICABLE** (go to next section)

Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
If NO, are you planning to apply for PPP loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
Were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home EXCLUSIVELY for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any payments that would require you to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, did you or will you file the required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay self-employed health insurance premium for yourself this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay health insurance premiums on behalf of any employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want us to contact you regarding whether there are self-employed retirement plan contributions available to reduce your tax liability?	<input type="checkbox"/>	<input type="checkbox"/>

## Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If YES, were any withdrawals due to a federally declared disaster or COVID-19?
- If YES and you were under 59 ½, did you have a qualifying exemption from the early withdrawal penalty?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan other than what shows on your W-2?

## Education Information

**NOT APPLICABLE** (go to next section)

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? (attach Form(s) 1098-T and amounts spent on qualified education expenses)
- Did anyone in your family receive a scholarship of any kind during the year?
- If YES, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account? (attach Form(s) 1099-Q)
- If YES, were any distribution used to pay for NON-qualified education expenses?
- If YES, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account? (attach YTD statement from 529, showing contributions & account numbers)
- Did you pay any student loan interest this year? (attach Form(s) 1098-E)
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

## Health Care Information

- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? (attach any Form(s) 1095-A, which can be downloaded from healthcare.gov)
- If YES, did you share a policy with anyone who is not your spouse or dependent?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA? (attach Forms(s) 5498-SA)
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- If YES, was any of the distribution used for NON-qualified medical expenses?

**Health Care Information (continued)**

	Yes	No
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or withdrawals from an ABLE (Achieving a Better Life Experience) account? (attach any Form(s) 5498-QA & 5498-QA)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? (attach any Form(s) 1099-H)	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deduction Information**

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, did the loss occur in a federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.) that might be in excess of 7.5% of your gross income?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you make any cash charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, you must have written acknowledgement for any contribution over \$250, and the acknowledgement must be in your possession before you file your return. You must keep all receipts, but we do not need copies; you can provide us with just a summary of cash contributions if you chose.

*NOTE FOR 2020: CASH CHARITABLE CONTRIBUTIONS UP TO \$300 PER TAXPAYER CAN BE DEDUCTED EVEN IF TAXPAYER IS TAKING STANDARD DEDUCTION, SO PROVIDE SUPPORT TO ANY YES RESPONSE EVEN IF YOU NORMALLY TAKE THE STANDARD DEDUCTION*

Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, you must have evidence such as a receipt from the donee organization. Provide us with a summary of donation date, donee organization, donee address, estimate of fair market value of items donated, and original cost of items donated.		

Did you donate a vehicle or boat during the year? (attach Form(s) 1098-C or other written acknowledgment from the donee organization)	<input type="checkbox"/>	<input type="checkbox"/>
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Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you pay any mortgage interest on an existing home loan? (attach Form(s) 1098)		<input type="checkbox"/>
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Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
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**Miscellaneous Information**

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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**Miscellaneous Information (continued)**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you make energy efficient improvements to your main home this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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, or hold interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS (other than Form 1099-G)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check YES, it will not change your tax or reduce your refund.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?<br>If YES, please indicate amount of the purchases \$_____               | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you issued a new State Driver's License since providing us a copy last year?<br>If YES, provide a copy of your new Driver's License   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any individual quarterly estimate tax payments for the 2020 tax year?<br>If YES, provide details (agency paid, date paid, amount paid, etc) of all payments   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any sales or other exchanges of virtual currencies, or use virtual currencies to pay for goods or services, or are you holding any virtual currencies?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Return Processing Information**

- |   |                          |                             |
|---|--------------------------|-----------------------------|
| If you are due a refund, do you want it direct deposited into your bank account?  | <input type="checkbox"/> | <input type="checkbox"/>    |
| If you owe a balance, do you want it direct debited from your bank account?   | <input type="checkbox"/> | <input type="checkbox"/>    |
| If you need to make 2021 estimate payments, do you want them direct debited from your bank account?   | <input type="checkbox"/> | <input type="checkbox"/>    |
| How should we deliver the client copy of your tax return to you? (circle one)   |                          |                             |
| Secure portal   | Secure email             | Paper (\$40 processing fee) |
| Can we return your source documents electronically and shred the original paper forms?<br>NOTE: We will automatically shred all paper taxpayer documents left in our possession, if not picked up by 10/31/2021, even if marked NO here | <input type="checkbox"/> | <input type="checkbox"/>    |

**Completed By:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**PLEASE USE THE FOLLOWING PAGE TO ADD NOTES OR DETAIL REGARDING ANY "YES" ANSWERS.**

PLEASE USE THE SPACE BELOW TO ADD INFORMATION ABOUT ANY "YES" ANSWERS: