The Home Office LLC # RETURNING CLIENT TAX INFO **Date**_____

Taxpayer (TP) Name | **Spouse (SP) Name**

TP Telephone | **SP Telephone**

SP SSN (if newly married during tax year)

TP Email | **SP Email**

Address (if changed)

Driver's License: We will need to scan/copy your DL and/or SP DL if it was renewed or issued during the tax year.

1. What is your Filing Status?	S	HOH	MFJ	MFS
2. Do you have dependents? If yes, see back			Y	N
3. Did you pay anyone for childcare services? *(Include form provided by childcare provider)*			Y	N
4. Did you pay education expenses for yourself or a dependent? *(Include **1098-T** or private school tuition statement)*			Y	N
5. Did you receive any unemployment or disability income? *(Download 1099-G from **my.unemployment.wisconsin.gov**)*			Y	N
6. Did you have any Social Security Income? *(Will need **SSA-1099**)*			Y	N
7. Did you buy or sell any stocks, bonds or other investment property? (Include ***1099-B***)			Y	N
8. Did you receive any interest or dividends (Include ***1099 Int or 1099 Div***)			Y	N
9. Do you have any rental income property? (Included ***1099-MISC***)			Y	N
10. Did you purchase, sell, or refinance your principal or second home? *(Include closing statement **HUD-101**)*			Y	N
11. Did you have a mortgage? (Include ***1098***)			Y	N
12. Did you take out a home equity loan or line of credit?			Y	N
13. Did you install any energy saving home improvements? (Include listing of type and amount)			Y	N
14. Did you pay property taxes? *(If so, include property tax bill)*			Y	N
15. Did you pay rent? *(If so, was heat included? Y or N____ and rent paid per month $_____)*			Y	N
16. Did you have any charitable contributions? Cash _____ Non-cash _____ Mileage _____			Y	N
17. Did you make a Qualified Charitable Contribution (QCD) from an IRA? *(Include form from qualified charity* and amount $_____)			Y	N
18. Did you convert all or part of your traditional/SEP/SIMPLE IRA to a ROTH IRA? ($_____)			Y	N
19. Did you receive a distribution from a retirement plan (401(k), IRA, etc.)?			Y	N
20. Did you make a contribution to a personal IRA (**not** an employer plan)? (TP Roth _____ TP Reg_____ SP Roth _____ SP Reg _____)			Y	N
21. Did you go through bankruptcy, foreclosure, or repossession proceedings?			Y	N

22. Were you notified or audited by the IRS or State Taxing Agency?	Y	N
23. Did you have Marketplace health insurance during the year? *(Include **1095-A**)*	Y	N
24. Do you have a health savings account (HSA)? *(If so, did you make any after-tax contributions $_____)*	Y	N
25. Did you have Long Term Care Premiums? (If yes, amount paid TP _____ SP _____)	Y	N
26. Did you have a Health Insurance Supplement? (If yes, TP _____ SP_____)	Y	N
27. Did you have any medical expenses or medical mileage? (Expenses _____ Mileage _____)	Y	N
28. Did you pay health insurance premiums after tax or out-of-pocket? ($_____)	Y	N
29. Were you a citizen of, have income from, or live in a foreign country?	Y	N
30. Did you own or have interest in foreign assets or accounts, or signature authority with any foreign financial accounts?	Y	N
31. Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency (Bitcoin, etc.)?	Y	N
32. Did you buy any merchandise for which you did not pay sales/use tax? (i.e. Online Purchases)	Y	N
33. Do you have an LLC? (If so, there are new filing requirements. We will give you the information.)	Y	N
34. Do you have any self-employment income? (Include ***1099-NEC***)	Y	N
35. Did you make any estimate payments? (Federal or State, please include amounts and quarters paid)	Y	N
36. Do you have any farming income? (Include ***1099 PATR or 1099-G***)	Y	N
37. Did you have any pass-through income, i.e. Partnership, S-Corporation or Trust? (Include ***K1***)	Y	N
38. Did you have any cancellation of debt? (Include ***1099-C or 1099-A***)	Y	N
39. Are you an Educator?	Y	N
40. Did you pay or receive alimony or spousal support? (If so, were you divorced before 2018?) Year of Divorce_____ Ex-SP Name _____ Ex-SP SSN _____	Y	N

DEPENDENT INFORMATION (Only list new dependents and provide Social Security Card)

Dependent #1: Name_____ **DOB**_____ **SSN**_____

Dependent #2: Name_____ **DOB**_____ **SSN**_____

Dependent #3: Name_____ **DOB**_____ **SSN**_____

Dependent #4: Name_____ **DOB**_____ **SSN**_____

BANKING INFORMATION (if you wish to have Direct Deposit or Direct Debit you must provide the following Information)

Bank Name: _____ **Routing #**_____ **Account #**_____

Bank Name: _____ **Routing #**_____ **Account #**_____