The Home Office LLC

RETURNING CLIENT TAX INFO

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?	Single	Head of Household	Married Joint	Married Single
2. Would you like a printed copy of your return?			Y	N
3. Did your dependents change? If yes, see back			Y	N
4. Did you pay anyone for childcare services? *(Include form provided by childcare provider)*			Y	N
5. Did you pay tuition for yourself or a dependent? *(Include **1098-T, 1089-E** or private school tuition statement)*			Y	N
6. Did you receive unemployment or disability income? (*1099-G from **my.unemployment.wisconsin.gov**)*			Y	N
7. Did you have any Social Security Income? *(Will need **SSA-1099**)*			Y	N
8. Did you buy or sell any stocks, bonds or other investment property? (Include ***1099-B***)			Y	N
9. Did you receive any interest or dividends (Include ***1099 Int or 1099 Div***)			Y	N
10. Do you have any rental income property? (Included ***1099-MISC***)			Y	N
11. Did you purchase, sell, or refinance your principal or second home? *(Include closing statmt **HUD-101**)*			Y	N
12. Did you have a mortgage? (Include ***1098***)			Y	N
13. Did you take out a home equity loan or line of credit?			Y	N
14. Did you install any energy saving home improvements? (Include listing of type and amount)			Y	N
15. Did you pay property taxes? *(If so, include property tax bill)*			Y	N
16. Did you pay rent? *(If so, was heat included? Y or N Rent paid per month $_____)*			Y	N
17. Did you have any charitable contributions? Cash _____ Non-cash _____ Mileage _____			Y	N
18. Did you make a Qualified Charitable Contribution (QCD) from an IRA? *(Include form from qualified charity* and amount $_____)			Y	N
19. Did you convert all or part of your traditional/SEP/SIMPLE IRA to a ROTH IRA? ($_____)			Y	N
20. Did you receive a distribution from a retirement plan (401(k), IRA, etc.)?			Y	N
21. Did you make a contribution to a personal IRA (**not** an employer plan)? (TP Roth _____ TP Reg_____ SP Roth _____ SP Reg _____)			Y	N
22. Did you go through bankruptcy, foreclosure, or repossession proceedings?			Y	N

23. Were you notified or audited by the IRS or State Taxing Agency?	Y	N
24. Did you have Marketplace health insurance during the year? *(Include **1095-A**)*	Y	N
25. Do you have a health savings account (HSA)? *(If so, did you make any after-tax contributions $_____)*	Y	N
26. Did you have Long Term Care Premiums? (If yes, amount paid TP _____ SP _____)	Y	N
27. Did you have a Health Insurance Supplement? (If yes, TP _____ SP_____)	Y	N
28. Did you have any medical expenses or medical mileage? (Expenses _____ Mileage _____)	Y	N
29. Did you pay health insurance premiums after tax or out-of-pocket? ($_____)	Y	N
30. Were you a citizen of, have income from, own assets/interests, or live in a foreign country?	Y	N
32. Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency (Bitcoin, etc.)?	Y	N
33. Did you buy any merchandise for which you did not pay sales/use tax? (i.e. Online Purchases)	Y	N
34. Do you have an LLC? (If so, there are new filing requirements. We will give you the information.)	Y	N
35. Do you have any self-employment income? (Include ***1099-NEC***)	Y	N
36. Did you make any estimate payments? (Federal or State, please include amounts and quarters paid)	Y	N
37. Do you have any farming income? (Include ***1099 PATR or 1099-G***)	Y	N
38. Did you have any pass-through income, i.e. Partnership, S-Corporation or Trust? (Include ***K1***)	Y	N
39. Did you have any cancellation of debt? (Include ***1099-C or 1099-A***)	Y	N
41. Are you an Educator?	Y	N
41. 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/HEAD OF HOUSEHOLD QUALIFIER INFORMATION (Only list new dependents and provide Social Security Card) Please indicate if a dependent or head of household status.

Name_____ DOB_____ SSN_____ DEP HOH

Name_____ DOB_____ SSN_____DEP HOH

Name_____ DOB_____ SSN_____DEP HOH

Name_____ DOB_____ SSN_____DEP HOH

BANKING INFORMATION (if you wish to have Direct Deposit or Direct Debit you must provide the following Information) if it is the same as last year write "Same"

Checking or Savings (Please indicate account type)

Bank Name: _____ Routing #_____ Account #_____

Bank Name: _____ Routing #_____ Account #_____