

**CYNTAX, LLC**

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[www.cyntax-hsv.com](http://www.cyntax-hsv.com)

**2020 INCOME TAX INFORMATION**

Taxpayer's Full Name \_\_\_\_\_ Spouse's Full Name \_\_\_\_\_  
Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Occupation \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Driver's License Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Driver's License Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone (Spouse) \_\_\_\_\_  
Email address \_\_\_\_\_ Email address (Spouse) \_\_\_\_\_

**DEPENDENTS**

Full Name	Social Security Number*	Date of Birth	Relationship

\*Please bring Social Security cards for verification if we do not have a copy.

**IMPORTANT ITEMS TO BRING**

W-2s from all employers  
Social Security Benefits Statement (SSA-1099)  
Unemployment Compensation (1099-G)  
Form 1095 – Proof of Health Insurance  
Forms 1099: 1099-MISC (Miscellaneous Income); 1099-INT (Interest);  
1099-DIV (Dividends); 1099-B (Sale of stocks/securities);  
1099-R (Pensions & Annuities/Retirement Plan Withdrawals);  
1099-C or 1099-A (Debt Forgiveness); 1099-K (Credit card/3<sup>rd</sup> party payments)  
1099 for Jury Duty or Poll Worker Income  
Form K-1 from Estates/Trusts, Partnerships or S Corporations  
Form W-2G for Gambling Winnings

Mortgage Interest Statement(s) + settlement statement(s) for any home you bought, sold or refinanced in 2020.  
Real estate/property taxes paid  
Car Tag Receipts & Proof of charitable contributions  
Education expenses: 1098-T from college; Billing stmt. from college;  
Receipts for tuition payments & books; 1099-Q from 529 Plans  
Student loan interest information (Form 1099-E)  
Stock or property sold? Bring historical cost basis (Form 1099-B)  
Purchase date/price/cost basis for any stock declared worthless  
Medical Savings Account/Health Savings Account info  
IRS Notice 1444/1444-B for Stimulus/Economic Impact Payments

If you are a new client, please bring a copy of last year's tax return.

## QUICK QUESTIONNAIRE

During 2020, did you:

- \_\_\_\_\_ Receive an Economic Impact (Stimulus) Payment? Bring IRS Notice 1444/1444-B. (While not taxable, needed for your 2020 tax return).
- \_\_\_\_\_ Receive an Identity Protection PIN from the IRS due to identity theft? If so, bring IRS letter.
- \_\_\_\_\_ Have a change in number of dependents? Were there any births, deaths, marriages, divorces or adoptions in your immediate family?
- \_\_\_\_\_ Have qualifying health insurance for everyone in your household? Was it purchased online through the Marketplace? (Bring Form 1095-A)
- \_\_\_\_\_ Receive Social Security benefits or Unemployment Compensation? (Bring SSA-1099 for Social Security; 1099-G for Unemployment)
- \_\_\_\_\_ Make any estimated tax payments? Please provide payment details on the next page.
- \_\_\_\_\_ Transfer or rollover any 401(k) or IRA accounts? If so, bring 1099-R.
- \_\_\_\_\_ Contribute (or do you plan to contribute) to an IRA or Roth IRA? Provide details.
- \_\_\_\_\_ Donate your Required Minimum Distribution (RMD) from your IRA directly to a charity?
- \_\_\_\_\_ Make charitable contributions by check or cash? Need receipts. (Up to \$300 can be claimed without itemizing deductions).
- \_\_\_\_\_ Incur any education expenses for yourself, your spouse, or dependent? Receive education benefits through a prepaid tuition program (PACT or Alabama 529 Plan)? Pay student loan interest? Contribute to the Alabama College Counts 529 Plan? Bring forms 1098-T & 1099-Q.
- \_\_\_\_\_ Pay for child/dependent care? If so, we need the name, address, social security number/EIN of your childcare provider, plus the total amount you paid during 2020. Did you receive any employer-provided dependent care assistance benefits? Use Flex Plan benefits for daycare expenses?
- \_\_\_\_\_ Have unreimbursed work-related expenses? (Union dues, professional association dues, uniforms, job search, etc.)
- \_\_\_\_\_ Receive any income from a pension, profit-sharing, 401(k), Retirement, Keogh, IRA, Roth, or tax-sheltered annuity plan? (Bring 1099-R)
- \_\_\_\_\_ Have any out-of-pocket expenses incurred as a volunteer? (This includes mileage, uniforms, and supplies).
- \_\_\_\_\_ Pay (or receive) alimony? (If you paid alimony, please provide the date of divorce, along with the name, SSN, and address of the person receiving payments).
- \_\_\_\_\_ Purchase a new home? Sell or refinance an existing home? Please provide a copy of the settlement statement(s).
- \_\_\_\_\_ Sell or cash in stocks, bonds, U.S. savings bonds, or property? If so, bring form 1099-B. Any stocks declared worthless? Need cost basis.
- \_\_\_\_\_ Start a business? Purchase (or sell) rental property?
- \_\_\_\_\_ Have income (or loss) on K-1 from any Partnership, LLC, S Corp, Estate or Trust? (Bring K-1)
- \_\_\_\_\_ Have foreign income or pay foreign taxes? Have foreign investment/bank accounts valued at over \$10,000 at any time during 2020?
- \_\_\_\_\_ Make any internet purchases from out-of-state retailers on which no sales tax was paid? Need total dollar amount of those purchases.
- \_\_\_\_\_ Make any residential energy efficiency improvements? (HVAC Unit, windows, insulation, solar hot water heaters or fuel cells).

**2020 ESTIMATED TAX PAYMENTS**

**FEDERAL ESTIMATED TAXES PAID**

**STATE ESTIMATED TAXES PAID**

Date Due	Amount Paid	Date Sent	Date Due	Amount Paid	Date Sent
April 15, 2020 (Extended to 7/15/2020)			April 15, 2020 (Extended to 7/15/2020)		
July 15, 2020			July 15, 2020		
Sept. 15, 2020			Sept. 15, 2020		
Jan. 15, 2021			Jan. 15, 2021		

**SCHEDULE A – ITEMIZED DEDUCTIONS**

<u>UNREIMBURSED MEDICAL EXPENSES</u>	<u>TAXES PAID</u>
Prescription Drugs. . . . . \$ _____	Real Estate Taxes. . . . . \$ _____
Medical Insurance Premiums. . . . . \$ _____	Personal Property Taxes. . . . . \$ _____
Long-Term Care Ins. Premiums. . . . . \$ _____	State/Local Income Taxes. . . . . \$ _____
Medicare Premiums. . . . . \$ _____	Sales Tax paid on Car/Boat/RV. . . . . \$ _____
Doctors . . . . . \$ _____	Car Tag (Ad Valorem Tax). . . . . \$ _____
Dentists . . . . . \$ _____	
Clinic/Lab Tests. . . . . \$ _____	<b><u>CHARITABLE CONTRIBUTIONS</u></b>
Eyeglasses/Contact Lenses & Solutions. . . . . \$ _____	Cash/Check Contributions. . . . . \$ _____
Hearing Aids/Batteries. . . . . \$ _____	
Orthopedic Shoes/Brace . . . . . \$ _____	Non-Cash Contributions. . . . . \$ _____
Medical Lodging. . . . . \$ _____	
Miles for Medical Treatment:	Were any charitable contributions from your IRA? \$ _____
_____ miles @.17 per mile . . . . . \$ _____	Miles for Charity:
	_____ miles @.14 per mile. . . . . \$ _____
<b><u>INTEREST EXPENSE</u></b>	
Home Mortgage Interest Paid to	<b><u>MISCELLANEOUS DEDUCTIONS</u></b>
Financial Institutions. . . . . \$ _____	Unreimbursed Business Expenses. . . . . \$ _____
Home Equity Interest. . . . . \$ _____	Union/Professional Dues. . . . . \$ _____
Home Mortgage Interest Paid to Individual. . . . . \$ _____	Safe Deposit Box. . . . . \$ _____
Name/Address _____	Tax Return Preparation Fee. . . . . \$ _____
_____	Business Publications. . . . . \$ _____
_____	Business Phone Calls/Cell Phone Usage. . . . . \$ _____
Social Security No. _____	Tools, Supplies, Equipment. . . . . \$ _____
Deductible Points Paid. . . . . \$ _____	Job Search Expenses. . . . . \$ _____
Investment Interest. . . . . \$ _____	Gambling Losses. . . . . \$ _____
	Investment Advisor Fees . . . . . \$ _____

**SCHEDULE C – BUSINESS INCOME**

Business Name \_\_\_\_\_ ID Number \_\_\_\_\_

<p><b><u>Gross Income:</u></b>                  Gross Income. . . . . \$ _____                  Less: Returns &amp; Allowances. . . . . \$ _____</p> <p><b><u>Cost of Sales:</u></b>                  Beginning Inventory. . . . . \$ _____                  Purchases. . . . . \$ _____                  Cost of Labor. . . . . \$ _____                  Materials &amp; Supplies . . . . . \$ _____                  Freight In . . . . . \$ _____                  Other _____ . . . . . \$ _____                  Ending Inventory. . . . . \$ _____</p> <p><b><u>Deductions/Expenses:</u></b>                  Advertising. . . . . \$ _____                  Car &amp; Truck Expenses. . . . . \$ _____                  Business Miles:                  _____ miles @.575 per mile. . . . . \$ _____                  Bank Fees. . . . . \$ _____                  Collection Expenses. . . . . \$ _____                  Contract Labor. . . . . \$ _____                  Employee Benefit Plan. . . . . \$ _____                  Insurance. . . . . \$ _____</p>	<p><b><u>Deductions/Expenses (continued)</u></b>                  Interest (Mortgage). . . . . \$ _____                  Interest (Other). . . . . \$ _____                  Janitorial/Cleaning. . . . . \$ _____                  Legal/Accounting Fees. . . . . \$ _____                  Meals (Business-Related). . . . . \$ _____                  Office Expenses. . . . . \$ _____                  Postage. . . . . \$ _____                  Professional Development . . . . . \$ _____                  Professional Dues/Subscriptions. . . . . \$ _____                  Rent or Lease. . . . . \$ _____                  Repairs/Maintenance . . . . . \$ _____                  Salaries . . . . . \$ _____                  Supplies . . . . . \$ _____                  Taxes &amp; Licenses. . . . . \$ _____                  Telephone . . . . . \$ _____                  Travel (Hotel/Airfare). . . . . \$ _____                  Utilities . . . . . \$ _____                  Misc/Other (Please describe). . . . . \$ _____                  _____                  _____                  Home Office (100% Business Use):                  House Sq. Ft. _____ Office Area Sq. Ft. _____</p>
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**MAJOR PURCHASES – SCHEDULE C**

DESCRIPTION	DATE PURCHASED	COST	TRADE-IN (IF ANY)

**SCHEDULE E – RENTAL PROPERTY/ROYALTIES**

**Property Description:** \_\_\_\_\_

**Gross Rental Income:** .....\$ \_\_\_\_\_

Number of days rented in 2020: \_\_\_\_\_

Number of days used personally: \_\_\_\_\_

**Expenses:**

Advertising .....\$ \_\_\_\_\_

Other Interest .....\$ \_\_\_\_\_

Auto/Travel Expense .....\$ \_\_\_\_\_

Professional Fees .....\$ \_\_\_\_\_

Mileage:  
\_\_\_\_\_ miles @.575 per mile. .... \$ \_\_\_\_\_

Repairs .....\$ \_\_\_\_\_

Cleaning/Maintenance .....\$ \_\_\_\_\_

Supplies .....\$ \_\_\_\_\_

Commissions .....\$ \_\_\_\_\_

Taxes .....\$ \_\_\_\_\_

Insurance .....\$ \_\_\_\_\_

Utilities .....\$ \_\_\_\_\_

Management Fees .....\$ \_\_\_\_\_

Misc/Other (Please Describe). .... \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mortgage Interest .....\$ \_\_\_\_\_

**MAJOR PURCHASES – SCHEDULE E**

DESCRIPTION	DATE PURCHASED	COST	TRADE-IN (IF ANY)