

Required Information for 2020 Tax Returns

You must review and answer these important questions for the preparation of your 2020 tax returns. Circle any items you are unsure of. Documentary evidence must be maintained for items claimed that reduce taxable income. These items include, but are not limited to, medical expenses, taxes, mortgage and investment interest, charitable contributions, casualty losses, employee and investment expenses, self-employment and rental expenses.

Did you contribute to a **Traditional** or **Roth IRA**? Yes No (*If yes, circle which one.*)

If yes, please provide amount: \$ _____ (**NOT** 401K, 403B, 457 deferred compensation deferrals.)

How much did you contribute to a **Section 529 College Savings Plan**? \$ _____ State ? _____

How much did you pay in **qualifying higher education** expenses (tuition and fees) for you, your spouse or dependents? \$ _____ College or University _____ **You must provide Form 1098-T.**

For your dependents under age 13, or disabled, how much was spent on **child/dependent care expenses** (i.e., **day care, afterschool programs, camps**)? \$ _____

You **must provide** the following: Provider Name: _____

Address: _____

Provider EIN #: _____ Paid through a Flexible Spending Account? Yes No

Did you make purchases on the Internet or from catalogues for which you **did not pay sales tax**? Yes No
Specify purchase amount \$ _____

What was the amount of **sales tax you paid on any large purchases** (i.e., car, boat)? \$ _____

You are still required to have minimum essential health coverage. Did you obtain **health insurance coverage through the health insurance marketplace**? Yes No If yes, you **must provide Form 1095A.**

If you own **Long Term Care insurance** (covers long-term care services such as nursing home care, home-health care, adult day care, respite care), what is your annual premium? \$ _____

Regarding **crypto currency**, did you receive, sell, send, exchange or otherwise acquire **any financial interest in virtual currency** this year? Yes No

During this tax year, did you have an interest in a **financial account in a foreign country**, such as a bank account, securities account or other financial accounts? Yes No Description: _____

If you are self-employed or own rental real estate: N/A

Did you make any payments that would require a Form 1099-MISC to be issued? Yes No

Did you issue them? Yes No

Did you make **energy efficiency home improvements**? A small residential energy efficient property tax credit could apply. Describe _____ \$ _____

If you are a **retired public safety officer**, are your health insurance premiums deducted from your pension distribution?
 Yes No If yes, please provide: Premium \$ _____ Name of Insurance Carrier _____

Are you an **active volunteer firefighter or EMS worker**? Yes No

If yes, please provide: Department: _____ Address: _____

Did you receive a property tax reduction based on this service? Yes No

Have the **taxing authorities disallowed or reduced any credits** claimed on prior tax returns? Yes No

Economic Impact Payment (Stimulus): Did you receive? Yes No

If yes, you should have received Form 1444 or have a bank record indicating payment amounts.

First payment amount \$ _____ Second payment amount \$ _____

Did you receive **unemployment benefits**? Yes No \$ _____ Form 1099G is required. For NY clients, Form 1099G can be accessed from the NYS Dept. of Labor website at <https://dol.ny.gov/unemployment/1099-g-tax-form>. NYS will not mail Form 1099G.

Did you receive a **STAR credit check**? Yes No \$ _____

If recommended to you, did you make your **Federal and/or state estimated payments for 2020**? Yes No

If no, please indicate what, if any, estimated payments were made: Federal \$ _____ State \$ _____

Check here if you received direct deposit of your refund last year & your bank information did not change.

Would you like direct deposit of your refund? Yes No Direct debit for tax balances due is also available.

If new bank information **or changed** from last year:

Bank Name: _____ Routing #: _____ Account # _____

Rooney, Schmidt & Associates

PRIVACY POLICY

The privacy of our client information is and has always been important to us, and we are bound by professional standards of confidentiality. However, we are now required by law to formally inform you of our privacy policy.

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as required by law, or when necessary to process transactions requested by a client.

We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting, regulatory and government standards.

We may suggest financial strategies or opportunities based on information you have provided for the purpose of tax preparation. These suggestions may lead to additional compensation to members of this firm for products or services provided. You are under no obligation to utilize any suggested strategy, product or service.

We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact us.

Gramm-Leach-Bliley Act, Public Law 106-102 (FTC 16 CFR Part 313)

ENGAGEMENT TERMS

The following describes the terms of our agreement and outlines the nature and extent of the services we will provide. Based upon the information you furnish to us, we will prepare your Federal and applicable state/local income tax returns. The charges for our services are based on the complexity of the returns. Preparation is guaranteed to be free from technical defect. Penalties based on this type of error will be the responsibility of this firm. Additional tax will be the responsibility of the client.

We do not audit or verify the data you submit to us, although we may ask you for clarification when necessary. All the information you submit to us will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return. You have the final responsibility for your income tax returns. Please review them carefully.

Your returns are subject to review and examination by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at our standard rates.

Client Signature _____ Date _____

Rooney, Schmidt & Associates

Many of our clients request that we become involved in other aspects of their financial lives beyond the tax engagement. This may involve products, services and advice provided through our firm or by other entities with which you have relationships (i.e., mortgage bankers, college aid or attorney). To enable us to provide you with the highest level of professional and expedient service, we recommend you sign the following authorizations. All aspects of our privacy policy remain intact and rest assured that your information will only be used or disclosed as you direct or as required by law.

Disclosures Required by Title 26 CFR 301.7216

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Duration of Consent: until revoked [] or specify _____

I authorize Rooney, Schmidt and Associates to use tax return information, should the need arise, to assist or advise me concerning financial matters or services.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Signature: _____ Date _____

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information for purposes other than the preparation and filing of your tax return without your consent. You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Duration of Consent: until revoked [] or specify _____

I authorize Rooney, Schmidt and Associates to disclose tax return information, should the need arise, to assist or advise me concerning financial matters or services.

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Signature: _____ Date _____