

DID YOU RECEIVE THE BIDEN STIMULUS? YES NO
 AMOUNT RECEIVED: \$1,400 \$2,800 \$4,200 \$5,600 \$7,000

OTHER: _____

DID YOU RECEIVED THE ADVANCED CHILD TAX CREDIT? YES NO
 DID YOU RECEIVED IRS LETTER 6419 (IF SO PROVIDE COPY) YES NO

VERY IMPORTANT AMOUNT RECEIVED (\$250 FOR CHILDREN OVER 6 YEARS OLD, AND \$300 FOR 5 AND UNDER)
 AMOUNT RECEIVED: _____ FOR HOW MANY CHILDREN WERE YOU PAID FOR? _____

YOUR TAX SITUATION

Please select all that apply to you or your spouse:

- | | |
|---|--|
| <p>Income Sources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employer (w-2) <input type="checkbox"/> Unemployment (1099-G) <input type="checkbox"/> Social Security Benefits (SSA-1099) <input type="checkbox"/> Retirement plan distribution (1099-R) <input type="checkbox"/> Interest (1099-Int) <input type="checkbox"/> Dividends (1099-Div) <input type="checkbox"/> Stock or mutual fund sale (1099-B) <input type="checkbox"/> Self-Employed/Independent Contractor/Misc Inc. form 1099-NEC/1099-Misc <input type="checkbox"/> Expenses from self-employed (spreadsheet/P & L) <input type="checkbox"/> Rental Property | <p>Household/Dependents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change in family or marital status (Certificates) <input type="checkbox"/> Adopted a child <input type="checkbox"/> Paid Child/dependent care expenses (see below) <input type="checkbox"/> Tuition (1098-T) and education expenses <input type="checkbox"/> Paid Student loan Interest <input type="checkbox"/> Enrolled in health insurance marketplace form (1095-A) <input type="checkbox"/> HSA contribution (Form HSA) <input type="checkbox"/> New Dependent (copy of Social) <input type="checkbox"/> Solar/ Energy credit |
|---|--|

- | | |
|--|--|
| <p>ITEMIZED DEDUCTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Donated cash or goods to charity <input type="checkbox"/> Made a major taxable purchase (new car) <input type="checkbox"/> Mortgage Interest (form 1098-Int) <input type="checkbox"/> Property taxes (County Tax Assessor form) <input type="checkbox"/> Out of Pocket Medical expenses | <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sold a home <input type="checkbox"/> Paid/received alimony <input type="checkbox"/> Lived in a federally declared disaster area <input type="checkbox"/> Had gambling winning/loses <input type="checkbox"/> Made an IRA contribution <input type="checkbox"/> Bought a qualified electric vehicle |
|--|--|

CHILD CARE EXPENSES:	NAME OF PERSON/SCHOOL/ORGANIZATION _____	
	SOCIAL/EIN # _____	ADDRESS _____
	HOW MUCH DID YOU PAY \$ _____	CITY/STATE/ZIP _____
DO YOU HAVE RECEIPT? IF SO PLEASE PROVIDE		

ADDITIONAL NOTE(S):

I Declare that the information I provided is correct / Yo declaro que la informacion que proporsuone es correcta

SIGN / FIRMA TAX PAYER _____

DATE / FECHA _____

SIGN / FIRMA SPOUSE _____

DATE / FECHA _____