- Go PAPERLESS with our client portals
- 24/7 SECURE access to your tax return through our website.

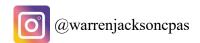
Please feel free to contact our office if you have any questions regarding the new changes for the current tax season. We appreciate the relationship that we have with our clients and look forward to working together again.



Find us on Facebook, Instagram, and Twitter www.facebook.com/warrenjackson



@wjaccountants



From:

Warren Jackson CPA's, PLLC

206 North Hill Street Athens, TN 37303 Tel (423) 745-9314

Fax (423) 745-9316

705 E. Broadway Lenoir City, TN 37771 (865) 988-4440 (865)988-4441

Address Correction Requested



409 College Street N #2 Madisonville, TN 37354 Tel (423)442-3890 Fax (423)442-6590

606 South Main Street Sweetwater, TN 37874 Tel (423) 337-5003 Fax (423) 271-6042

INCOME TAX RETURN

INFORMATION QUESTIONNAIRE See our website for additional information at www.warrenjacksoncpa.com

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Name(Taxpayer)	Date of Birth (Taxpayer)	Telephone (Home)
Name(Spouse)	Date of Birth (Spouse)	Telephone (Work) Address
(Street or PO Box)		Occupation (Taxpayer)
City, State, Zip Code		Occupation(Spouse)
Social Security Number (Taxpayer)		Social Security Number(Spouse)
Names, Birth Dates and Social Security Numl	pers of Dependents: E-Mail Ad	dress:
Name:		ocial Security Number:
Name:		ocial Security Number:
Name:	·	ocial Security Number:
Did we prepare your prior year federal inc If no, please provide a copy of the prior	or year federal and state income tax re	
2. Do you have health insurance? YES NO	Do you have marketplace insurance	? YES NO If yes provide form 1095
Do you contribute to an HSA? YES NO	O If yes, please provide forms 1099-	SA and 5498-SA
3. If you deposited funds into a Traditional o income tax return, please list the type of I		to prior to filing this year's federal
Self :Tr	raditional/Roth Spouse :	Traditional/Roth
 If you sold any stocks, real estate, or other purchase and the original purchase price 		rovide the date of the sales, original
5. If you paid for college tuition for yourself, the year of college attended: Please prov Name: Name:	vide form 1098-T as required by the IR Amount Paid :	Year Attended : 1 2 3 4 Othe
6. If you paid for child or dependent care to	enable you to work or attend school full-	time, please complete the following:
Child Care Provider Name:Provider's Tax ID:	Address: Name of Child:	Amount Paid:
7. Student loan interest is deductible, subject please list the amount and for whom the i	to both interest and income limitations.	
Name:		Amount Paid:
If you have any other issues that should be list those issues below:		
1		
2		
2		
ა		
o Do you have any foreign bank accounts? Y	ES NO If yes, balance as of 12/31:	
		NO
. Do you have any foreign bank accounts? Y	ds via a secure portal? YES	NO

Income Received

Interes	st and Dividends (provide F	orms 1099):				
Name Amount		Amount	Name		Amount	
Wages	s/Retirement/Social Security	y/Unemployment	(provide	,	Amount	
			- <u> </u>			
Did you h	have any gambling winnings YE	ES NO If yes, ple	ease provid	le form W2-G		
Did you r	receive any unemployment bene		es, provid			
Medica Medical	II & Dental Expenses:			xes te Income Tax:		
	Insurance:		Rea	al Estate (Residence):		
Long-Te	rm Care Ins (Taxpayer):		Real Estate (Other):			
Long-Te	rm Care Ins (Spouse):		Sales Tax on Bldg. Materials, Vehicles, RV's:			
Prescrip	tion Drugs:		Oth	er:		
Mileage	(Medical Related):		- Co	ntributions		
Interes	t			urch:		
Home M	lortgage Interest:			ner:		
Home E	quity LOC to improve residence:			sh (requires receipt):		
Vacation	n Home:			n-Cash (requires receipt):		
				ner:		
				nony Paid for divorces finalized be		
REFUNI	D AND BANK DRAFT INFORM	ATION	Re	cipient's Name and SS#:		
	_ Same account as last year	RI	QUIRED	Please provide the following	_	
	_ Different account (please fill o bank information on right)		Bank Name:	Please check one: CHECK		
	_ None, I prefer a paper check	F	Routing Numl	ber:		
		A	ccount Num	ber:		
ESTIM <i>A</i>	ATED TAX PAYMENTS					
Date	Amount		Date	Amount		
/	_/		/_			
1	1		1	1		

Self-Employed Business Income and Expenses

Revenues	Inventory - Janu	ary 1		
Cost of Goods Purchased:	Inventory - Dece	Inventory - December 31		
Expenses:				
Advertising:	Licenses:	Home Office:		
Commissions:	Travel:	Home Office - Sq. Ft.:		
Contract Labor:	Meals & Entertainment:	Home - Sq. Ft.:		
Owner's Health Ins:	Utilities:	Insurance - Home:		
Other Insurance:	Wages:	Utilities - Home:		
Interest:	Bank Charges:	Maintenance - Home:		
Legal & Professional:	Dues & Subscriptions:	Other - Home:		
Office Supplies:	Postage & Freight:			
Rent (Equip):	Cleaning	Vehicles:		
Rent (Real Estate):	Telephone:	Total Mileage:		
Repairs & Maintenance:	Continuing Education:	Business Mileage:		
Taxes - Sales:	Business Gifts:	Vehicle Expense:		
Taxes - Payrol l:	Other:	Lease Payments:		
Taxes - Other:	Other:	Purchase Date & Cost:		
Did you receive any unemployment ben Property A:	efits? YES NO If yes, amount? \$	Property C:		
Address:	Address:	Address:		
Personal Use < 14 days Yes No	Personal Use < 14 days Yes No	Personal Use < 14 days Yes No		
Rent Received:	Rent Received:	Rent Received:		
Advertising:	Advertising:	Advertising:		
Travel (miles):	Travel (miles):	Travel (miles):		
Cleaning:	Cleaning:	Cleaning:		
Commissions:	Commissions:	Commissions:		
Insurance:	Insurance:	Insurance:		
Legal & Professional:	Legal & Professional:	Legal & Professional:		
Condo/Mgmt Fees:	Condo/Mgmt Fees:	Condo/Mgmt Fees:		
Interest:	Interest:	Interest:		
Property Taxes:	Property Taxes:	Property Taxes:		
New Assets: Any replacement or renov	ation costs exceeding \$750 and with a u the cost, and a description of the expen	seful life in excess of one year must be listed diture.		
Date: Expenditure:		Cost:		