

- 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



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From:

**Warren Jackson CPA's, PLLC**



**Warren Jackson**

CERTIFIED PUBLIC ACCOUNTANTS, PLLC

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Address Correction Requested

## INCOME TAX RETURN

## INFORMATION QUESTIONNAIRE

See our website for additional information at [www.warrenjacksoncpa.com](http://www.warrenjacksoncpa.com)

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# Personal Information

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 Numbers of Dependents: **E-Mail Address:** \_\_\_\_\_

Name: _____	Date of Birth: _____	Social Security Number: _____
Name: _____	Date of Birth: _____	Social Security Number: _____
Name: _____	Date of Birth: _____	Social Security Number: _____

## QUESTIONS

1. Did we prepare your prior year federal income tax return? YES NO  
**If no, please provide a copy of the prior year federal and state income tax returns.**
2. Do you have health insurance? YES NO Do you have marketplace insurance? YES NO **If yes provide form 1095-A**  
Do you contribute to an HSA? YES **NO If yes, please provide forms 1099-SA and 5498-SA**
3. If you deposited funds into a Traditional or Roth IRA during the year or if you plan to prior to filing this year's federal income tax return, please list the type of IRA and the amount.  
Self : \_\_\_\_\_ Traditional/Roth Spouse : \_\_\_\_\_ Traditional/Roth
4. If you sold any stocks, real estate, or other capital assets during the year, please provide the date of the sales, original purchase and the original purchase price (Basis):
5. If you paid for college tuition for yourself, spouse, or dependent, please list for whom tuition was paid, the amount, and the year of college attended: **Please provide form 1098-T as required by the IRS**  
Name : \_\_\_\_\_ Amount Paid : \_\_\_\_\_ Year Attended : 1 2 3 4 Other  
Name : \_\_\_\_\_ Amount Paid : \_\_\_\_\_ Year Attended : 1 2 3 4 Other
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: \_\_\_\_\_ Address: \_\_\_\_\_  
Provider's Tax ID: \_\_\_\_\_ Name of Child: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
7. Student loan interest is deductible, subject to both interest and income limitations. If interest was paid during the year, please list the amount and for whom the interest was paid.  
Name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
8. If you have any other issues that should be discussed relative to the preparation of your Federal Income Tax return, please list those issues below:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_
9. Do you have any foreign bank accounts? YES NO If yes, balance as of 12/31: \_\_\_\_\_
10. Do you want access to your financial records via a secure portal? YES NO
11. Did you have any transactions with virtual currency? YES NO 12. Amount of stimulus check received \$ \_\_\_\_\_
13. Did you contribute any of your RMD to a qualified charity? YES NO If yes how much? \$ \_\_\_\_\_

# Income Received

## Interest and Dividends (provide Forms 1099):

Name	Amount	Name	Amount
_____	_____	_____	_____
_____	_____	_____	_____

## Wages/Retirement/Social Security/Unemployment (provide Forms W-2, 1099-R, etc.)

Name	Amount	Name	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Did you have any gambling winnings YES NO **If yes, please provide form W2-G**

Did you receive any unemployment benefits? YES NO **If yes, provide form 1099-G**

# Deductions

## Medical

Medical & Dental Expenses: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Long-Term Care Ins (Taxpayer): \_\_\_\_\_

Long-Term Care Ins (Spouse): \_\_\_\_\_

Prescription Drugs: \_\_\_\_\_

Mileage (Medical Related): \_\_\_\_\_

## Interest

Home Mortgage Interest: \_\_\_\_\_

Home Equity LOC to improve residence: \_\_\_\_\_

Vacation Home: \_\_\_\_\_

## Taxes

State Income Tax: \_\_\_\_\_

Real Estate (Residence): \_\_\_\_\_

Real Estate (Other): \_\_\_\_\_

Sales Tax on Bldg. Materials, Vehicles, RV's: \_\_\_\_\_

Other: \_\_\_\_\_

## Contributions

Church: \_\_\_\_\_

Other: \_\_\_\_\_

Cash (requires receipt): \_\_\_\_\_

Non-Cash (requires receipt): \_\_\_\_\_

Other: \_\_\_\_\_

Alimony Paid for divorces finalized before 1/1/2019

\_\_\_\_\_

Recipient's Name and SS#: \_\_\_\_\_

## REFUND AND BANK DRAFT INFORMATION

\_\_\_\_\_ Same account as last year

\_\_\_\_\_ Different account (please fill out new bank information on right)

\_\_\_\_\_ None, I prefer a paper check

## REQUIRED Please provide the following bank information:

Please check one:  CHECKING  SAVINGS

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

## ESTIMATED TAX PAYMENTS

Date	Amount	Date	Amount
___/___/___	_____	___/___/___	_____
___/___/___	_____	___/___/___	_____

# Self-Employed Business Income and Expenses

**Revenues** \_\_\_\_\_ Inventory - January 1 \_\_\_\_\_

Cost of Goods Purchased: \_\_\_\_\_ 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 _____	<b>Vehicles:</b>
Rent (Real Estate): _____	Telephone: _____	Total Mileage: _____
Repairs & Maintenance: _____	Continuing Education: _____	Business Mileage: _____
Taxes - Sales: _____	Business Gifts: _____	Vehicle Expense: _____
Taxes - Payroll: _____	Other: _____	Lease Payments: _____
Taxes - Other: _____	Other: _____	Purchase Date & Cost: _____

**New Assets:** Any new equipment, machinery, furniture, fixtures, building improvements, or vehicles with a cost exceeding \$750 and with a useful life in excess of one year must be listed below with the date of the expenditure, the cost, and description of the expenditure.

<b>Date:</b> _____	<b>Expenditure:</b> _____	<b>Cost:</b> _____
_____	_____	_____

Did you receive a PPP loan or an EIDL Advance YES NO

Did you receive any unemployment benefits? YES NO If yes, amount? \$ \_\_\_\_\_

## Rental Property

<b>Property A:</b>	<b>Property B:</b>	<b>Property C:</b>
<b>Address:</b> _____	<b>Address:</b> _____	<b>Address:</b> _____
<b>Personal Use &lt; 14 days</b> <b>Yes</b> <b>No</b>	<b>Personal Use &lt; 14 days</b> <b>Yes</b> <b>No</b>	<b>Personal Use &lt; 14 days</b> <b>Yes</b> <b>No</b>
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 renovation costs exceeding \$750 and with a useful life in excess of one year must be listed below with the date of the expenditure, the cost, and a description of the expenditure.

<b>Date:</b> _____	<b>Expenditure:</b> _____	<b>Cost:</b> _____
_____	_____	_____
_____	_____	_____