

Christopher Dillon, CPA

(410)956-0125

cdillon@dilloncpa.com

Print this form or download this form and take some time to fill it out. Drop it off at our office along with all of your tax documents. This will save you time and money, and help us serve you more efficiently. If you are missing information, your return will be moved to the back of the queue. We will contact you when your tax return is complete.

Any documentation received after March 25, 2021 will automatically receive an extension. Payment of your invoice is due prior to e-filing your return.

Tax Return Questionnaire - 2020 Tax Year

Name (s) Last:	Taxpayer:
	Spouse (if different from Taxpayer):
Name (s) First:	Taxpayer:
	Spouse:
Address:	Street Address:
	City, State ZIP:
Social Security Number(s)	Taxpayer:
	Spouse:
Occupation(s):	Taxpayer:
	Spouse:
Date(s) of Birth:	Taxpayer:
	Spouse:
Phone Number(s):	Work:
	Home:
	Cell:
Email Address(s):	Taxpayer:
	Spouse:

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected):

Yes

No

Filing Status (Check one):

Single

Married

Married Filing Separately

Head of Household

Qualifying Widow(er)

DEPENDENTS:

Name (First, Middle Initial, Last) – List all date(s) of birth, social security number, and relationship. Please attach a copy of birth certificate for each dependent:

1. Full Name: _____
Date of Birth: _____
Social Security Number: _____
Relationship: _____
2. Full Name: _____
Date of Birth: _____
Social Security Number: _____
Relationship: _____
3. Full Name: _____
Date of Birth: _____
Social Security Number: _____
Relationship: _____

Did any dependents earn income over \$2,200? Yes No

INCOME:

1. Wages and Salaries (Attach W2's)
Name of Payer: _____
Gross Wages: _____
Federal Income Tax Withheld: _____
State Income Tax Withheld: _____
2. Interest Income (Attach 1099's) (*List non-taxable Interest Income as well and identify as nontaxable*)
Name and Address of Payer: _____
Amount: _____
Name and Address of Payer: _____
Amount: _____
3. If you received any interest regarding a "Seller Financed" mortgage, provide:
Name and Address of Payer: _____
Social Security Number: _____
Amount: _____
4. Dividend Income (Attach 1099's)
Name of Payer: _____
Amount: _____
Name of Payer: _____
Amount: _____
5. Capital Gains and Losses (Attach Brokerage Statement)
6. Other Gains and Losses (*Include details of dispositions of any business/rental /farm assets*):
Investment: _____
Date Acquired: _____
Cost/Other Basis: _____
Date Sold: _____
Sale Proceeds: _____

7. Pensions, IRA Distributions, Annuities, and Rollovers (Attach all 1099's or other related documentation)
Total Received: _____
Taxable Amount: _____
Federal Income Tax Withheld: _____
State Income Tax Withheld: _____
8. Rent (Break down per property):
Address: _____
Income: _____
Expenses:
Travel (mileage, hotel, airfare): _____
Advertising: _____
Mortgage Interest: _____
Real Estate Tax: _____
Home Owners Insurance: _____
Home Owners Association Dues: _____
Legal/Professional Costs: _____
Repairs: _____
Management Fees: _____
Supplies: _____
Utilities: _____
Capital Improvements/Property Purchase: _____
9. Royalties, Partnerships, S Corporations, Estates, Trusts (*Attach K-1's for all Partnerships/SCorporations/Fiduciaries*)
10. Unemployment Compensation Received: _____
11. Social Security Benefits Received (Attach Annual Statement): _____
12. State/Local Tax Refund(s): _____
13. Other Income
Description: _____
Amount: _____
14. Self-Employment Income:
Income: _____
Expenses:
Mileage: _____
Auto Costs: _____
Advertising: _____
Insurance: _____
Legal/Professional Services: _____
Office Expense: _____
Pension/Profit Sharing Plan: _____
Rent: _____
Repairs/Maintenance: _____
Supplies: _____
Travel: _____
Utilities: _____
Meals: _____
Gross Wages Paid: _____
Taxes: _____
Telephone: _____
Other Expenses: _____

CREDITS:

Child and Dependent Care:

Number of Qualifying Individuals (under 13 years of age): _____

Name, address, and identification number of each provider:

Name: _____

Address: _____

Identification Number (SS# or EIN): _____

Amount Paid: _____

If payments were made to an individual, were the services rendered in your home?

Yes No

If "Yes", have payroll reports been filed?

Yes No

"Special Needs" or disabled child?

Yes No

Tuition and Fees paid for higher education (American Opportunity and Lifetime Learning Credits) (Attach forms 1098T): _____

Did the student complete the first 4 years of postsecondary education as of 1/1/2020?

Yes No

Foreign Tax Credits: _____

2020 Estimated Tax Payments:

Federal

State

Date Paid: _____ Amount: _____ Date Paid: _____ Amount: _____

Date Paid: _____ Amount: _____ Date Paid: _____ Amount: _____

Date Paid: _____ Amount: _____ Date Paid: _____ Amount: _____

Date Paid: _____ Amount: _____ Date Paid: _____ Amount: _____

Other Payments/Credits (Attach schedule and explain):

Date: _____

Amount: _____

Date: _____

Amount: _____

ITEMIZED DEDUCTIONS:

Medical and Dental (Must exceed 7.5% of AGI):

Amount: _____

1. Out of pocket costs for prescription medications, drugs, doctors, dentists, nurses, medical insurance premiums (including Medicare B), and dental insurance premiums paid in 2020 (reduced by any insurance reimbursements).
2. Transportation and lodging incurred in order to obtain medical care.
3. Other – Hearing aids, eyeglasses, medical services, etc.

Taxes Paid in 2020:

1. State and local income taxes not listed elsewhere: _____
2. Real estate taxes not listed elsewhere: _____
3. Personal property taxes (includes owners' tax on auto registration: _____)

Interest Paid in 2020:

1. Home mortgage interest paid to financial institutions: _____
2. Home mortgage interest paid to individuals: _____
Name and Social Security Number: _____
Address: _____
3. Points paid on purchase or refinance (include form HUD1/Settlement Sheet): _____
4. Investment Interest: _____
5. Student Loan Interest: _____

Contributions: (Written documentation is required for all gifts of \$500 or more – not just cancelled checks)

1. Cash – Less than \$500 paid to any one organization.
2. Cash - \$500 or more paid to any one organization – note name of organization

3. Other than cash (clothes, furniture, etc.) – Attach details including total valuation amounts per bag or box donated: (Please see Salvation Army Valuation Guide on our website)

Casualty and Theft Losses: (Attach details)

Print or download this form out and take some time to fill it out. Send this document along with your other tax documents before your appointment. This will save you time and money, and help us serve you more effectively.

Christopher Dillon, CPA
2979 Solomons Island Road, Unit A-2
Edgewater, MD 21037
(410) 956-0125
cdillon@dilloncpa.com