

Please fill in as much of the following information as you can.

1. Personal Information No Changes?

Name	Soc. Sec. No.	Date of Birth	Occupation	Cell Phone	Daytime Phone
Taxpayer				() -	() -
Spouse				() -	() -
Current Address	City	State	Zip	School District	
Email Address (Taxpayer)	Email Address (Spouse)			How did you hear about Johnson Tax Service?	

2. Dependents (Children & Others) No Changes?

Name	Relationship to you	Soc. Sec. No.	Date of Birth	Months in Home (1-12)	Attending Child Care?	Going to College?

3. Other Information that may not be included with your tax forms

Questions: 1. Do you own your own business (including Self-Employed)? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Did you sell any stocks or investments in 2020? <input type="checkbox"/> Y <input type="checkbox"/> N 3. Do you own any rental property? <input type="checkbox"/> Y <input type="checkbox"/> N 4. Did you receive your stimulus pmt? Amount \$ <input type="checkbox"/> Y <input type="checkbox"/> N 5. Did you pay any interest on a student loan? <input type="checkbox"/> Y <input type="checkbox"/> N 6. Did you pay any tuition and book expenses for College? <input type="checkbox"/> Y <input type="checkbox"/> N 7. Did you contribute to an Education Savings (529) Plan? <input type="checkbox"/> Y <input type="checkbox"/> N 8. Do you have any open issues or balances with IRS? <input type="checkbox"/> Y <input type="checkbox"/> N 9. Do you own foreign bank accounts or property >\$10,000 in value? <input type="checkbox"/> Y <input type="checkbox"/> N 10. Did you install solar or energy features in your house in 2020? <input type="checkbox"/> Y <input type="checkbox"/> N 11. Do you use any part of your home for your business? <input type="checkbox"/> Y <input type="checkbox"/> N 12. Did you make estimated tax payments to prepay 2020 taxes? <input type="checkbox"/> Y <input type="checkbox"/> N 13. Did you buy, sell or exchange Virtual Currency (Bitcoin, etc.)? <input type="checkbox"/> Y <input type="checkbox"/> N	14. Did you pay any child care expenses? \$ <input type="checkbox"/> Y <input type="checkbox"/> N - To Whom _____ - Address _____ - Phone # _____ Tax ID # _____ 15. Did you make any contributions to a personal (not employer) IRA? <input type="checkbox"/> Y <input type="checkbox"/> N - You to a Roth IRA \$ _____ (or) Traditional IRA \$ _____ - Spouse to a Roth IRA \$ _____ (or) Traditional IRA \$ _____ _____ Did you receive an EIP payment in 2020? How much? _____ <input type="checkbox"/> Y <input type="checkbox"/> N Did you receive an EIP payment in 2021? How much? _____ <input type="checkbox"/> Y <input type="checkbox"/> N Did you make a withdrawal from a retirement account due to Covid? <input type="checkbox"/> Y <input type="checkbox"/> N D
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4. Income & Deductions (Please circle items of income you've received and expenses you've paid)

Income: Alimony • Scholarships and Grants • Gambling and Lottery • Unemployment • Social Security Benefits • Retirement and Pensions • State Refund

Deductions: Health Premiums • Rx Drugs • Hospital Charges • Co-Pays • Dental • Long Term Care • Medical Mileage • Property Taxes • Car Purchase or Lease Mortgage Interest • Home Equity Interest • Cash Donations • Church Offerings • United Way • Goodwill/Sal Army/Amvets • Gambling Losses • Teacher Expenses Unreimbursed Job Travel • Unreimbursed Job Expenses • Union Dues • Professional Dues • Licenses • Financial Advisor Fees • Tax Preparation Fees

5. Direct Deposit / Direct Debit No Changes?

Bank Name	9 Digit Routing Number	Account Number	Checking <input type="checkbox"/>
			Savings <input type="checkbox"/>

I/we declare by our signature(s) that all information provided on this form is complete and accurate as of the date entered.

Taxpayer & Spouse Signature(s)

Date