

INDIVIDUAL TAXPAYER ORGANIZER

Are you new to our firm? Yes No

Taxpayer			SSN
<i>First</i>	<i>MI</i>	<i>Last</i>	IP PIN
Occupation			DOB
Address		City	State
Zip	County	Email	
Home Phone			Work or Cell

Driver's License (Option)
Prevents Fraud

<i>Number</i>	<i>State</i>	<i>Issue Date</i>	<i>Expiration Date</i>
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Spouse			SSN
<i>First</i>	<i>MI</i>	<i>Last</i>	IP PIN
Occupation			DOB
Address (if different than taxpayer)		City	State
Zip	County	Email	
Home Phone			Work or Cell

Driver's License (Option)
Prevents Fraud

<i>Number</i>	<i>State</i>	<i>Issue Date</i>	<i>Expiration Date</i>
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If you moved during the tax year, enter your previous address

Address		City	State
Zip	County	Date of Move	

Marital status as of 12/31 of tax year: Single Married Separated Widow(er) Registered Domestic Partnership (RDP)

Note: Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.

Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No

Have you received any notice from the IRS or state revenue department within the past year? Yes No

Names of dependent children	<i>Social Security</i>	<i>IP PIN</i>	<i>Relationship to Taxpayer</i>	<i>DOB</i>	<i>Months lived in</i>	<i>College Student?</i>
<i>Child's full name</i>						

Did any of the children have income above \$1,050 for the year? Yes No Do any of the children have a disability? Yes No

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for the tax year? Yes No

Other dependents or people who lived with you

Full name	Social Security	IP PIN	Relationship to Taxpayer	DOB	Income

If you are due a refund, would you like it direction deposited into your bank account?

Checking Savings Name of bank _____

 Routing number _____ Account number _____

Ask your tax preparer for information about depositing your refund into an IRA account or splitting the deposit into more than one account.

QUESTIONS - ALL TAXPAYERS (Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse - enter "?" if unsure about a question.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are either you or your spouse legally blind?	LIFESTYLE & TAXES
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony in the tax year? If yes - amount?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have health insurance for you, your spouse, and all dependents for the entire year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through a public exchange?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any significant changes in income or deductions next year, such as retirement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you paid alternative minimum tax (AMT) in previous years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay anyone for domestic services in your home?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase a new energy-efficient car, truck or van?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in bankruptcy, foreclosure, repossession or had any debt (including credit cards) cancelled?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the military?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you a citizen of or lived in a foreign country?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or have financial interest in a foreign bank or financial institution?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to allow your tax preparer to discuss your return with the IRS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children born or adopted in the tax year? (Provide statement for other expenses.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college? If yes, provide details including year in college, tuition & books paid by you and student and student loan interest.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent or take classes yourself? If yes, provide details of student name, amount paid and name and address of school.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child or dependent care so you could go to work or school? If yes, provide name of provider, EIN/SSN, address and amount paid for each dependent.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children who earned more than \$2,100 of investment income?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any contributions to a 529 plan in the tax year?	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you, or will you, contribute any money to an IRA for the tax year? Traditional, Roth, SEP?	INVESTMENTS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you roll over any amounts from a retirement account in the tax year?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you sell or transfer any stock or sell rental or investment property? (provide statements or details including original purchase date, amount, sale date & amount)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive any income from an installment sale?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you have any investments become worthless or were you a victim of investment theft in the tax year?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were you granted, or did you exercise, any employee stock options during the tax year?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you purchase goods from an out-of-state reseller for USE in California that you did not pay sales tax on? If so, forward purchase amounts.	DEDUCTIONS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you pay any interest on a loan for a bot or RV that has living quarters? If yes, provide details or statements.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you pay sales taxes on a major purchase such as a vehicle, boat or home?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you make any charitable contributions in the tax year?	BUSINESS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you work from a home office or use your car for business?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you own a business or interest in a partnership, corporation, LLC, farming activities, or other venture?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you purchase or sell a main home during the year? If yes, provide closing statement.	HOME
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	Do you rent or own your home?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? (Provide closing statements)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you make any new energy-efficient improvements to your home? If yes, provide details.	

State Information Full-year resident Part-year resident Nonresident

States of residence during the tax year and dates lived:

INCOME WORKSHEET *(Provide related statements or other documentation.)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were you employed and receive wages? (provide W2)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive any unreported tips? (provide details and amount)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you earn interest from a financial institution? (provide 1099-INT)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive any dividends or distributions? (provide 1099DIV)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive any distributions from a pension, annuity, retirement or profit-sharing plan, IRA, insurance contract or other distributions? (provide 1099-R)
<i>If the distribution is before the age 59 1/2, provide a reason for distribution to determine if an exception applies to the penalties.</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive any tax-exempt interest (such as municipal bonds)? (provide statement)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive a state tax refund or unemployment compensation? (provide 1099-G)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you receive alimony? (provide statement of amounts)

Yes No Did you receive Social Security benefits? (provide SSA-1099 or RRB-1099)

Yes No Did you receive any other income? (provide details and amounts)

SALES & EXCHANGES WORKSHEET

(Provide related statements or other documentation.)

Yes No Did you sell any stock? (provide 1099-B)

Yes No Did you sell any real estate or other real property? (provide 1099-S or other supporting documents)

Description/Address of Property	Purchase Date	Cost/Basis	Sale Date	Sale Price

Yes No Did you invest in and spend any Bitcoin or other digital currency? (provide details)

Description of Digital Currency	Purchase Date	Cost/Basis	Date Sold or Spent	Amount Sold or Spent

IMPORTANT NOTES:

When stock is sold, you will usually receive Form 1099-B, Proceeds from Broker and Barter Exchange Transactions, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

Often, "transfer" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have a taxable gain or loss.

If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.

If you sold property other than stock, your taxable gain or loss will be determined by our cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs or maintenance are not taken into account for cost/basis).

ITEMIZED DEDUCTIONS

(Provide related statements or other documentation.)

Deductions must exceed \$12,200 Single, \$24,400 MFJ, \$18,350 HOH, or \$12,200 MFS to be a tax benefit.

Medical Expenses. Must exceed 10% of income to be a benefit- include cost for dependents - do not include any expenses that were reimbursed by insurance.

Casualty and Theft Losses

Dentists	Hospitals	Did you suffer any sudden, unexpected damage or loss of property, or a theft in a federally-declared disaster area. (provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No
Doctors	Insurance	
Equipment	Prescriptions	
Eyeglasses	Medical Miles Driven	

Charitable Contributions: If over \$500 in noncash contributions, provide details. Rules require the taxpayer to retain documentation for all contributions.

Cash	Amount transferred from an IRA to a charity
Charitable Miles	Noncash contributions (FMV). Clothing or household items must be in good, used condition or better.

Taxes Paid. Do not include taxes paid for full or partial business or rental use property, including business use of home.

Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limits are no longer deductible on the federal return but may be on the state return.

State withholding	Reported on W2	Union dues		Dues	
State estimated taxes paid in tax year		Investment Expenses		Licenses	
Balance from prior year paid in tax year		Job education		Uniforms	
Real estate tax - residence		Job seeking		Tools	
Real estate tax - other		Tax prep fees		Legal fees	
Personal property taxes		Safety equipment		Supplies	
Property tax refund - received in tax year	()	Subscriptions		Other	
Foreign tax paid		<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any expenses reimbursed by your employer? (provide details)		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you use your home for your job? (provide details)		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have unreimbursed auto mileage for your job? (provide details)		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any other unreimbursed job-related expenses? (provide details)		

Yes No Did you keep receipts for sales tax paid?

Yes No Did you purchase a car, plane, or home?

Other Deductions. The following deductions are not subject to a 2% income limit.

Federal estate tax on IRD		Gambling Losses	
Impairment related expenses		Note: Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.	
Loss from box 2, K-1, form 1065B			

Interest Paid. Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers.

Other Deduction Notes:

Main home		1) Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.			
Second home		2) Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.			

ESTIMATED TAX PAYMENTS

Equity loan	Install.	Date Paid	Federal Amount	Date Paid	State Amount
Equity loan	First				
Investment interest	Second				
<input type="checkbox"/> Yes <input type="checkbox"/> No Did you pay a mortgage insurance premium when you purchased your home? (provide amount and date)	Third				
	Fourth				
	Total				

TAX PREPARATION CHECKLIST

- All forms W-2, 1099-INT, 1099-DIV, 1099-B, 1099-R, Schedules K-1 from partnerships, S Corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer
- Health insurance Forms: 1095-A, 1095-B and/or 1095-C
- New clients: provide a copy of prior year tax returns
- Completed and signed Individual Tax Organizer
- Closing statements for real estate sold or acquired
- Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage
- Detail of estimated tax payments made, if any
- Income and deductions categorized on a separate sheet for business or rental activities
- List of itemized deductions categorized
- Copy of all acknowledgement letters received from charitable organizations for contributions made in tax year

TAX RETURN PREPARATION

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services in preparation of your return do not include an audit, review or any other verification or assurance.

TAXPAYERS RESPONSIBILITIES

- 1) You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- 2) You affirm that all expenses or other deduction amounts are accurate and that you have all required, supporting, written records.
- 3) You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authorities. We can provide guidance concerning what evidence is acceptable.
- 4) You must review the return carefully before signing to make sure the information is correct.
- 5) Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay for work completed. A retainer is required for preparation of late returns.
- 6) You should retain a copy of your return and any related tax documents.

Signatures. By signing below, you acknowledge that you have read, understand and accept your obligations and responsibilities and that you have received notice of our privacy policy. For a joint return, both taxpayers must sign.

Taxpayer Signature

Date

Spouse Signature

Date

DUE DILIGENCE QUESTIONNAIRE

Under certain circumstances, you may be eligible to receive credits (Earned Income Credit - EIC, American Opportunity Credit - AOC, Child Tax Credit - CTC, Additional Child Tax Credit - ACTC, Credit for Other Dependents - ODC) and/or file Head of Household filing status.

The IRS mandates a due diligence process in order to generate these credits and/or file Head of Household status on your return. Please complete the following questionnaire if you meet ANY of the following conditions:

- 1) You are single, claiming a dependent and will claim Head of Household filing status.
- 2) You, or your dependents, attended college and you incurred certain expenses including tuition, room & board, books or supplies.
- 3) You have children you are claiming under the age of 17 as of the end of the tax year.
- 4) You have other dependents that lived with you the entire tax year (qualifying children over 17 or qualifying relatives)
- 5) You believe you may qualify for the earned income credit based on the following table (note: this criteria is based on 2020 tax year and may change year-year.
 - a) Your investment income is less than \$3,650
 - b) Your adjusted gross income (AGI) is below the following thresholds:

Qualifying Children Claimed

If filing	Zero	One	Two	Three
Single, Head of Household, or Widowed	\$15,820	\$41,756	\$47,440	\$50,594
Married Filing Jointly	\$21,710	\$47,646	\$53,330	\$56,844

	<i>EIC</i>	<i>AOC</i>	<i>CTC/ACTC/ODC</i>	<i>HOH</i>
Can you provide documentation, if required, to substantiate your eligibility for each credit and/or HOH filing status and the amount of each credit being claimed? (See below for examples of documentation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Were any of these credits disallowed or reduced in prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Is each qualifying person for whom you are claiming the Child Tax Credit, Additional Child Tax Credit, and Credit for Other Dependents a citizen, national, or resident of the United States?	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Did all children for whom you are claiming the Child Tax Credit and/or Additional Child Tax Credit reside with you for more than half the year?	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Is there an active Form 8332, <i>Release/Revocation of Claim to Exemption for Child by Custodial Parent</i> , or a similar statement in place?	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Did you release the claim for exemption to another person?	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Have you provided documentation for the American Opportunity Credit, including Form 1098-T and/or receipts for qualified tuition and related expenses?	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

	EIC	AOC	CTC/ACTC/ODC	HOH
Have you provided documentation for the American Opportunity Credit, including Form 1098-T and/or receipts for qualified tuition and related expenses?	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
	EIC	AOC	CTC/ACTC/ODC	HOH
Were you unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

Documentation Examples (list not all-inclusive)

Residency of a Qualifying Child

- School records or statement.
- Landlord or a property management statement.
- Health care provider statement.
- Medical records.
- Child care provider records.
- Placement agency statement.
- Social service records or statement.
- Place of worship statement.
- Indian tribal official statement.

Disability of Qualifying Child

- Medical doctor's statement.
- Other health care provider's statement.
- Social services agency or program statement.

Schedule C

- Business license.
- Forms 1099.
- Records of gross receipts.
- Summary of income.
- Records of expenses.
- Summary of expenses.
- Bank statements to show income and expenses.

Taxpayer

Spouse (if filing jointly)

Date

CLIENT CONSENT TO THIRD-PARTY DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid.

If you agree to the disclosure of your tax information, your consent is valid for the amount of time that you specify or for one year unless you indicate otherwise below.

Taxpayer's Name (Please Print)

Spouse or RDP Name (Please Print)

The above referenced Taxpayer(s) hereby consent to the disclosure by 5 Star Accounting & Business Solutions, LLC of any and all tax return information contained in the Taxpayer's tax return(s) for the calendar or fiscal year(s) listed as follows (List Year(s)): _____

Taxpayer further consents to the release of tax return information for all future year tax returns until Taxpayer directs 5 Star Accounting & Business Solutions, LLC otherwise.

This consent authorizations the disclosure of a copy of the entire tax return or all information contained within the tax returns to the third party listed below. However, you may request that we provide a more limited disclosure of such tax return information to the third party in accordance with your direction.

5 Star Accounting & Business Solutions, LLC may release such information to the following individual(s) or organization(s): _____

Such information is being released to the party of parties specified above for the following purpose(s): _____

Such information may not be disclosed or used by the tax return preparer for any purpose other than that permitted by this document.

I understand that I may revoke this permission in writing at any time.

Dated this _____ day of _____, _____

Taxpayer's Signature

Spouse's Signature or RDP – If a Joint Return

Printed Name

Spouse or RDP Printed Name

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

PRIVACY POLICY

The nature of our work requires us to collect certain, nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.