Virtual Supplemental Intake Sheet

1. Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer (TP1) Spouse (TP2)

LAST 4 SSN

LAST 4 SSN

2. Identity theft IP PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

TP2 IP PIN

Dependent IP PIN

Taxpayer IP PIN

3. Did you pay rent in California for at least 1/2 of the year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. For California returns, did everyone on the tax return have health insurance coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. If anyone did not have health insurance, do they qualify for an exemption? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Did the client pay for coverage through Covered California? 1095A : \_\_\_\_\_\_\_\_\_ 3895: \_\_\_\_\_\_\_\_\_\_\_

5. How much Economic Impact Payment received in 2021? ($1400 per qualified individual)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If available, household’s 2019 earned income (Form 1040, Line 1 & Schedule 1, Line 3) $

7. Did the taxpayer receive any Advanced Child Tax Credit payments? (Letter 6419) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Was income received through IHSS employment? Did the taxpayer live with IHSS client?\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Charitable donations, list amount and description under cash or non-cash. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Banking Information for direct deposit, if applicable. Bank Type:

 Bank Name \_\_\_\_\_\_\_\_\_ Routing Number \_\_\_\_\_\_\_\_\_ \_ Account Number

# Retirement Income (1099-R)

11. Was this retirement distribution due to COVID?

12. If this was an early distribution (Codes 1 or 2), does an exception apply?

If yes, what is the exception?

Page 1 - Additional Notes:

12. Pick up appointment Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR Would you like Docusign? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Type of Business:
2. How much additional CASH INCOME did the taxpayer receive, not reported on 1099 forms? $ \_\_\_\_\_\_\_\_\_\_\_
3. List all expenses below:

Advertising

Repairs and Maintenance

Insurance

(not health)

Supplies

Legal or Prof Services

Taxes or Licenses

Office Expenses

Travel, Meals, Entertainment

Rent or Lease

Other

Please list other expenses:

See Pub 17 for

additional help

1. Car/Truck Expenses:

Vehicle Type

Business Miles

Year Placed in Service

Commuting Miles Other Miles

1. Was your vehicle available for personal use during off duty hours?
2. Do you (or your spouse) have another vehicle available for use?
3. Do you have evidence to support your deduction? If yes, is evidence written?
4. Was self-employment affected by COVID pandemic?

**OUT OF SCOPE:**

Expenses over $10,000 - Depreciation - Missing receipts - Business Loss - Employees/contract labor

Inventory deduction - Personal Expenses - Home utilities (cell phone, home internet)

EDUCATION CREDIT -- Lifetime Learning Credit or American Opportunity Credit?

1. School Name
2. Has the American Opportunity Credit been claimed for 4 tax years before 2021:
3. Was the student enrolled at least half time?
4. Did the student complete the first 4 years of postsecondary ed before 2021?
5. Was the student convicted of a felony for possession or distribution of a controlled substance?
6. Any expenses not listed on 1098-T or account statement (books, supplies, etc): \_\_\_\_\_\_\_\_\_\_\_
7. Pell Grant Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student may include in income to claim it under AOC