

Taxpayer Name: _____ SSN: _____ DOB: _____

Occupation: _____ Cell Phone: _____ Email: _____

Spouse Name: _____ SSN: _____ DOB: _____

Occupation: _____ Cell Phone: _____ Email: _____

Address: _____ (street, city, state, zip)

Address Change Since Last Tax Return Filing: ☐ Yes ☐ No Marital Status: _____

Do you have an IRS Identity Protection PIN (IP PIN)? ☐ Yes ☐ No If YES, what is this year PIN #: _____

DEPENDENTS

Name: _____ SSN: _____ DOB: _____ Relationship: _____

Name: _____ SSN: _____ DOB: _____ Relationship: _____

Name: _____ SSN: _____ DOB: _____ Relationship: _____

INCOME

Did you receive, sell, send, exchange, or acquire any **virtual currency**? ☐ Yes ☐ No

Did you work overtime or receive **tip income reported on a W-2**? ☐ Yes ☐ No If YES, upload **last paystub**

ADJUSTMENTS TO INCOME

Educator Expenses (K-12 teachers, instructors, counselors, principals, aides): \$ _____

Student Loan Interest Paid: \$ _____

IRA Contributions (outside of work plan):

Amount: \$ _____ Type: _____ Spouse IRA Contribution: Amount: \$ _____ Type: _____

Interested in making an **additional IRA contribution before Tax Day**? ☐ Yes ☐ No

Roth IRA Conversion during the year? ☐ Yes ☐ No

CREDITS – CHILD & EDUCATION

Child Care Expenses Paid? ☐ Yes ☐ No If YES, complete information below:

Provider Name & Address: _____ Provider Tax ID: _____

Amount Paid: \$ _____ Name of Child(ren): _____

EDUCATION

529 Contributions Made? ☐ Yes ☐ No If YES, Amount: \$ _____

529 ESA Withdrawals? ☐ Yes ☐ No If YES, upload **Form 1099-Q**

College Expenses Paid? ☐ Yes ☐ No If YES, upload **Form 1098-T**

Additional expenses not on 1098-T (books, supplies, housing): \$ _____

Have any credits ever been **disallowed by the IRS** (EITC, CTC, education credits)? ☐ Yes ☐ No

ITEMIZED DEDUCTIONS (If Applicable)

Sales Tax Paid on Large Purchases (vehicle, etc.): \$ _____ Real Estate Taxes Paid: \$ _____

Personal Property Taxes Paid (car, boat): \$ _____ Large Medical Bills Paid: \$ _____

CHARITABLE CONTRIBUTIONS

Cash / Check Donations: \$ _____ Non-Cash Donations (Goodwill, etc.): \$ _____
Any donations made **directly from an IRA (QCD)**? ☐ Yes ☐ No Total Charitable Miles: _____

HOME & REAL ESTATE

Bought or sold a **primary residence**? ☐ Yes ☐ No If YES, upload closing statement _____
Original purchase price: \$ _____ Purchase date: _____
Major improvements during ownership: \$ _____
Sold other real estate? ☐ Yes ☐ No If Yes, Upload closing statements
Refinanced or obtained a new mortgage? ☐ Yes ☐ No If Yes, Upload closing statement

ENERGY & VEHICLE CREDITS

Purchased an **electric vehicle**? ☐ Yes ☐ No If YES, Upload sales receipt showing **VIN**
Made **Energy-Efficient Home Improvements**? ☐ Yes ☐ No If YES, amount paid for each _____
Eligible items include HVAC, water heater, doors/windows, heat pump, insulation, electrical panel

HEALTH INSURANCE & MEDICAL ACCOUNTS

Health insurance through **Healthcare.gov**? ☐ Yes ☐ No If YES, Upload **Form 1095-A**
Health insurance premiums paid outside employer plan: \$ _____
Long-Term Care Insurance premiums paid: \$ _____

HSA / ABLE

Maxed out HSA contribution? ☐ Yes ☐ No If NO, are interested in contributing more? ☐ Yes ☐ No
HSA distributions taken? ☐ Yes ☐ No If YES, Upload **Form 1099-SA**
Contributions made to an **ABLE account**? ☐ Yes ☐ No If YES, amount paid per dependent \$ _____

LOCAL & OTHER TAXES

Lived or worked in **Kansas City, MO** during the year? ☐ Yes ☐ No
If yes, were KCMO taxes withheld while working remotely outside the city? ☐ Yes ☐ No

FEDERAL / STATE ESTIMATED TAXES PAID

Estimated tax payments made? ☐ Yes ☐ No If YES, complete below:
Amount Paid: \$ _____ Date Paid: _____
State: _____ Amount Paid: \$ _____ Date Paid: _____
State: _____ Amount Paid: \$ _____ Date Paid: _____

Would you like to receive the finished copy of your return via email or as a paper copy? E-Mail / Paper

I certify that the information provided is true and complete to the best of my knowledge.

TP Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____