Boreman & Babb
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To Our Loyal Clients:

It is that time of year again, time to begin assembling information for the preparation of your 2020 income tax returns. Enclosed along with this letter is our normal Client Information Worksheet, Client Checklist, Itemized Deduction Checklist, and our engagement letter WHICH WILL NEED TO BE COMPLETED AND SIGNED**.** If you or someone you know needs our "Client Tax Package", you can retrieve this from our website www.boremanbabb.com under resources. Also, as a reminder, we do require payment (cash or check, no credit cards accepted) of our tax preparation fees when you pick up your return from our office.

We HIGHLY recommend that you drop off your tax information at our office as soon as possible once you believe you have received all of your documents. As the end of tax season approaches there will be a point in time that we will not be able to complete any more returns before April 15th. We will certainly let you know at the time you drop off your tax information approximately when you can expect your return to be completed or whether it will need to be put on an automatic extension. If you have not dropped off your tax information but would like us to prepare an automatic extension, then please contact our office by April 5th, 2021.

We are always hopeful that you might tell other people about the great service we provide to our clients. We are confident that your friends and family will find our tax preparation work quick, efficient, and very reasonably priced. Thank you so much for your loyalty and for spreading the word. It is our greatest advertisement. We will always strive to give you the best service possible and we will always be willing to go the extra mile.

We look forward to assisting you in the upcoming year. We trust you have had a wonderful Holiday and a Happy New Year. Thank you for your loyalty and friendship.

Sincerely,

Daniel and Matthew

CLIENT INFORMATION WORKSHEET

PERSONAL INFORMATION

Taxpayer Name: ______________________________

Spouse's Name: ______________________________

Taxpayer Occupation: __________________________

Spouse's Occupation: ___________________________

Taxpayer Birthdate: ___________________________

Spouse Birthdate: ______________________________

Taxpayer Work Telephone: ______________________

Spouse Work Telephone: ________________________

Taxpayer Cell Phone: ___________________________

Spouse Cell Phone: _____________________________

Home Telephone: ______________________________

E-mail address: ________________________________

Current Address: ______________________________ City: ____________________ State: _____ Zip: ________

School District: ________________________ County: ________________ Twp/Boro/City: ________________

Do you want to remit PA USE TAX on your Pennsylvania return: YES / NO

ELECTRONIC – FILING INFORMATION

Bank Name: ____________________________ ☐ Checking account ☐ Savings account

Account Number: _______________________ Routing Number: ____________________________

Note: For electronic filing purposes, the self selected Personal Identification Number (PIN) will be the first *five* digits of the *taxpayer's* social security number unless other PIN is given (can only be 5 digits): _______________.

CHECKLIST OF ITEMS TO BRING WITH YOU OR DROP OFF

___ 1. All W-2's and 1099's.

___ 2. All K-1 forms from S Corporations and Partnerships.

___ 3. All 1098's (Mortgage interest statement).

___ 4. Any Escrow statements.

___ 5. 1099 forms which list stock sales (will also need purchase date and cost).

___ 6. 1099 forms which list unemployment compensation, refunds, pension payments, and social security benefits.

___ 7. 1099 forms which report IRA transfers.

___ 8. 1095 forms which report Health Insurance coverage.

___ 9. Social security numbers and birthdates for all dependents born in 2020.

___ 10. Name and social security number of a former spouse to whom you paid alimony. If you received alimony, we'll need to know the amount for the year.

___ 11. If you moved during the year, we will need the dates, addresses and **school districts** that you moved from and to.

___ 12. Form 1098-T issued from a school for any tuition expenses.

___ 13. Year End statements documenting any 529 plan contributions.

___ 14. Record of estimated tax payments.

___ 15. Names, addresses and identification numbers of all daycare providers.

___ 16. Your 2019 tax return. (For new clients only if you have not already provided it)

___ 17. Settlement sheets (HUD-1) for any real estate purchases or sales.

___ 18. A list of any purchases or improvements to your home involving energy efficient items (ie: certain rated windows, furnaces, solar, geothermal, etc…)

___ 19. List of any foreign bank accounts and balances at the end of the year.

___ 20. Notice 1444 issued if you received an Economic Impact Payment during 2020 (stimulus (payment). This was to be mailed to you after you received your check or debit card.

___ 21. Any other documents you feel may be needed or have questions on.

ITEMIZED DEDUCTION CHECKLIST (PAID IN 2020)

MEDICAL EXPENSES
Prescription drugs $__________
Health insur. premiums $__________
Medicare premiums $__________
Long-Term Care Ins. $__________
Doctors & dentists $__________
Hospitals/Medical lodging $__________
Med. Mileage (17¢): __________ **miles**
Lab. & X-ray $__________
Glasses, hearing aid $__________
__________ $__________
__________ $__________

TAXES
Real estate tax $__________
Other property tax $__________
Occupation taxes $__________
Personal taxes $__________
__________ $__________
__________ $__________

INTEREST
Home mortgage- 1st * $__________
Home mortgage- 2nd * $__________
Student Loan Interest $__________
Investment interest $__________
* If paid to individual list name, address, and social security number:
____
____
____

CONTRIBUTIONS
House of worship $__________
Heart/Cancer $__________
Payroll deductions $__________
United Way $__________
Easter seals $__________
Salvation Army (goods) $__________
Goodwill (goods) $__________
Charity miles (14¢/mile) $__________
__________ $__________

BUSINESS EXPENSES
(NOTE: NON-REIMBURSED EMPLOYEE EXPENSES NO LONGER ALLOWED ON FEDERAL RETURN)
Professional licenses $__________
Trade/Prof. journals $__________
Educational expenses $__________
Safety equipment $__________
Work tools $__________
Business telephone $__________
Uniform cost $__________
Uniform laundry $__________
Professional societies $__________
Business Miles (.575¢) $__________ **miles**
Total vehicle mileage $__________ **miles**
Entertainment $__________
__________ $__________
__________ $__________
__________ $__________

OTHER INFORMATION

Alimony payments $__________
Name .... __________
SSN..................... __________
Tradional IRA \ ROTH IRA (circle one) deposits:
Husband............ $__________
Wife.................. $__________
SEP IRA deposits .. $__________

529 Plan Contributions: $__________

Daycare expenses:
Name:__________
Address:__________
____
SSN:__________ Amount paid:__________
Name:__________
Address:__________
____
SSN:__________ Amount paid:__________

ESTIMATED TAX PAYMENTS MADE

FEDERAL	STATE	LOCAL
Date Amount	Date Amount	Date Amount
1.__________	__________	__________
2.__________	__________	__________
3.__________	__________	__________
4.__________	__________	__________