



Jennifer Youngs Bookkeeping Services LLC

New Client Intake Form

Please fill out and sign at the bottom.

Email completed form to jennifer@jennifersbooks.com

Or bring to: 2200 South Plaza Dr #1

Call (605) 787-3230 with questions

Name _____ Social _____

Phone: _____ Employer _____

Spouse _____ Social _____

Phone: _____ Employer _____

Address: _____ Health Insurance thru the marketplace?

Yes/ No Who: _____

Dependents:

Name	Social Security #	Date of Birth
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Income:

_____	W2 / 1099 / K1	Self / Spouse
Company	(Circle one)	(Circle one)

_____	W2 / 1099 / K1	Self / Spouse
Company	(Circle one)	(Circle one)

_____	W2 / 1099 / K1	Self / Spouse
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Tax Return Questionnaire - 2021 Tax Year



Print this form and fill it out. Bring it with you when you come to the office or fill it out online at jenniferyoungsbookkeeping.com/tax-preparation/. This will save you time and money and help us be more efficient.

Tax Return Questionnaire- 2021 Tax Year

Taxpayer Name:	
Taxpayer Address:	
Occupation:	
Spouse Name:	
Spouse Address: (if different)	
Spouse Occupation:	
Phone Numbers:	
Email Address(es):	
Filing Status:	
<input type="checkbox"/> Single <input type="checkbox"/> Head of Household	
<input type="checkbox"/> Married <input type="checkbox"/> Qualifying Widow	
Date of Birth: Taxpayer: ____/____/____ Spouse: ____/____/____	

If you would like your tax refund (if any) deposited directly into your bank:

Account Type:	Account Number:	Bank Routing Number:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

If we have not previously prepared your return, please provide a copy of your 2020 tax returns and driver's licenses.

DEPENDENTS

Tax Return Questionnaire - 2021 Tax Year

Name: (First, Initial, Last)	Income over \$2200? Y/N	Date of Birth	Relationship	Months Lived in Home

- **Virtual Currency:** At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☐ No
- **Health Insurance Coverage:** Did you have health care coverage with a government marketplace during 2021? ☐ Yes ☐ No
 - If yes, please provide **form 1095-A** issued by marketplace.

INCOME

1. Wages & Salaries- Include W-2s

Name of Payer	
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

2. Interest/ Dividend Income- Include 1099s

Name of Payer	
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

3. Capital Gains & Losses

Name of Payer	
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

4. Other Gains & Losses

Name of Payer	
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

Tax Return Questionnaire - 2021 Tax Year

	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

5. Pensions, IRA Distributions, Annuities, and Rollovers- Include 1099 K

Name of Payer	
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

6. Rents/ Royalties, Partnerships, S Corporations, Estates, Trusts

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7. Unemployment Compensation Received- Include 1099 G

Name of Payer	
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

8. Social Security Benefits Received

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9. Other Income

Description	
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

CREDITS:

Child & Dependent Care

Tax Return Questionnaire - 2021 Tax Year

1. Number of Qualifying Individuals _____
2. Name, Address, and Identification number of each Provider:

Name	Address	ID Number	Amount Paid

- If payments were made to an individual, were the services performed in your home?
☐ Yes ☐ No
- If yes, have payroll reports been filed?
☐ Yes ☐ No

Adoption Expenses

- Special Needs Child ☐ Yes ☐ No
- Tuition & Fees Paid for higher education _____
- Foreign Tax Credits (attach details) _____

2021 Estimated Tax Payments

Federal	Amount	State	Amount

Other Payments (child tax credit received)

Date	Amount	Date	Amount

Other payments or credits- attach schedule & explain

- **Third Stimulus:** Enter the amount from IRS Notice 1444-C, Your 2021 Economic Impact Payment (if any).

ITEMIZED DEDUCTIONS:

Medical & Dental

Amount

Tax Return Questionnaire - 2021 Tax Year

1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2021 (reduce any insurance reimbursements).	
2. Transportation and lodging incurred to obtain medical care	
3. Other- Hearing aids, eyeglasses, medical devices, etc.	

Adjustments to Income

	Maximize?	Amount
1. Your IRA deduction	Y / N	
2. Spouse's IRA deduction	Y / N	
3. Keogh SEP deduction	Y / N	
4. Penalty for early withdrawal of savings		
5. Alimony paid?		
6. Self-employed health insurance premiums		

- Did anyone in your family receive a scholarship of any kind during 2021?

If yes, please supply details

☐ Yes

☐ No

If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:

Addition:	Description	Date acquired	Cost	Trade in (if any)

Dispositions:	Description	Date of disposition	Amount realized

Did you settle any notices or settle any tax examinations concerning your prior tax year's returns? (if yes, please provide copy of notes, settlement reports, etc.) ☐ Yes ☐ No

Did you sell your primary residence during 2021? (circle) ☐ Yes ☐ No

Did you change your state residency during 2021? (circle) ☐ Yes ☐ No

If yes, and you were a member of the armed forces on active duty who moved because of a permanent change of station, please provide the following:

Previous Address:	
Date of Move:	
Distance:	Miles
Cost of Move:	
(describe)	

Tax Return Questionnaire - 2021 Tax Year

For the Year 2021: (provide details for any "yes" responses)

Did your principal residence (and second residence, if any) loan(s) exceed the fair market value of the residence(s)?	Y / N
Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess of \$750,000?	Y / N
Did you exercise any stock options?	Y / N
Did you purchase, sell, or own any bonds you paid more or less than the face amount?	Y / N
Did you sustain any non-business bad debts?	Y / N
Did you or your spouse make any gifts in excess of \$15,000 to any one donee?	Y / N
Were you the recipient of, or did you make a "below market" or "interest-free" loan?	Y / N
Do you have a child under the age of 18 as of Dec 31, 2021 who has earned an income (interest, dividends, etc.) of more than \$1,100?	Y / N
Did you lease a car which you used for business purposes? - If "yes", provide (1) fair market value or capitalized cost of the car on the 1 st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2021, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.	Y / N

RENTAL AND ROYALTY INCOME AND EXPENSE

Property Type: ☐ Residence ☐ Commercial

Location Address: _____

If Vacation home:

- Number of days rented _____
- Number of days used personally _____

Property is owned by: ☐ Taxpayer ☐ Spouse ☐ Joint

Percentage ownership: _____%

Did you live in part of the rental property? ☐ Yes ☐ No

- If yes, what percentage did you occupy as a tenant? _____%

Did you rent this property to a relative? ☐ Yes ☐ No

- Relation? _____

Fill out only if you don't have a Profit & Loss Statement:

Income	Amount
1. Rental Income	
2. Royalties Received	

Tax Return Questionnaire - 2021 Tax Year

Expenses	Amount		Amount
1. Advertising		16. Property Taxes	
2. Association Dues		17. Utilities	
3. Auto Miles Driven		Other (description)	
4. Travel		18a.	
5. Cleaning & Maintenance		18b.	
6. Commissions		18c.	
7. Insurance		18d.	
8. Legal & Professional Fees		18e.	
9. Allocated tax preparation fees		18f.	
10. Licenses and permits		18g.	
11. Management fees		18h.	
12. Mortgage interest (Form 1098)		18i.	
13. Other interest		18j.	
14. Repairs		18k.	
15. Supplies		18l.	

Depreciation:

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

BUSINESS INCOME AND EXPENSES (Sole Proprietorship)

Principle business or professional: _____

Business name: _____

Employer ID Number: _____

Business Address: _____

Business Ownership: ☐ Taxpayer ☐ Spouse

Accounting Method: ☐ Cash ☐ Accrual

Inventory Method: ☐ Cost ☐ Lower cost or market ☐ Other ☐ N/A

Did you materially participate in the business? ☐ Yes ☐ No

Check if this is the first year of the business. ☐

Fill out only if you don't have a Profit & Loss Statement:

Tax Return Questionnaire - 2021 Tax Year

Income	Amount	Cost of Goods Sold	Amount
1.Gross receipts or sales		1.Beginning of year inventory	
2>Returns and allowances		2.Purchases	
3.Other Income		3.Cost of items used personally	
		4.Cost of labor	
		5.Materials and supplies	
		6.Other costs	
		7.End of year inventory	

Expenses	Amount
1.Advertising	
2.Bad debt (N/A cash benefits)	
3.Commissions and fees	
4.Employee benefits	
5.Heath insurance	
6.Other insurance	
7.Mortgage interest	
8.Other Interest	
9.Legal and accounting fees	
10.Allocation of tax preparation fees	
11.Office Expense	
12.Pension and profit-sharing plans	
13.Rent, Vehicles	
14. Rent, equipment	
15.Rent, building	
16.Repairs and maintenance, building	
17. Repairs and maintenance, equipment	
18. Repairs and maintenance, vehicles	
19.Supplies	
20.Payroll taxes	
21.Other taxes	
22.Licenses	
23.Travel	
24.Meals & entertainment	
25.Utilities	
26.Wages	
27.Management fees	
28.Consulting expenses	
29.Payroll service	
30.Employee vehicle expense	
31.Employee mileage reimbursement	
32.Client gifts (limited to \$25 each)	
33.Education and seminars	
34.Other: (description)	
35.	

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36.	
37.	
38.	
39.	
40.	

Depreciation (Sole Proprietorship)

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

FARM INCOME AND EXPENSE

Principal product _____

Employer ID Number _____

Accounting method: ☐ Cash ☐ Accrual

Check if you are materially participated in farm operations: ☐ Taxpayer ☐ Spouse

Fill out only if you don't have a Profit & Loss Statement:

Farm Income	Amount
1. Sales of livestock and other resale items	
2. Cost of above	
3. Sales of livestock, produce, etc. you raised	
4. Cooperative distributions (1099-PATR)	
5. Cooperative distributions, taxable portion	
6. Agricultural program payments	
7. Agricultural program, taxable portion	
8. Commodity Credit Corporation Loans	
9. Crop insurance loans	
10. Custom hire	
11. Other:	

Expenses	Amount	Expenses	Amount
1. Car and truck expenses		17. Pension and profit share plans	
2. Chemicals		18. Vehicle rental	

Tax Return Questionnaire - 2021 Tax Year

3. Conservation expense		19. Machinery & equipment rental	
4. Custom hire (machine work)		20. Land rental	
5. Employee benefit programs		21. Other	
6. Employee health insurance		22. Repairs and maintenance	
7. Feed purchased		23. Seeds & plants purchased	
8. Fertilizers and lime		24. Storage & warehousing	
9. Freight and trucking		25. Supplies purchased	
10. Gasoline, fuel, oil		26. Payroll taxes	
11. Other insurance		27. Other taxes	
12. Mortgage interest		28. Utilities	
13. Other interest		29. Vet, breeding, & medicine	
14. Labor hired		30. Other:	
15. Legal & professional fees			
16. Allocated tax preparation fees			

Depreciation (Farm)

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

BUSINESS USE OF HOME

Do you use any part of your home regularly and exclusively for business? ☐ Yes ☐ No

Estimated percentage of time spent in home office _____%

Description of work done in home office _____

Description of work done outside of home office _____

Total area of home _____

Total area of home used regularly for business _____

	Direct Costs (benefit only business portion of home)	Indirect Costs (Other)
Home insurance		

Tax Return Questionnaire - 2021 Tax Year

Repairs and maintenance		
Utilities		
Rent		
Other		

Daycare Facility

Days used as a daycare facility _____

Prior year carryover of unallowed losses _____

Cost of home improvement and prior depreciation _____

Depreciation of home, improvement, furniture, and equipment _____

Property	Date Acquired	Cost or Other Basis	Depreciation Method	Prior Depreciation

Household Employees (Nanny Tax)

Employee Identification Number: _____

Did you pay a household employee at least \$2,300 this year? ☒ Yes ☐ No

If Yes, please provide the following:

Name	
Wages paid	
Federal Income tax withheld	
Social Security tax withheld	
Medicare tax withheld	
State income tax withheld	

Has a W-2 been filed? ☐ Yes ☐ No

If no, do you want us to prepare one for you? ☐ Yes ☐ No

Have the necessary state employment returns been filed? ☐ Yes ☐ No

If not, do you want us to prepare them for you? ☐ Yes ☐ No

Was the household employee under 18 years of age and a student? ☐ Yes ☐ No

ADDITIONAL TAX INFORMATION OR QUESTIONS: