



Tax Return Drop Off Form

Client Name: _____

Phone: _____ Email: _____

Address: _____
Street City State Zip

Tax Year: _____

- Original Documents Copies of Documents (to be shredded upon completion of return)

Is anything missing? _____

Upon Completion of your Tax Return, you will be notified via above Phone & Email contact info.
Your Digital Copy of your Tax Return will be uploaded to your Portal using your email above.

Signed: _____
Client Signature

Staff Only

Received by: _____
Staff Initials

Date Recd: _____



The following questions pertain to the 2021 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?		
Are you married?		
If Yes, do you and your spouse want to file separate returns?		
If No, are you in a domestic partnership, civil union, or other state-defined relationship?		
Can you or your spouse be claimed as a dependent by another taxpayer?		
Did you or your spouse serve in the military or were you or your spouse on active duty?		

Dependents:

Were there any changes in dependents from the prior year?		
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?		
Do you have any children under age 18 with unearned income more than \$1,100?		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100?		
Did you adopt a child or begin adoption proceedings?		
Are any of your dependents non-U.S. citizens or non-U.S. residents?		

Healthcare:

Did you obtain healthcare coverage through the Marketplace?		
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?		
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?		
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?		
Are any of your dependents required to file a tax return?		



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? Yes No
- Were you eligible for employer-sponsored healthcare coverage? Yes No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)? Yes No
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? Yes No
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts? Yes No
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? Yes No
If Yes, how many months were you covered? _____
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? Yes No
If Yes, how many months were you covered? _____
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? Yes No

Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? Yes No
- Did you or your spouse pay any student loan interest? Yes No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? Yes No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? Yes No
If Yes, include all Forms 1099-Q.
If Yes, were the amounts withdrawn used for qualified tuition expenses? Yes No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? Yes No
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses? Yes No
- Did you or your spouse make any large purchases, such as motor vehicles and boats? Yes No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? Yes No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? Yes No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? Yes No
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.
_____ Gallons _____ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? Yes No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? Yes No



Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make a qualified charitable distribution directly from an IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the date received (Mo/Da/Yr). _____		

Personal Residence:

Did your address change?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$750,000?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Did you or your spouse take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1098-MA.		



Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation?	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,300 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive an economic impact payment?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount of any economic impact payment received. _____		
If Yes, did you or your spouse repay any of the economic impact payment received?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount of the economic impact payment repaid. _____		
Did you or your spouse receive any advanced child tax credit payments?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, attach all IRS Letters 6419 and enter the amount of the payments received. _____		
If self-employed, were you unable to work due to contracting COVID-19, being in quarantine or isolation due to COVID-19, caring for an individual who contracted COVID-19 or was in quarantine due to COVID-19, or due to caring for a son or daughter because the child's school or childcare provider was closed or unavailable due to COVID-19 precautions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse take out a Payroll Protection Program loan?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the date and total amount of the Payroll Protection Program loan(s) disbursed. Date (Mo/Da/Yr) _____ Amount _____		
If Yes, did you or your spouse have any eligible expenses that were paid with the Payroll Protection Program loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, are these amounts included in the expenses reported for the business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse receive loan forgiveness or are you or your spouse seeking forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____		
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____		

Additional state pages have been included at the back of the organizer and should be reviewed.



2021

General Information:

County of residence WARREN

Do you qualify as disabled? Taxpayer Spouse Yes No Yes No
Do you or your spouse qualify as a 100 percent disabled veteran? Yes No
Are you 60 years of age or older and did you receive surviving spouse social security benefits? Yes No
Did you make contributions to a health care sharing ministry? Yes No

Residency Information:

If you did not live in Missouri for all of 2021:
Enter the dates you did live in Missouri
Enter the dates you lived in the other state
Enter the state names other than Missouri where you had income
Taxpayer Spouse From To From To (Mo/Da/Yr) (Mo/Da/Yr)

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account? Yes No
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2021 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

Children's Trust Fund, Veteran's Trust Fund, Elderly Home Delivered Meals Trust Fund, Missouri National Guard Trust Fund, Workers' Memorial Fund, Childhood Lead Testing Fund, American Cancer Society Heartland Division Inc., Fund, American Diabetes Association Gateway Area, Kansas City Regional Law Enforcement Memorial Foundation Fund, Foster Care and Adoptive Recruitment and Retention Fund, Missouri National Guard Foundation Fund, Pediatric Cancer Research Trust Fund, American Heart Association Fund, Soldiers Memorial Military Museum in St. Louis Fund, Amyotrophic Lateral Sclerosis (ALS) Fund, Arthritis Foundation Fund, March of Dimes Fund, Muscular Dystrophy Association Fund, National Multiple Sclerosis Society Fund, Missouri Military Family Relief Fund, General Revenue Fund, Donate Life Organ Donor Program Fund

