



For personal and corporate growth

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2020 INCOME TAX INFORMATION

TAXPAYER (First name on a joint tax return)		TAXPAYER (Spouse)	
Name			
Soc. Sec. No.			
Occupation			
Date of Birth			
Home Address			County:
Telephone No.	Home: Business:		Fax:
E-Mail Address			

*****DID YOU RECEIVE AN **IDENTITY PROTECTION PIN** FROM THE IRS?*****

CHILDREN & OTHER DEPENDENTS

Please be certain that a dependent doesn't claim themselves on their self prepared return, if you are claiming them!

You must provide Social Security Numbers for all dependents, regardless of age.			Date of Birth	Months in Your Home	Gross Income	% of Support Furnished by You** (OK if Student)
Name	Social Security Number	Relation				
1.						
2.						
3.						
4.						
5.						

**Not necessary for children under 19 (at 12/31/20) who lived with you or who are full-time students, if you obviously provided over 50% of their support.

WAGES & SALARIES - PLEASE ATTACH COPIES OF ALL W-2'S

Name of Employer	Gross Wages	Taxable Wages	Federal W/H	Soc. Sec. Tax W/H	Medicare Tax W/H	CT W/H	Other ST W/H	City W/H

Copy of driver's license required for New York tax return

Did your employer require you to work from home due to COVID-19? Yes _____ No _____
For COVID related Days worked from home - Please provide number of days worked - in state and - out of state.

Taxpayer: In State _____; Out of State _____ Spouse: In State _____; Out of State _____

Comments _____

For Non-Resident Employment - Please provide number of days worked - in state and out of state

Taxpayer: In State _____; Out of State _____ Spouse: In State _____; Out of State _____

Comments _____

ESTIMATED INCOME TAX PAYMENTS MADE - ATTACH COPIES OF ALL CANCELLED CHECKS

	Due Date	FEDERAL		STATE OF CT		OTHER STATE ____	
		Date Paid Mo/Day/Yr	Amount	Date Paid Mo/Day/Yr	Amount	Date Paid Mo/Day/Yr	Amount
2019 Overpayment Credited to 2020							
1st Installment	04/17/20						
2nd Installment	06/15/20						
3rd Installment	09/17/20						
4th Installment	01/15/21						
		Total		Total		Total	

DIRECT DEPOSIT/AUTOMATIC PAYMENT BANKING INFORMATION (Attach blank check/or copy)

Please provide your bank account information for direct deposit of refund and/or automatic payment of balance due on your return:

Bank Name		Bank Routing Number	
Bank Address		Bank Account Number	
		Type of Account:	_____ Checking _____ Savings

DIVIDEND INCOME

Please attach all 1099 Forms - including those from online or paperless reporting accounts.

TSJ*	Source	Ordinary Dividends	Capital Gain Distributions	Non-Taxable Distrib.	Foreign Tax Withheld

*Enter T (Taxpayer), S (Spouse), J (Joint) for name in which ownership of the asset was held.

INTEREST INCOME

TAX-EXEMPT INCOME

Please attach all 1099 Forms - including those from online or paperless reporting accounts.

(Include interest from Savings & Loans, CD's, Credit Unions, Bank Deposits, Bonds, etc.)

Bank and Other Interest		
TSJ	Source	Amount

Municipal Interest & Tax Exempt Bond Fund Dividends		
TSJ	Source	Amount

DID YOU RECEIVE YOUR 2020 STIMULUS PAYMENTS?	
IF SO, PLEASE LIST AMOUNTS OF PAYMENTS RECEIVED AND ATTACH IRS NOTICE 1444 (For each payment)	
DATE/AMOUNT	DATE/AMOUNT

DO YOU HAVE ANY FOREIGN ACCOUNTS, ASSETS, ENTITIES OR INTERESTS? YES NO

If so, please list institution name, address, account number and maximum value for 2020:

Did you, at any time during 2020, have any interest in or signature or other authority over a bank, securities or other financial account in a foreign country? All Foreign Assets or interests must be reported. If yes, please provide details.

Institution/Entity Name/Address/Account #	Type of Foreign Interest (Circle):	2020 Maximum Value/Income
	Bank/Securities/Other	
	Bank/Securities/Other	
	Business Interest	
	Business Interest	
	Real Estate	

Were you the grantor of, or transferor to, a foreign trust during any taxable year, which foreign trust was in existence during 2020? 1099 Forms and all other supporting documentation must be attached for all interest, dividends and exempt income listed above.

>>>>>>Please provide copies of any foreign (Non US) tax returns filed<<<<<<<

ITEMIZED DEDUCTIONS

MEDICAL

Prescription Drugs/Insulin	
Glasses, Contact Lenses, Eye Exams	
Hearing Aids, Batteries	
Medical Travel:	
mi @ 17 cents per mile	
Lab Tests, Therapy, X-Ray	
Prescribed Medical Equipment	
Hospitals/Nurses/Ambulance	
Home Health Care	
Health Center Costs	
Doctors/Dentists (list):	
Lodging (not meals) while away from home for essential medical care	
Health Insurance Premiums paid (list):	
Long Term Care Insurance	
Medicare Premiums (from SSA-1099)	
LESS: Insurance Reimbursement	()
HSA or MSA Accounts (provide details)	
NET MEDICAL EXPENSES	

CHARITABLE CONTRIBUTIONS

Name of Charity (NOTE: Any single payment of \$250 or more must have receipt from donee)	(a) For which you have receipts, cancelled checks, etc.	(b) Other- (clothing, non-cash)*
Churches & Schools		
American Cancer Society		
American Red Cross		
Heart Association		
March of Dimes		
Salvation Army		
United Fund		
Other		
Charitable Travel _____ mi @ 14 cents		
Non Cash: Salvation Army/Goodwill		
Clothing, Personal Property		
Motor vehicle		
Other		

If you made contribution of property (other than cash), attach a description including the date you gave it, the original cost, condition and how you figured its value. Also, a qualified written acknowledgement must be attached if claimed value exceeds \$500.

TAXES PAID IN 2020

Real Estate Tax-Residence - 2020	
Real Estate Tax - other	
Personal Property Tax - Auto	
Boat/RV	
State Income Tax - 2019 Liability Paid	
State Income Tax - 2020 Estimates	
State Income Tax - 2020 Withholding	
Sales Tax - 2020 (Please provide details on major purchases ie: auto, boat, etc.)	

Did you incur a CASUALTY LOSS from a Federally declared disaster? If so, please attach explanation.
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MISCELLANEOUS ITEMIZED DEDUCTIONS

ELIMINATED FOR 2018 and LATER

OTHER RELATED BUSINESS EXPENSES (not listed on pg 4)

Tax Service Fee		
Uniforms & Work Tools		
Business Publications		
Small Tools		
Professional Licenses and Fees		
Educator/Teaching Expenses		
Business Related Legal Fees (list):		
Other Related Business Expenses (list):		
Mileage: _____ mi @ 57.5 cents per mile		

INTEREST PAID

Home Mortgages*	
Home Equity Loans*	
Points Paid on Mortgage (New home)	
Points Paid on Mortgage (Refinance)	
Term in years of mortgage refinances:	
Investment Interest	
Education Loans	

*Provide details or closing statements for any new mortgages, refinances, home equity loans and education loans.

RENTAL INCOME

Do you have income or (loss) from a rental property? If so, please furnish details of income and expenses below:

RENTAL PROPERTY	PROPERTY 1	PROPERTY 2
PROPERTY DESCRIP/ADDRESS		
# of Days-Personal Use		
Monthly Rent \$ _____		
x # of Mos. Rented _____		
EXPENSES		
Advertising		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal/Accounting		
Management Fees		
Mortgage Interest		
Repairs		
Taxes		
Utilities		
Common Charges		
Other (List)*		

*Please provide details/receipts for expenses and improvements such as carpeting, equipment, appliances, etc.

INCOME FROM PARTNERSHIPS ESTATES, TRUSTS, "S" CORPS

Enclose tax return, K-1 or Taxp Information Letter

	CT Pass-through Entity Tax Paid?
NAME OF ENTITY	Amount Paid

*Please indicate if you are waiting for any 2020 K-1's.

<u>Single Member LLCs</u>	
Did you file your 2020 CT Annual Report?	YES or NO (please circle)

SELF-EMPLOYMENT INCOME

Did you or your spouse earn income from a business, profession or farm? If so, please furnish details of income and expenses below. Kindly attach all 1099's received and compare them to your total gross income. If differences exist, please provide an explanation.

BUSINESS (OR FARM)	BUSINESS	BUSINESS
Taxpayer or Spouse		
Description		
Gross Income		
Materials		
Salaries		
Heat,Light,Power		
Insurance		
Rent		
Auto Expenses*		
Other Expenses (List)		

*Please provide records & receipts of expenses including detailed mileage logs and new car invoices.

NOTE: Home office must be an area used exclusively for business.

Detail entire home expenses such as utilities, insurance, repairs and relative percentage of home used for office area.

SOCIAL SECURITY & RAILROAD RETIREMENT BENEFITS

Please attach Form SSA-1099, Social Security Benefit Statement

	Benefits-2020	Medicare Deduction	Net Benefits	Federal Income Taxes Withheld
Taxpayer				
Spouse				

INCOME FROM PENSIONS, ANNUITIES & IRAs

Form W-2P/1099R must be included. If payments commenced this year, include information from payer.

Payer	Amount	Fed Tax W/H	State Tax W/H

1. Did you or your spouse make an early withdrawal from an annuity? If yes, amount \$_____.
2. If you own a Traditional IRA, starting at age 70 1/2, you must begin making withdrawals, also know as RMDs -REQUIRED MINIMUM DISTRIBUTIONS. These RMDs must begin NO LATER THAN APRIL 1st following the calendar year in which you reach the age of 70 1/2. Please advise of any distribution.

GAINS OR (LOSSES) FROM SALE OF PROPERTY

SALE OF REAL ESTATE

Include closing & HUD statements; the property tax bills for year of sale and other pertinent information including dates of acquisition & sale and cost (original cost plus subsequent improvements).

Property Description	Date Sold	Selling Price	Date Purch.	Purchase Price	Improvement Costs

SALE OF STOCKS, BONDS, ETC. (Attach a separate sheet if necessary)

Description of Security	# of Units	Sales		Purchases		Long-Term Gain(Loss)	Short-Term Gain(Loss)
		Date	Amount	Date	Amount		
			\$		\$	\$	\$
TOTALS			\$		\$	\$	\$

MISCELLANEOUS INCOME

Please furnish details of other income such as alimony, jury fees, finder fees, executor fees, director fees, prizes, state tax refunds, etc. Also list Gambling Losses (to the extent of Winnings).

Payer	Type of Income	Amount

IRA/KEOGH/SEP/SIMPLE IRA

Please furnish details and provide annual statement for all retirement account transactions, including ROTH IRA conversions and opening of new accounts in 2021 for tax year 2020.

Description/Name of Institution	2020 Contributions		Rollover/Conversion		Withdrawal	
	Amount	Date(s)	Amount	Date	Amount	Date
Taxpayer						
Spouse						

HEALTHCARE COVERAGE - PLEASE ATTACH ALL 1095 FORMS (A,B OR C)

Did you have 2020 Health Care Coverage through the Health Insurance Marketplace? Yes ___ No ___ Part Year ___

Health Insurance - Carrier Name _____

Did you have healthcare coverage (health insurance) for you and your family during all months of 2020? Yes ___ No ___

If No, please attach detail of which months no coverage was in effect.

Check if received Form **1095-A** _____, **1095-B** _____ or **1095-C** _____

PLEASE CHECK APPROPRIATE BOXES BELOW

***PLEASE FURNISH DETAILS TO ALL QUESTIONS ANSWERED "YES" ON A SEPARATE SHEET.**

ESTATE PLANNING AND HEALTH CARE DIRECTIVES

YES	NO	Our Estate Planning professionals welcome the opportunity to review the following with you throughout the year:
<input type="checkbox"/>	<input type="checkbox"/>	Do you and your spouse each have a current (within 5 years) Will/Living Will/HIPAA waiver/Health Care Power of Attorney?
<input type="checkbox"/>	<input type="checkbox"/>	Are you confident that your current estate plan ensures that you and your spouses wishes will be carried out?
<input type="checkbox"/>	<input type="checkbox"/>	Have you and your spouse designated a beneficiary on your insurance policies/IRA's/401K's within the last 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Living Trust in place as part of your estate plan? Does your spouse, children or executor know where you keep your important documents?
<input type="checkbox"/>	<input type="checkbox"/>	Have you taken steps to protect your children's inheritance in the event your surviving spouse chooses to remarry after your death?

TAX YEAR 2020

YES NO

- Did you have unearned INCOME OF A DEPENDENT CHILD UNDER AGE 18? (ie: interest, dividends, etc.)
- Did you pay tuition for higher education?
- Did you receive any disability payments this year?
- Did you receive tip income not reported to your employer?
- Do you have any worthless securities or loans that became uncollectible this year?
- Has the IRS, any state or local taxing agency notified you of changes to a prior year's tax return?
- Are you in any retirement program at work?
- Did you PAY ALIMONY under a written separation agreement or court order?
If yes, total amount paid in 2020 \$ _____. Date of Divorce Decree _____ (Attach copy if after 2018)
Recipient's soc. sec. # _____ Recipient's last name _____
- VIRTUAL CURRENCY-Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? If so, please provide details. _____
- Did you receive Interest Income From Seller Financed Mortgage? If so, please provide details.

YOU MAY BE ENTITLED TO A DEDUCTION OR CREDIT

- If you operated your auto for business purposes and were reimbursed less than 57.5 cents per mile or less than actual expenses.
- If you contributed to a Health Savings Account (HSA) or Medical Savings Account (MSA) (Provide Details).
- If you paid for the CARE OF A DEPENDENT who is under 15 or incapacitated, to enable you and your spouse to work or be a full-time student. (Please attach an additional sheet if more lines are needed.)

Dependent Name	Provider's Name & Address	Provider's Federal ID #	Amount Paid

TAX CREDITS

- | | | | |
|---|---------------------------------------|---|---|
| YES NO | Elderly & Permanently Disabled Credit | YES NO | Adoption Credit |
| <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |
| <input type="checkbox"/> <input type="checkbox"/> | Foreign Tax Credit | <input type="checkbox"/> <input type="checkbox"/> | Job Credit (If Sole Proprietor) |
| <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | |
| <input type="checkbox"/> <input type="checkbox"/> | Child Tax Credit | <input type="checkbox"/> <input type="checkbox"/> | Qualified Energy-Efficient Home Improvement |
| <input type="checkbox"/> <input type="checkbox"/> | | | Description _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Earned Income Credit | | |

GIFTS

- Did you make GIFTS totaling \$15,000 or more to any one person, trust or nonexempt organization in 2020? If so, please provide a list of gifts made on a separate sheet, including recipient's name, date, amount and nature of the gift(s).

2020 TAX YEAR - PRESIDENTIAL ELECTION CAMPAIGN FUND STATEMENT

- Do you or your spouse wish to have \$3 paid to a nonpartisan general account for all eligible candidates ?
- Yourself
- Spouse