

TENNESSEN ACCOUNTING &
TAX SERVICE, INC.
3496 N. OAKLAND AVE., MILWAUKEE, WI. 53211
414-964-6550 EMAIL: ADMIN@TENNESSEN.NET

2020 INDIVIDUAL INCOME TAX
CLIENT PACKET

This packet is intended to assist you with getting organized for your tax return, and to better inform your preparer to ensure that your tax return will be as complete and accurate as possible. Please check YES or NO for each question. If the section does not apply to you, please check the N/A box at the top of the section. If all sections are not completed and if this packet is not signed, the packet will be returned to you. We can not start to prepare your return without this information. **Please circle if you would like this packet by email in future years YES NO**

PRIMARY CONTACT: _____
(PHONE AND EMAIL)

TAXPAYER: _____ SOCIAL SECURITY# _____
(NAME AS SHOWN ON SOCIAL SECURITY CARD)

OCCUPATION: _____ DATE OF BIRTH / /

MAILING ADDRESS _____ CITY & ZIP _____

SPOUSE(IF MARRIED) _____ SOCIAL SECURITY# _____
(NAME AS SHOWN ON SOCIAL SECURITY CARD)

OCCUPATION _____ DATE OF BIRTH / /

Is your FILING STATUS the same as on your 2019 return? YES [] NO []
IF NO, please indicate any changes (married, separated, divorced, widowed (Please list date of death):

DEPENDENTS - CHECK HERE IF N/A []

Were there any changes in DEPENDENTS from the prior year? YES [] NO []

Are you the parent or legal guardian of your child/dependent? YES [] NO []

Any change to their education, income, filing status? YES [] NO []

Is anyone else able to claim your child/dependent on their tax return? YES [] NO []

Did any of your DEPENDENTS have earned income of more than \$4,300? YES [] NO []

Did any of your DEPENDENTS have investment income of more than \$1,100? YES [] NO []

Are you claiming a child on your tax return that DID NOT LIVE WITH YOU more than 6 months last year? YES [] NO []

*** You will need form 8332 signed by the custodial parent to claim the child.**

Did you have any daycare/dependent care expenses for your children/dependents? YES [] NO []

***Please provide year-end statements for childcare expenses paid.**

Please list any new dependents. Please list name - date of birth – social security number – months lived with You in 2020 – relationship to you.

EDUCATION - CHECK HERE IF N/A []

Did you pay for private K-12 education for any dependents during 2020? YES [] NO []
***Please include receipts or year-end statement provided from school.**

Did you contribute to or withdraw funds from a SECTION 529 PLAN? YES [] NO []
***Section 529 plans are education savings plans or qualified tuition plans. Include year-end statements for YOUR contributions and or/1099Q for distributions.**

During 2020, were you or any of your dependents enrolled at a postsecondary educational institute eligible to participate in a student aid program administered by the U.S. Department of Education? YES [] NO []
***If yes, list the student(s): _____**
Who paid the expenses? _____

Were you reimbursed through an employer or the military to pay for tuition? YES [] NO []

Were the education expenses paid during 2020? **Include 2020 payment history report.** YES [] NO []

Has HOPE credit and/or AOTC been claimed for the student for four earlier tax years? YES [] NO []

Does the student have a felony drug conviction? YES [] NO []

Did you pay any student loan interest during 2020? **Include form 1098.** YES [] NO []

RETIREMENT/INVESTMENTS

Did you receive, sell, exchange, or purchase any real estate in 2020? YES [] NO []
***Please provide closings statements.**

Did you or your spouse contribute to a Roth IRA? YES [] NO []
***Please provide statement notating how much was contributed & when.**

Did you or your spouse contribute to a Traditional IRA in 2020? (Not 401k) YES [] NO []
***Please provide statement notating how much was contributed & when.**

Do you want to contribute to a Traditional IRA in 2021 for 2020? YES [] NO []

Did you or your spouse make any withdrawals, transfers, conversions, or rollovers with any retirement plans? ***1099R form required** YES [] NO []
***Any early Roth IRA withdrawals will require documentation showing all contributions since inception.**

Did you take any early distributions from a qualified retirement account? YES [] NO []
If yes, was the distribution a coronavirus-related distribution? YES [] NO []

Did you or your spouse take any distributions (up to \$5,000 each) out of a qualifying retirement account within one year of the birth of your child or adoption of your child? YES [] NO []
***An eligible retirement plan includes 403b plans, 401k, and IRAs. *Include 1099R form.**

Are you waiting for a schedule K-1 for income from trusts, partnerships, estates, etc? YES [] NO []

Did you or your spouse sell or exchange cryptocurrencies or engage in any sales or exchanges denominated in cryptocurrencies? YES [] NO []

Did you have any debts (credit cards, mortgage, loans, etc.) canceled or forgiven in 2020? YES [] NO []
***Form 1099C required.**

FORMS OF INCOME

- Did you receive unemployment benefits in 2020? **Include all form(s) 1099-G** YES [] NO []
- Did you receive Social Security in 2020? **Include Form 1099-SSA** YES [] NO []
- Did you receive the economic impact payment (stimulus) in 2020? YES [] NO []
- Did you receive the second economic impact payment (stimulus)? YES [] NO []
If yes, when was it received and what was the amount: _____
- Did you have any gambling or lottery winnings in 2020? YES [] NO []
***Form W2-G or 1099-MISC is required.** A detailed gambling log is REQUIRED to take any gambling losses.
- Did you receive 1099-MISC or 1099-NEC forms for work performed outside your normal course of work? YES [] NO []
***This can cover anything (ex: prizes, side jobs, rents, royalties, etc).**

MISCELLANEOUS

- Were you a victim of identity theft? Please include your PIN from the IRS. YES [] NO []
- Were you notified by the IRS or state authorities about changes to a prior year return? YES [] NO []
***If yes, please include the notice from the IRS.**
- Did you have a financial interest in OR signature authority over at least one financial account located outside of the United States? YES [] NO []
- Did you make any cumulative gifts in excess of \$15,000 to any individual during 2020? YES [] NO []
- Did you pay or receive alimony in 2020? Paid: _____ Received: _____
- Do you have any K-12 teacher out of pocket expenses? If yes, please list: \$ _____
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? YES [] NO []
- STATE SALES TAX** – I certify that **I DID NOT** make any catalog/internet purchases in 2020 without paying state sales tax _____ (initial here). **If left blank, we will assume no sales tax is due to the state of WI.**
- OR**
I DID make catalog/internet purchases in 2020 without paying state sales tax – the total is \$_____.

RENT PAID - During 2020 \$_____** Was heat included in the rent? YES [] NO []
*If you qualified for Homestead Tax Credit last year, please include a completed rent certificate or property tax bill. There can be no whiteout, erasures, or crossed out parts on the rent certificate.

HOME - CHECK HERE IF N/A []

- Are you repaying the \$8,000 first-time homebuyer credit? YES [] NO []
- Did you withdraw any amounts from your IRA to acquire a principal residence during 2020? YES [] NO []
- Are you a household employer who paid more than \$2,200 in 2020 for services performed in your home to individuals who could be considered your employees (nanny, housekeeper, nurse)? YES [] NO []

HEALTHCARE/MEDICAL

Did you, your spouse, and/or dependents have health insurance through the Marketplace for any month(s) in 2020? **Form 1095A required** YES [] NO []

Did you have a Health Savings Account that you contributed to or withdrew money from*? YES [] NO []
If yes, were all funds withdrawn used for prescriptions, copays, doctor bills? YES [] NO []

*Include year-end summary of all deposits & transaction history. Include detail of any deposit you made with after tax dollars. You have until April 15, 2021 to max out your 2020 contribution.

In the top section of the next page, **please include only non-reimbursed amounts paid with post-tax funds.** Please note that your medical expense deduction is limited to only the amount over 7.5% of your adjusted gross income and only applicable if you itemize and do not take the new higher standard deduction. Please contact our office if you need further clarification.

Prescriptions \$ _____ Health insurance premiums \$ _____
 Dental/Doctor Expenses \$ _____ Hospital expenses/Lab Fees \$ _____
 Feminine Hygiene Products \$ _____ Long Term Care Insurance \$ _____
 Hearing aids/batteries/glasses \$ _____ *Nursing home & In-home care expenses \$ _____
 Number of Medical Miles for 2020 _____ *Include 1099LTC if applicable.

DEDUCTIBLE CHARITABLE CONTRIBUTIONS

For 2020, please note that you can claim charitable donations of up to \$300 without having to itemize on your tax return. Charitable donations must be made in the form of cash, check, or credit card.

You may total your cash donations and write the amount on the line below, or you may provide us confirmation letters/receipts and have us total them. **Please do not do both.** You need a receipt for all claimed donations. Do NOT include any political donations as they are not charitable contributions.

Charitable contributions (CASH/CHECK/CREDIT CARD) \$ _____

Charitable mileage you have a written record of driving in 2020: _____

Charitable donations (ITEMS) – **PLEASE PROVIDE RECEIPTS** from charity that shows the date given and dollar value of items. Items donated need to be in good condition or better. If you need help determining fair market value of your items, please visit satruck.org or goodwill.org. For donated vehicles please provide us with the 1098 – C you received.

2020 ESTIMATED INCOME TAX PAYMENTS - CHECK HERE IF N/A []

** Please list only estimated tax payments made towards your 2020 taxes**

[] **Check if you paid all of the estimated vouchers** we provided you with your 2019 tax return on their due dates.

If you did NOT, please complete below for all quarterly estimated payments made:

	Federal	Wisconsin		Federal	Wisconsin
Due 7/15/20	\$ _____	\$ _____	Due 9/15/20	\$ _____	\$ _____
Due 7/15/20	\$ _____	\$ _____	Due 1/15/21**	\$ _____	\$ _____

**Indicate if paid by 12/31/20

EARNED INCOME CREDIT – CHECK HERE IF N/A []

EIC is a credit intended to reduce or eliminate the tax paid by low to moderate income wage earners. The credit depends on your wages, filing status, and/or how many children you have. **IF YOUR INCOME IS NOT WITHIN THE AMOUNTS LISTED BELOW, PLEASE CHECK N/A FOR THIS SECTION.** The maximum amount of earned wages for single filers with zero children is \$15,820. For single filers with one child, \$41,756. For two children, \$47,440. For three children, \$50,954. The maximum amount of earned wages for married filing jointly filers and zero children is \$21,710. For one child, \$47,646. For two children, \$53,330. For three children, \$56,844.

- Are you or your spouse claimed as a qualifying child or dependent on anyone else's return? YES [] NO []
- Do you and your spouse each have a valid SSN? YES [] NO []
- Did anyone else live in the same home? If so, who _____ YES [] NO []
- Did the child(ren) live with anyone else for part of the year? YES [] NO []

E-SIGN & REFUND/BALANCE DUE OPTIONS

() Would you like to electronically sign your tax return this year? Additional \$10 fee applies. **We will need both email addresses if filing a joint return.** Please note that we E-FILE all returns. E-SIGN is optional. Call or email our office if you have any questions about e-sign.

Taxpayer Email: _____ Spouse Email: _____

If I receive a refund, I would like it to be (select one):

- () Directly deposited. Attach voided check.
- () Use the same account as last year. Please list the last four digits of your account number. _____
- () Mailed to me at my address on the tax return.
- () Applied to my 2021 estimated tax payments.

If I owe, I would like it to be (select one):

- () Directly withdrawn. Attach voided check.
- () Use the same account as last year. Please list the last four digits of your account number. _____
- () With a paper voucher for me to mail with a check.

Each taxpayer must sign and date acknowledging that this organizer was filled out to the best of their ability. You are agreeing that all the included information is accurate.

Taxpayer Date

Spouse Date

2020 INDIVIDUAL LETTER OF ENGAGEMENT

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services Tennesen Accounting & Tax Service, Inc (we) will provide. Please read all three pages and sign on page 9. Both spouses (if married filing joint) need to sign.

We will prepare your 2020 federal income tax return, and the applicable state tax returns (known as “the returns”). This engagement pertains only to the 2020 tax year, and our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. Our engagement will be complete upon the delivery of the completed returns to you. Our fees for this engagement are not contingent on the results of our services. Our fee for our services is due upon completion of your returns. For balances not paid within 30 days there will be a 1.5% finance charge on overdue balances. There is a \$10 fee for additional copies of your returns for each year requested. The mailing fee is \$10. Any additional services provided (ex: correcting a rejected return, amending returns for corrected or omitted tax documents, help with estimated taxes, etc.) after your return has been completed will be billed separately from your tax fee.

COVID-19 Policy

We have taken many steps to ensure our employees and clients remain safe and healthy during these unprecedented times. We offer curbside pickup and drop off as well as mailing and e-sign options. We are requiring scheduled in person pickup times to limit the number of people in the lobby. We are following all City of Milwaukee public health plans and orders. When you enter our building, you assume all risks and agree that you will not hold Tennesen Accounting & Tax Service Inc, our employees or our landlord liable for any resulting illness.

Privacy Policy

It is our policy to keep your personal and business information confidential to the extent permitted under law. We do not disclose any non-public personal information about our customers or former customers to anyone, except as instructed to do so by such customers or as required by law. We restrict access to non-public personal information to those professionals necessary to prepare, assemble and present your tax documents and we maintain physical, electronic, and procedural safeguards to guard your non-public personal information.

Extending to File

We will not automatically file an extension for you unless your tax paperwork is in our office prior to April 15th. If you would like us to file an extension for you, please contact our office prior to April 13th. The timeliness of your cooperation is essential to our ability to complete this engagement. Specifically, we must receive your information from which to prepare your returns within a reasonable period of time prior to the applicable filing deadline. Most returns are typically completed within 3-4 weeks once we have all your documents. Any penalty or interest for late filing or underpayment of tax is your responsibility. For returns filed under extension, we encourage you to bring in your documents as soon as possible to prepare the return.

Review & Audits

Your returns may be selected for review by one or more than one taxing authority. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we may be available to assist you during the examination. Any such representation would be billed at a separate rate.

We will prepare the returns from information which you will furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will furnish you with questionnaires and/or worksheets as needed to guide you in gathering the necessary information.

It may be necessary to ask you for clarification of some of the information you provide. We will not audit or otherwise verify the data you submit. Your use of organizers, forms, worksheets will assist us in keeping our fee to a minimum. To the extent we render any accounting and/or bookkeeping assistance, it will be limited to those tasks we deem necessary for preparation of the returns.

Our engagement cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. You are responsible for evaluating the adequacy and results of the services we provide. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority.

Form 8879 – Signature Authorization Form

You have the final responsibility for the income tax returns and, therefore, you should review them before you sign them. Once you sign form 8879 allowing us to e-file your return, your return will be submitted to the taxing authorities. We have 72 hours to release your return to the taxing authorities from the date you write on your form 8879. Please be sure to use the current date when you sign (and your spouse signs if filing joint) form 8879.

Penalties

The law provides various penalties and interest that may be imposed when taxpayers underestimate their tax liability. You acknowledge that any such understated tax, and any imposed interest and penalties, are your responsibility, and that we have no responsibility in that regard. If you would like information on the amount or circumstances of these penalties, please contact us.

Tax Planning Services

We will also provide you with interim and year-end tax planning services on issues that you specifically bring to our attention. Please be sure to sign the attached Consent to Use Tax Information Form. Our ability to provide you with appropriate guidance on such issues will be entirely dependent on the timeliness, accuracy, and completeness of the relevant information bearing on the issue which we will rely on you to provide to us. Although we may orally discuss tax planning issues with you from time to time, such discussions will not constitute advice upon which we intend for you to rely for any purpose. Rather, any advice upon which we intend for you to rely, and upon which you will rely, will be in a written format or correspondence from us to you, and any such writing will supersede any prior oral representations between the parties on the issue. This tax planning will be billed separate from the tax return preparation.

E-mail Correspondence

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

Married Filing Joint Returns

Because the income tax returns we are to prepare in connection with this engagement are joint returns, and because you will each sign those returns, you are each our client. You each acknowledge that there is no expectation of privacy from the other concerning our services in connection with this engagement, and we are at liberty to share with either of you, without the prior consent of the other, any and all documents and other information concerning preparation of your returns.

706 Portability

Portability, an estate and gift tax provision, allows the personal representative (or executor) of a deceased spouse to make an election on the decedent's estate tax return to transfer or 'port' such deceased spouse's unused exclusion amount to the surviving spouse. By signing this letter of engagement, you are agreeing that 706 Portability is not part of this engagement. We will not give you advice on 706 Portability. If you have questions regarding filing a Form 706, please contact an attorney.

FINCEN Reporting Requirements

Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having a value exceeding \$10,000 in a foreign country shall report such a relationship. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties.

If you and/or your entity have a financial interest in any foreign accounts, you are responsible for providing our firm with all the information necessary to prepare FinCEN Form 114 required by the U.S. Department of the Treasury on or before April 15th of each tax year. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required disclosure statements.

Legal

Any litigation arising out of this engagement must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. Our liability relating to the performance of the services rendered under this letter is limited solely to direct damage sustained by you. In no event shall we be liable for the consequential, special, incidental, or punitive loss, damage, or expense caused to you or to any third party. Notwithstanding the foregoing, our maximum liability relating to services rendered under this letter (regardless of form of action, whether in contract, negligence or otherwise) shall be limited to the fees received by us for this engagement. The provisions set forth in this paragraph shall survive the completion of the engagement. This letter of engagement is contractual in nature and this letter supersedes any prior oral or written representations or commitments by or between the parties. Notwithstanding anything contained herein, both accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at Accountant's office located in Milwaukee County, WI, USA and Milwaukee County, WI, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Wisconsin.

This form is optional, you do not need to sign this form for us to prepare your income tax return.

TENNESSEN ACCOUNTING & TAX SERVICE INC.

CLIENT CONSENT TO USE TAX INFORMATION FORM

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. In addition to tax preparation services, this firm is in the business of providing year-round financial consultation and tax planning services. This service cannot be provided without your consent.

You are not required to complete this form. If we do not obtain your signature on this form, we will not be able to offer any services to you outside of the tax preparation. If during the year you do request additional services from us or have any tax questions, we can send you this form and you can sign it at that time. Your consent is valid for the duration of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of your signature.

Consent to Use

I consent to the use of my tax information for purposes other than preparing my tax return. I consent for you to communicate with me via newsletter, e-mail, website, phone, or other means with information and recommendations that may be of use to me, including but not limited to:

1. Tax Advice. Advisory services relating to events in my life that have tax consequences such as college, investment transactions, marriage, divorce, and retirement.
2. Tax Planning. Services related to planning and forecasting potential tax obligations and their estimated tax payment requirements.
3. Retirement Tax Planning. Services related to retirement planning, social security planning, minimum required distributions from retirement accounts and other planning services.
4. Investment and Asset Advice. Services relating to the tax considerations of buying, selling, and exchanging property including stocks, bonds, and real estate.
5. Other Tax and Financial Advice. Services related to responding to your tax and financial questions.

By signing this form, you expressly consent to the use of your tax information for the purposes of providing these auxiliary tax and financial services for you. I understand the firm is using tax information furnished by me to provide me with the services listed here. I also understand that I may terminate this consent at any time by providing a written request for termination. Except upon approval by me or as required by law Tennessee Accounting & Tax Service will not disclose my confidential tax information to any other person or for any other purpose. I also acknowledge that I have read and understand the Tennessee Accounting & Tax Services Privacy Policy provided in engagement letter section.

Duration of this consent: _____
(One year from date of signature if left blank)

Name (print): _____

Spouse's Name: _____

Signature: _____

Spouse's Signature: _____

Date: _____

Date: _____