2020 TAX APPOINTMENT AND QUESTIONNAIRE

Dear client,

Your tax appointment for this year is:

Day________Date___________Time_______am\pm

This document digitally available at mckaytax.com (tools & checklists)

McKay TAX & ACCOUNTING

My Office_____Mail/Email/Portal ______ Drop Off ______ Your Home ______

If you are unable to keep this appointment date kindly give us as much advance notice as possible so that your time can be filled by someone else.

HOW TO ENSURE THAT YOU ARE GETTING THE MAXIMUM POSSIBLE DEDUCTIONS & CREDITS ALLOWED BY LAW:

- Please read and complete the "Information Checklist" (right) and all other parts of the questionnaire that apply before the appointment date.
- Bring a list of all other tax questions to the appointment.

HOW TO RECEIVE YOU REFUND QUICKLY:

- Have all information requested on this questionnaire at the time of your appointment to minimize delays in acquiring information needed for

HOW TO COMMUNICATE WITH OUR OFFICE ELECTRONICALLY:

- Please supply us your E-mail address on the back of this page under "Personal Information" or E-mail us at Rmckay@mckaytax.com to initiate
- Tax law changes and alerts will be sent to your E-mail address during the year.
- ***New***: You will be able to send and receive files from us securely through our portal including w2s and completed tax returns. Contact us through email, text or phone to request an invite to set up your directory in the portal.

TO OPT OUT OF RECEIVING TEXT MESSAGES PLEASE CONTACT US

TAX PREPARATION FEES:

- Minimum fees including state are $50 with exceptions for dependents of taxpayers. The average fee is usually between $70 and $100 but can vary by the number of extra forms and their complexity. See the complete list of form prices at www.mckaytax.com.
- You may pay with cash, check, Visa or Master card

If you have any questions or need to change your appointment, please call (801) 731-1857. If I am not in the office then please leave a message and I will return your call promptly. Thanks for your business.

Richard V McKay E.A
Rebecka P McKay

McKay Tax and Accounting
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Roy, UT 84067
Office 801-731-1857 (fax 731-6942) (text 801-540-5290)
http://www.mckaytax.com/E-Mail Rmckay@mckaytax.cor

QuickBooks Certified ProAdvisor Desktop

MasterCard VISA

www.Mckaytax.com

RV Software Inc.

Please have the following available for our appointment;

- Last years tax return (Only if done by someone else)
- **All W-2's, 1099's, k-1's, 1098's**
- Records of all other incomes and expenses
- Escrow statements of any property bought, sold or financed
- **Form 1095-A if applicable**
- **State ID (Drivers License)**

YES	NO	Unsure	INFORMATION CHECKLIST	
			Did you have any other sources of income other than from the W2s, 1099s, K1s, and other income information that you have presented ?	
			Do you use a home equity loan other than to buy or improve your home? If so please provide principal balances during the year.	
			Has your marital status, address, or dependents changed last year?	
			Did you support anyone other than your own children or does anyone live with you who is not your dependent?	
			Do you have any losses to carry forward from previous years?	
			Did you sell any securities or has any become worthless during 2019?	
			Did you pay interest on a mobile home, motor home, or boat that has basic living accommodations?	
			Did you buy, sell, or refinance real estate? Bring Hud statements.	
			Did you have adoption expenses this year?	
			Do you use a portion of your home as an office for business purposes on an ongoing and exclusive basis (Schedule C or F)?	
			Do you anticipate any **substantial** changes in income, deductions, or tax withholding for the coming year?	
			Did you pay higher education expenses for you or your dependent this year? (Tuition, Fees, Books, and interest). List names and amounts on page two, section 6 under "Education Credits". **Bring form 1098-T**	
			Does anyone owe you money which has become a bad debt? (There must be true debtor/creditor relationship)	
			Last year did you or your spouse purchase health insurance from the Marketplace to help you reduce your monthly health insurance costs? Marketplace data is reported on **Form 1095-A**.	
			Did you receive alimony?	Amount
			Did you pay alimony SS #	Amount
			Did you contribute to a regular IRA ?	Amount
			Did you contribute to a Roth IRA ?	Amount
			Did you contribute to a 401K ?	Amount
			Did you contribute to any another retirement plan?	Amount
			Do you have a health savings account?	
			In 2019 did you have interest in a foreign account ?	
			At any time during 2019, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency?	

INCOME 2019

Section 1: PERSONAL INFORMATION

☐ **CHECK IF NO PERSONAL CHANGES FROM LAST YEAR (sections 1 and 2)**

If there are no changes it is not necessary to fill in personal data section EXCEPT DEPENDENTS INCOME & AGE.

Full Names(both)				
Address				
Home Phone		**Work Phone**	**E-mail**	
	Soc. Sec. Number	**Occupation**	**Cell Phone**	**Date of Birth**
Your			**801-731-1857**	
Spouse				

Section 2: DEPENDENTS

PLEASE LIST ALL BIRTH DATES & INCOME

Full Name	Relation-Ship	Date of Birth	Income	Social Security Number	Months lived in home 2019

TOTAL HOUSEHOLD RESIDENTS IN 2019

Section 3: ALL INTEREST AND DIVIDENDS RECEIVED

Interest Source	Amount	Dividend Source	QU	Amount

Section 4: SALE OF STOCKS / SECURITIES

Description	Date Acquired	Date Sold	Cost/ Basis	Selling Price

Section 5: OTHER INCOME

State tax refunds received in 2019	Tips received-(unreported only)
Unemployment compensation - bring statements	Hobby income
Social Security/RR Tier 1 - bring statements	Other income(prize,award,gambling)

Section 6: EDUCATION CREDITS (must have form 1098-T)

Student Name	College year (fresh, soph, jr, sen)	Tuition/ Fees/ books	Loan Interest

DEDUCTIONS 2019

Section 7: MEDICAL EXPENSES

Prescription drugs					
Health insurance premiums /Medicare					
Doctors/Dentists					
Hospitals / Emergency Care/X-ray/Lab					
Medical equipment					
Glasses / Contacts /Hearing Aids					
Medical Miles (18¢)					
Reimbursements for amounts above		Cafeteria Plan Payments			

Section 8: TAXES (Utah car fees not deductible)

State Tax Paid with 2018 taxes in 2019	Real Estate Residence
Sales Tax on Auto,Truck, Boat, Motorcycle	Real Estate Tax Land
Auto/Truck county tax (NOT valid in Utah)	Other Real Estate

Section 9: INTEREST PAID

Mortgage Interest (1st, or 2nd to improve H		Investment Int	
Mortgage Interest (1st, or 2nd to improve H		**Note: Interest only for buying or improving home**	
Mortgage Insurance (1st or 2ndto improve H			

Section 10: CONTRIBUTIONS

Donee	Amount:	Donee	Amount
Donee	Amount:	Donee	Amount
Donee	Amount:	Donee	Amount

Charitable Miles (14¢)			
Donated Property Description			
Cost			
Fair Market Value			

Section 11: MISCELLANEOUS ITEMIZED DEDUCTIONS

NOT DEDUCTABLE FOR 2019

Section 12: CHILD CARE EXPENSES

Child/Dependent Care Expenses(under 13) or Physically Handicapped

Care Provider	Address	S.S.#/E.I.#	Amt. Paid

Employer Provided Child Care Payments (Cafeteria Plan)

Section 13: ESTIMATED TAXES PAID

1st Quarter Date		**Ist Quarter Amount**	
2nd Quarter Date		**2nd Quarter Amount**	
3rd Quarter Date		**3rd Quarter Amount**	
4th Quarter Date		**4th Quarter Amount**	

BUSINESS INCOME and EXPENSES 2019

Section 14: SELF EMPLOYED INCOME/EXPENSES

Product or Service				
Did you actively participate in the business this year	YES		NO	
Did you file a Schedule C for this business before	YES		NO	
Gross Income		Returns		
Beginning Inventory		Purchases		
Personal Use Items		Ending Inventory		

Advertising		Rent(other)	
Bad Debts		Repairs/Maint.	
Bank Charges		Supplies	
Commissions/fees		Taxes/License	
Cleaning		Travel	
Depletion		Meals	
Dues/Publications		Medical Ins.	
Employee Benefits		Utilities	
Insurance		Wages	
Business Interest		Job Credit	
Interest(mortgage)		Other:	
Legal/Professional		Other:	
Profit Sharing		Other:	
Rent(equip/veh)			

Section 15: VEHICLE EXPENSES-EMPLOYEE or SELF EMPLOYED

	Vehicle 1 Desc:	Vehicle 2 Desc:		
Date placed in service				
Total mileage for year				
Business miles for year				
Distance from home to work				
Cost/Fair Market Value on date placed in service				
Do you have another personal vehicle(Y/N)		YES		NO
Do you have written evidence of business miles(Y/N)		YES		NO

Section 16: VEHICLE ACTUAL EXPENSES (Not required for 58¢/mile)

	Vehicle 1 Desc:	Vehicle 2 Desc:
Gas/Oil/Repairs/Wash		
Tires/Batteries etc..		
Insurance/License		
Taxes		
Interest		
Lease Payments		
Other:		

Section 18: OFFICE IN THE HOME SELF EMPLOYED

Office Square Ft	Home Square Ft	
Home Interest	Home taxes	Heating
Electricity	Insurance	Rent
Office Repairs	Office Maint.	Other

Section 17: RENTAL INCOME/EXPENSES

Property	Address
A	
B	
C	

Did you or a member of your family use any of these properties for personal purposes for the greater of fourteen(14) days or 10% of the total days rented at a fair rental value?	YES		NO	
Did you actively participate in the operation of these activities this yr.	YES		NO	

Properties	A	B	C
Income			
Advertising			
Auto/travel			
Cleaning/Maintenance			
Commissions			
Insurance			
Legal/Professional			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Electricity			
Heat			
Water/Garbage			
Phone			
Yard Care			
Other:			

Income from Partnerships/S Corp/Estates/Trusts: Attach K-1's

Section 18: TRANSACTIONS NOT REPORTED ON FORM 1099

Description	Date Acquired	Date Sold	Receipts	Cost

Section 19: SECURITIES AND PROPERTY SOLD

Description	Date Acquired	Date Sold	Receipts	Cost

Section 20: ASSETS PURCHASED for BUSINESS/RENTAL

Description(and which business)	Date Purchased	Cost