2020 Tax Questionnaire

GEOFFREY Johns and Associates, LLC

1. **Name(s)** _____

2. **Phone Number** _____ **e-mail address**_____

3. **What was your marital status on December 31, 2020?**
   ____ **Married** Filing Jointly ____ **Married** Filing Separately ____ **Head of Household** ____ **Single/Divorced/Widowed**

4. For identity theft prevention, please provide your **Drivers' License or State ID** Information:
   Taxpayer: State _____ Number_____ Issue Date _____ Expiration Date _____
   Spouse: State _____ Number_____ Issue Date _____ Expiration Date _____

5. **Did your address change during 2020?** ____ NO ____ YES If yes, please provide your new address below:
   _____

   NOTE: Please include a copy of settlement statements for real estate purchased or sold during the year.

6. **If you received a refund last year and you used Direct Deposit, is the bank information the same this year?**
   ____ YES ____ NO If no, please give us the updated information. (Skip if you did not use Direct Deposit or did not get a refund.)
   Name of Financial Institution _____ Acct Type ____ Checking ____ Savings
   Routing Number _____Account Number _____

7. **Were there any changes in Dependents in 2020?** Please indicate if we should add or delete a dependent:

Name	Date of Birth	SSN	Relationship

8. **Did you purchase a vehicle in 2020?** ____ NO ____ YES If yes, please provide amount of sales tax paid $_____

9. **Did you make any qualified energy improvements to your primary home?** ____ NO ____ YES - If yes, please provide amount paid and description. Amount $_____Description (circle): Furnace A/C Solar Windows Doors (please provide receipt(s)).

10. **If you made quarterly estimated tax payments in 2020**, please provide the following:

Estimated Taxes Paid	Federal $	State $
First Quarter		
Second Quarter		
Third Quarter		
Fourth Quarter		

11. Please provide **Real Estate Tax**es paid: 1st Installment $_____ 2nd Installment $_____

12. Medical & Charitable Contributions:

Medical Expenses	
Prescription Drugs	
Doctors, Dentists, Nurses	
Nursing Home or Nursing Care	
Health Insurance Premiums	
Medicare Premiums Parts B&D	
Long Term Care Premiums – You	
Long Term Care Premiums – Spouse	
Hearing Aids, Glasses, Contacts, etc.	
Medical Lodging Costs	
Medical Miles _____ x .17¢ =	
Total Medical Expenses	$

Charitable Contributions	
Cash Contributions (list organizations):	
Paid thru IRA (if over 70 ½ yrs)	
Volunteer out-of-pocket exp	
Volunteer Miles _____ x .14¢ =	
Non-Cash Charity – includes clothing & household items donated (**Thrift Shop Value**)	
Total Charitable Expenses	$

13. Teachers (K-12): Out-of-pocket Educator Expenses paid: $_____

14. Contributions to **IL Bright Start** $_____ **Illinois Invest In Kids Credit** $_____ **K-12 Education Costs** $_____