



Dear **all** taxpayer(s),

In order to file your 2021 tax return, it is **imperative** that you complete this form and return it to us. **Without this form, we will be unable to prepare your 2021 tax return.** If you have any questions or concerns, please contact our office using the above contact information.

Thank you,

Cornerstone Accounting Solutions

TAXPAYER INFORMATION

New Client? Yes | No

Filing Status (check one): Single | Married Filing Jointly | Married Filing Separately | Head of Household
 Qualifying Widow/Widower

Name: _____

SSN: _____ - _____ - _____

Date of birth: ____/____/____

Email Address: _____

Best phone number: ____/____/____

Secondary phone number: ____/____/____
Work | Cell

Home address: _____

Preferred contact method: Email | Phone | Mail

Spouse Information (if applicable):

Name: _____

SSN: _____ - _____ - _____

Date of birth: ____/____/____

Email Address: _____

Best phone number: ____/____/____

Secondary phone number: ____/____/____
Work | Cell

Home address: _____

Preferred contact method: Email | Phone | Mail

Change in marital status in 2021? No, continue to next page
 Yes, explain below:

_____ | Date of Change: ____/____/____

Healthcare: Do you or your spouse receive government funded health insurance? Yes, please provide form 1095-A
 No.

*Note: 1095-B and 1095-C not required for filing.

DEPENDENT INFORMATION (IF NOT APPLICABLE, MOVE TO NEXT PAGE)

> **New Clients:** *If you have more than two dependents, please record the below information on a separate piece of paper and include it with this form.*

Dependent #1: *Dependent's name:* _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____

Dependent #2: *Dependent's name:* _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____

> **Current Clients: Change in dependents you are claiming in 2021?** *No, continue to next section: Child Tax Credit*
 Yes, answer one of the following below.

Welcomed a new child:

Child's name: _____ *Child's SSN:* _____ - _____ - _____
Child's relationship to you: _____ *Child's DOB:* ____/____/____
Could another taxpayer qualify to claim this dependent? *No* *Yes*

Previous dependent no longer being claimed:

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's reason for no longer being claimed: _____

New dependent (i.e., if you are claiming a parent/grandchild/etc as a dependent):

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____
Could another taxpayer qualify to claim this dependent? *No* *Yes*

Claiming a shared dependent (e.g. dependents whose guardians share custody and switch off claiming):

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____

> **Child Tax Credits:**

As of July 2021, the IRS distributed monthly payments to qualifying taxpayers as advancements towards your child tax credit. **Per IRS mandates, if you/your spouse received any of these payments, it is required to be reported on your tax return.** Unsure if you received these payments? Visit [irs.gov](https://www.irs.gov) under "Manage Your Child Tax Credit" for information.

Total amount of Advanced Child Tax Credit Payments you received in 2021: \$ _____

DEPENDENT EXPENSES (IF NOT APPLICABLE, MOVE TO NEXT SECTION)

If your dependent attended **daycare** in 2021: Name of Daycare: _____

Daycare address: _____

EIN or SSN: _____ | Expenses paid: _____

If your dependent attended **college** in 2021: Name of College: _____

Full Time | Part Time | Undergraduate | Graduate

Did you/your dependent receive Form 1098-T? Yes | No

*If yes, Form 1098-T is **required** for tax filing, please provide to Cornerstone.*

If no, please contact the Bursar's Office at your dependent's college to receive this form.

Did you/your dependent use 529 money? Yes | No

2020 PAYMENT INFORMATION

Estimated Payment Information: *If you owed a balance to the IRS and/or state government(s) on your 2020 tax return, you may have been advised to make quarterly tax payments for 2021, **record those payments below**. If you did not owe the IRS or state government(s) in 2021, continue to the next section: Stimulus Check/Economic Impact Payment.*

Federal (IRS): Check here if you only owed state
 Check here if you owed but did not make estimated payments.

<u>1st Quarter:</u> Amount paid: _____	<u>2nd Quarter:</u> Amount paid: _____	<u>3rd Quarter:</u> Amount paid: _____	<u>4th Quarter:</u> Amount paid: _____
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Date paid: _____	Date paid: _____	Date paid: _____	Date paid: _____
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State (include state name): _____ Check here if you only owed federal
 Check here if you owed but did not make estimated payments.

<u>1st Quarter:</u> Amount paid: _____	<u>2nd Quarter:</u> Amount paid: _____	<u>3rd Quarter:</u> Amount paid: _____	<u>4th Quarter:</u> Amount paid: _____
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Date paid: _____	Date paid: _____	Date paid: _____	Date paid: _____
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****If you owed estimated payments to more than one state, record the above information for any additional state(s) on a separate sheet of paper and include with this form.**



Phone: 443-328-6609 | Email: taxfile@casacct.com
174 Klee Mill Road
Sykesville, MD 21784

STIMULUS CHECK/ECONOMIC IMPACT PAYMENT (EIP #3)

As part of the American Rescue Plan Act of 2021, the IRS issued a third economic impact payment to qualifying taxpayers. Eligible taxpayers received a payment of up to \$1,400 per taxpayer plus \$1,400 per qualifying dependent. **Per IRS mandates, if you or your spouse received any of these payments, it is required to be reported on your tax return.** Unsure of your eligibility or payment status? Go to [irs.gov](https://www.irs.gov) under “Get Your Economic Impact Status” for more information.

- Check one of the following boxes: I received EIP #3 in the amount of: \$ _____
 I did **not** receive EIP #3, and I was an eligible taxpayer.
 I did **not** receive EIP #3, but I was **not** an eligible taxpayer.

ADDITIONAL INFORMATION

If you have any other information you feel will be pertinent to your tax return, please record that information below.
