



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?**

**Filing Status (check one):**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Best phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Preferred contact method:

**Spouse Information (if applicable):**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Best phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Preferred contact method:

**Change in marital status in 2021?**

\_\_\_\_\_ | Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Healthcare:** Do you or your spouse receive government funded health insurance?

*\*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?**

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?*

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?*

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:* \_\_\_\_\_

If yes, Form 8332 must be provided and signed by the other party.

> **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: \_\_\_\_\_

Did you/your dependent receive Form 1098-T?

*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?

**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):** *Click here if you only owed state*

*Click here if you owed federal, but did not make estimated payments*

<u>1<sup>st</sup> Quarter:</u> Amount paid: _____	<u>2<sup>nd</sup> Quarter:</u> Amount paid: _____	<u>3<sup>rd</sup> Quarter:</u> Amount paid: _____	<u>4<sup>th</sup> Quarter:</u> Amount paid: _____
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Date paid: _____	Date paid: _____	Date paid: _____	Date paid: _____
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*Click here if you only owed federal*

**State (include state name):** \_\_\_\_\_

*Click here if you owed state but did not make estimated payments*

<u>1<sup>st</sup> Quarter:</u> Amount paid: _____	<u>2<sup>nd</sup> Quarter:</u> Amount paid: _____	<u>3<sup>rd</sup> Quarter:</u> Amount paid: _____	<u>4<sup>th</sup> 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](mailto: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:

*Enter EIP #3 amount here:*

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### **SOCIAL SECURITY BENEFITS**

If you or your spouse received social security benefits, please forward your 1099-G statement to our office explaining those benefits. You can forward the documentation by email, fax, mail or drop off.

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### **ADDITIONAL INFORMATION**

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

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