

2020 Personal Info Questionnaire & Tax Form Checklist
PLEASE PROVIDE PREVIOUS YEAR TAX RETURN



Name: _____

Filing Status: (Single, Married Filing Jointly, Married Filing Separately, Head of Household, Widowed) _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Email Address: _____

Cell Phone: _____ Is Text Message A Communication Option? (Y/N) _____

Direct Deposit (EFT) Info If Refund Is Anticipated: **(Please Circle) Checking Account** or **Savings Account**

Name Of Bank: _____

Routing #: _____ Account #: _____

D/O/B: _____ SS#: _____

Occupation: _____ Driver's License # & State: _____/_____

Date License Issued: _____ Date License Expires: _____

Health Insurance In 2020 (Y/N) _____ What Months Were You Covered: _____

Do you have health insurance through VT Health Connect or Healthcare.gov? (1095A) _____

All Other Household Members:

Name: _____ **D/O/B:** _____ **SS#:** _____

Relationship: _____ **Dependent (Y/N):** _____

Occupation: _____ **Driver's License # & State:** _____/_____

Date License Issued: _____ **Date License Expires:** _____

Health Insurance In 2020 (Y/N) _____ **What Months Were You Covered:** _____

Do you have health insurance through VT Health Connect or Healthcare.gov _____

Name: _____ **D/O/B:** _____ **SS#:** _____

Relationship: _____ **Dependent (Y/N):** _____

Occupation: _____ **Driver's License # & State:** _____/_____

Date License Issued: _____ **Date License Expires:** _____

Health Insurance In 2020 (Y/N) _____ **What Months Were You Covered:** _____

Do you have health insurance through VT Health Connect or Healthcare.gov _____

Name: _____ **D/O/B:** _____ **SS#:** _____

Relationship: _____ **Age:** _____ **Dependent (Y/N):** _____

Occupation: _____ **Driver's License # & State:** _____/_____

Date License Issued: _____ **Date License Expires:** _____

Health Insurance In 2020 (Y/N) _____ **What Months Were You Covered:** _____

Do you have health insurance through VT Health Connect or Healthcare.gov _____

Add additional members if applicable _____

Potential Forms, Deductions, & Credits

Tax Form Checklist

Income Info:

Income from Jobs (W2's)
Investment Income
Any 1099 or 1098 forms
Income from State and Local Income Tax Refunds
Alimony Received
VT only - Child Support Received
Business or Farming Income*
IRA/Pension Distributions (1099-R Form)
Rental Property Income*
Unemployment Income (1099-G Form)
Social Security Benefits (1099-SSA Form)
Income from Sales of Property (1099-S or otherwise)
1095 Health Ins. Reporting
Foreign Bank Accts./Foreign Income
Gambling Winnings
Jury Duty
VA Income
Life Insurance Proceeds
Bartering Income
Cash

Adjustments to your Income:

IRA Contributions
Student Loan Interest
Medical Savings Account Contributions
Moving Expenses For A Job (More than 50 Miles)
Contributions to Keogh, SEP, SIMPLE
and Other Self-Employed Pension Plans
Educator Expenses
VT Only- Child Support Paid/Alimony Paid
Health Savings Account (HSA 1099-SA)

Itemized Tax Deductions and Credits:

Advance Child Tax Credit Payment
Child Care Costs
Education Costs (1098-T Form, Books & Supplies)
Adoption Costs
Interest You Paid
Charitable Donations
Casualty and Theft Losses
Sales Tax and Fee Deductions for New Vehicle Purchases
Job Expenses
HUD Statement if Property was Purchased
Medical and Dental Expenses
Energy-Efficient Home Improvement
Gambling Losses

Taxes You Have Paid:

State and Local Income Taxes
State and Local Sales Taxes
Real Estate Taxes
Personal Property Taxes
Large Purchases Made Out Of State

** Please Request Our Business Owners Deduction Checklist*

The Rockwood Agency

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