

Virtual Supplemental Intake Sheet

1st page required for all drop off returns. Pages 2-4 only required for specific circumstances.

1. Taxpayer Name: _____ Spouse SS# needed for MFS or MFJ _____

2. IP PIN: Taxpayer Spouse Dependents

3. Deduction: _____ 4. Estimated Income: _____

5. Enroll in the Focus Card? _____ Under \$57,000 for Drop Off
Under \$65,00 for GYR

6. Filing Status: _____

7. Did the taxpayer (and spouse) live in Colorado for all of 2020? _____

List any other states that the taxpayer resided or worked in 2020: _____

List the dates they moved in and out of that state: _____

8. Banking Information for direct deposit, if applicable. Bank Type: _____

Bank Name _____ Routing Number _____

Account Number _____

9. How did you hear about us? _____

10. Did you receive an Economic Impact Payment in 2020 or 2021? _____

2020 Amount \$ _____ 2021 Amount \$ _____

11. If available, household's 2019 earned income (Form 1040, Line 1 and Schedule 1, Line 3) \$ _____

12. Additional Notes

Self-Employment Income (1099-NEC)

1. Profession: _____

2. How much additional income did the taxpayer receive, not reported on 1099-NEC or Schedule 1099-K? \$ _____

3. List all expenses below:

| | | |
|-----------------------|------------------------------------|---------------------------------|
| Advertising \$ | Repairs and Maintenance \$ | Insurance (not health) \$ |
| Supplies \$ | Legal or Prof Services \$ | Taxes or Licenses \$ |
| Office Expenses \$ | Travel, Meals, Entertainment \$ | Rent or Lease \$ |
| Other \$ | Please list other expenses: | See Pub 17 for additional help |

4. Car/Truck Expenses:

| Vehicle Type | Business Miles | Year Placed in Service |
|-----------------|----------------|------------------------|
| _____ | _____ | _____ |
| Commuting Miles | Other Miles | |
| _____ | _____ | |

5. Was your vehicle available for personal use during off duty hours? _____

6. Do you (or your spouse) have another vehicle available for use? _____

7. Do you have evidence to support your deduction? _____

If yes, is evidence written? _____

8. Was self-employment earning impacted by COVID? _____

9. Additional notes:

The following expenses are Out Of Scope:

- Expenses over \$35,000
- Depreciation
- Mortgage Interest (for business purposes)
- Employee Benefit Programs
- Depletion
- Pension and Profit Sharing
- Contract Labor
- Wages

Self-Employment • Education Credit • Retirement Income • Itemized Deductions • HSA

Education Expenses or Scholarship Income

1. School Name _____
2. Has the American Opportunity Credit been claimed for this student for any 4 tax years before 2020: _____
3. Was the student enrolled at least half time? _____
4. Did the student complete the first 4 years of postsecondary ed before 2020? _____
5. Was the student convicted, before the end of 2019 of a felony for possession or distribution of a controlled substance? _____
6. Any expenses not listed on 1098-T or account statement (books, supplies, etc)

7. Pell Grant Amount \$ _____
8. Additional notes about education expenses/scholarships:

Retirement Income (1099-R)

1. Was this retirement distribution due to COVID? _____
2. If this was an early distribution (Codes 1 or 2), does an exception apply? _____
If yes, what is the exception? _____
3. Fill out if taxable amount is not determined and the Simplified Method must be used:

| | |
|--------------------------------------|---|
| Annuity Start Date _____ | Age of Recipient at Start Date _____ |
| Age of Spouse at Start Date _____ | Amount Previously Recovered _____ |
4. Additional notes about retirement income:

Additional Itemized Deductions (not on a scanned form)

1. Medical and dental expenses, if expenses exceed 7.5% of income:

- a) Insurance premiums: \$ _____
- b) Paid to doctors/dentists: \$ _____
- c) Prescriptions: \$ _____
- d) X-rays, lab work, etc: \$ _____
- e) Nursing help: \$ _____
- f) Hospital care: \$ _____
- g) Medical aids (wheelchairs, crutches, etc): \$ _____
- h) Medical miles driven: \$ _____
- i) Other: \$ _____
- Please explain other: \$ _____

2. Charitable donations, list amount and description under cash or non-cash.

| Cash | Non-cash (must be under \$500) |
|----------|--------------------------------|
| \$ _____ | \$ _____ |
| _____ | _____ |

Taxpayers not itemizing can include up to \$300 of donations on return.

Health Savings Account (HSA)

1. Did they, or family members, make any contributions other than what's listed on the W2 in box 12 (code W)?

If yes, list amount: \$ _____

2. Did they receive any distributions listed on Form 1099-SA?

What amount of the distribution was used towards qualified medical expenses? \$ _____

3. Additional notes: