

**Higgins & Smith, LLC**  
**PO Box 953**  
**Newnan, GA 30264-0953**  
**770-683-2727**

**Questions**

Please check the appropriate box and include all necessary details and documentation.

	<u>Yes</u>	<u>No</u>
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year? Date of move: _____	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you (or your spouse) renew your driver's license since your last tax filing? If so, please provide a copy of your renewed license.	<input type="checkbox"/>	<input type="checkbox"/>
<b>COVID-19 Information</b>		
Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did all dependents to be claimed live with you, in your home, more than half the year?		<input type="checkbox"/>
Is it possible that another party might claim any of your dependent children? Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year? Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
<b>Income Information</b>		
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Were you granted stock options by your employer and/or did you exercise employer stock options?	<input type="checkbox"/>	<input type="checkbox"/>
Did you invest or conduct transactions in virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>

**Purchases, Sales and Debt Information**

Did you start a new business, purchase rental property or acquire a new or additional interest in a partnership or S corporation during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year? If so, please provide closing statement for the transaction.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
If so, were the proceeds used to buy, build, or substantially improve the home secured by the loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year? If so, please provide the closing statement for the refinance.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold any securities or debts that became worthless during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement Information**

Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster or COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
Did you rollover any retirement funds from one account to another?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a retirement plan other than through your employer?	<input type="checkbox"/>	<input type="checkbox"/>
If eligible, do you wish to make any additional retirement contributions for 2021?	<input type="checkbox"/>	<input type="checkbox"/>

**Education Information**

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was it a state-sponsored plan? State _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

Yes   No

### Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage for your family?  Yes  No
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.  Yes  No
- Did you make any contributions to or receive any distributions from a Health savings account (HSA)? If yes, please include Forms 1099SA (for distributions) and 5498SA (for contributions).  Yes  No
- Did you pay long-term care premiums for yourself or your family?  Yes  No

### Itemized Deduction Information

- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.  Yes  No
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.  Yes  No
- If you file with the standard deduction, did you contribute to a qualified charitable organization during 2021? If so, how much \$ \_\_\_\_\_  Yes  No
- Did you incur interest expenses associated with any investment accounts you held?  Yes  No

### Foreign Activities

- Did you have any foreign income or pay any foreign taxes during the year?  Yes  No
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  Yes  No
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?  Yes  No
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  Yes  No

### Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?  Yes  No
- Did you utilize an area of your home for business purposes?  Yes  No
- Did you engage in any bartering transactions?  Yes  No
- Did you pay any individual \$2,100 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardner?  Yes  No
- Did you make energy efficient improvements to your main home this year?  Yes  No
- Are you a grade K-12 teacher? If yes, enter amount of out-of-pocket classroom costs you paid in 2021 \$ \_\_\_\_\_  Yes  No
- Did you receive correspondence from the State Dept of Revenue or the IRS? If yes, please include a copy.  Yes  No