

Hello – The tax season is here. To help you take advantage of all possible tax-saving opportunities, we've enclosed our *Income Tax Checklist*. This version includes new questions for the 2020 tax year. Please complete as thoroughly as possible and return to us.

COMPLETING THE INCOME TAX CHECKLIST IS HELPFUL IN REDUCING YOUR TAX LIABILITIES.

If needed, a more comprehensive version is available by request.

IMPORTANT REMINDERS:

- Sign and return the included Client Engagement Agreement.
- **New Clients** Please provide all family birthdates, copies of Social Security cards, and also provide a complete copy of last year's tax return.
- If you made estimated tax payments, please provide amounts and dates paid.
- Please do not provide smartphone pictures; however, the *Adobe Scan* (Mobile PDF Scanner) app may be used if you wish to capture documents via smartphone.
- If you expect to receive investment-related 1099/K1 forms, please wait until you have all forms before submitting materials to us. They may arrive as late as March.

TAX LAW CHANGES:

<u>Charitable Donations</u> – It is important that you provide total charitable donations information even if your deductions will not be itemized.

IF YOU OWN A BUSINESS OR RENTAL PROPERTY:

Provide QuickBooks or other accounting file used to record revenue, expenses, assets, and liabilities. Include your Dec. 31 bank statement, accounts payable/receivable, and inventory information (as applicable). PDF worksheets are available on our website.

DELIVERY OF INFORMATION:

Please refer to the 'New Safety Practices' page provided for specific details.

IMPORTANT DEADLINES AND EXTENSION ISSUES:

April 1, 2021, is the final date in which information will be accepted to assure a timely filing of your tax return. Returns received later may require filing for an extension. If you need us to file an extension for you, you must alert us!

PAYMENT FOR SERVICES:

Invoice payment is due upon receipt. We accept VISA and MasterCard if desired. If you have any financial hardship, please let us know in advance. We can establish a payment plan.

Do you know someone who might benefit from our services? We would appreciate your personal referral. *Thank you for choosing Cloister Group!*



NEW SAFETY PRACTICES:

In order to keep both clients and staff as safe as possible while the pandemic continues during tax season, please follow these temporary new safety-minded guidelines when working with Cloister Group. These procedures will be in effect until further notice.

SUBMITTING TAX INFORMATION OPTIONS:

- Drop off at either office with minimal in-person contact. Mask-wearing and social distancing is required in order to enter the building. If dropping off before or after office hours, you can still use convenient drop boxes. (Box will be accessible as long as the building's lobby doors are not locked for overnight security.)
- Appointments to meet in person will be accepted only if absolutely required. Most interactions will be handled by phone or by video conference (Zoom, Meetings, etc.).
- Mail in via postal or shipping service.
- Use Sharefile, our secure online portal.

OFFICE HOURS:

After 30 years of dedicated service at our Akron office, Linda has retired. (We appreciate your many years of service, Linda!) That means our Akron location will have new office hours in effect from January 4 through April 15:

- Akron Office -- 359 South 7th Street, Akron, PA 17501
 Hours: Mon 1pm-5pm, Wed 8am-5pm, Fri 1pm-430pm, Sat 830am-12pm
- <u>Lancaster Office</u> -- 245 Butler Avenue, Suite 102, Lancaster, PA 17601 Hours: Weekdays 8am–5pm, Saturdays 830am-12pm

RETURNING YOUR TAX DOCUMENT OPTIONS:

- We can mail documents back to you via the postal service.
- You can pick up completed returns without an in-person appointment.
- If you need to review any returns, an appointment may scheduled. Please call us.
- Documents may be returned digitally via *SafeSend Returns*. This new free web-based option is not required, but is available for those who prefer to use it. Ask for details.

Thank you for helping us all remain as safe as possible. We appreciate your understanding, your cooperation, and your business!

ENGAGEMENT AGREEMENT



IMPORTANT: THIS AGREEMENT MUST BE SIGNED AND RETURNED WITH YOUR TAX PACKET.

Our Responsibilities

Cloister Group, sole practitioner, will be responsible for preparing your Federal, State and Local Income Tax Returns, as well as next year's quarterly tax estimates, if applicable. We will complete these returns using the information you provide to us. For your convenience, we will file your returns electronically at no additional charge.

Although we may ask for clarification regarding certain information, we will not be verifying any details. If your returns are later selected for review or audit by a taxing authority, we can be available to assist or represent you if you desire. Fees for such services, if any, can be agreed upon at that time.

Your Responsibilities

It is your responsibility to provide all necessary information related to income and deductions. Except where noted on the Income Tax Checklist provided, you DO NOT need to submit all related documentation to us; however, you must keep these records to substantiate claims. We advise clients to keep these documents stored safely for at least 4 years.

Filing your returns by the appropriate deadline is ultimately your responsibility, so it is important that you respond to all tax preparation inquiries in a timely manner.

It is your responsibility to pay our invoices and your tax liabilities, if any, on a timely basis.

Expectations

We will complete your return with the level of competence expected of a tax professional following the laws governing your returns. Taxing authorities expect returns to be filed accurately and on time. You have the right to file your return in a manner that will result in the lowest legal tax liability.

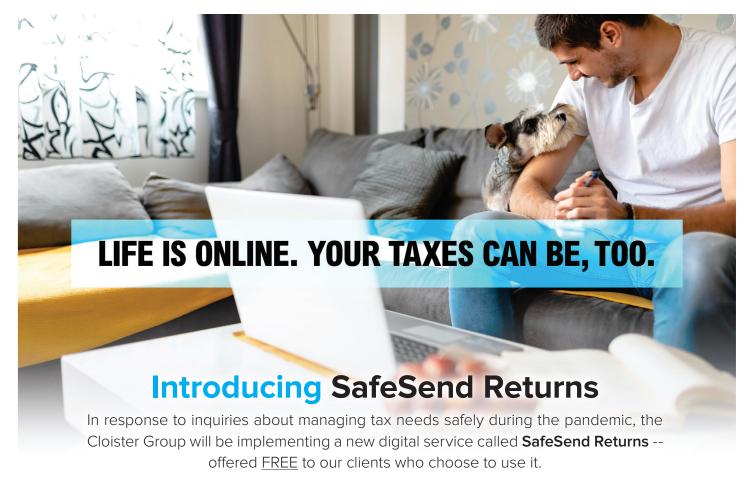
Fees

Our fees for preparation of your returns are based upon our standard billing rates, plus out-of-pocket expenses, if any. Our invoices are due and payable upon receipt.

Acceptance

If this is in agreement with your understanding of our engagement, please sign and return.

Accepted by:	X	X	
	Taxpayer Signature	Spouse Signature	
	Print Name Clearly	Print Name Clearly	
	Date	Date	



It's a convenient service that allows us to save your processed tax returns digitally. No more papers or pocket folders to pick up or mail back to you. You can access records securely online and download your documents.

SafeSend Returns is an intuitive application that provides an easy step-by-step experience. So if you have email and Internet access, plus a printer when needed, you can use **SafeSend Returns** this season.

Great New Benefits:

No need to risk your health with in-person meetings.

Up to 7 years of data will be stored and accessible to you.

There's less paper and document storage hassles.

PLUS manage quarterly estimated tax payments conveniently.

For more information on **SafeSend Returns** and how Cloister Group will implement this FREE service for you, please contact us. We are here to guide you and help make easier work of filing taxes.



Great Service Makes Cents.

2020 INCOME TAX CHECKLIST



	ow did you hear about				
NGAGEMENT LETTER: Did you sign		_		_	
ngagement letter provided with your	,	Yes		☐ No, pleas	
COMPLETED TAXES: Should docume		☐ SafeSend			☐ Pick up?
CONTACT PERSON: Who could best h		☐ Taxpayer		☐ Spouse	
Personal Information	Preferred contact	method: 🔲 Pl			Email
TAXPAYER:		SPOUSE:			
Name:					
Occupation:					
Phone No.:					
Mobile No.:					
Email:					
Current Address:					
Township:		School Distric	ct:		
	•				
Changes Since Last Year	Check here if deta				
Did your marital status change, or w	ere there any changes	in dependants?	' Please not	te changes:	
New Child? Name:	M/F Birthday:		SS#		
Manuiaga Alama	Data		,		y of the SSN card.)
Marriage? Name:	Date:		SS# (Plea		y of the SSN card.)
Move? Previous Address:			Date	e of Move:	
If any dependant(s) filed his/her own	n return, did he/she ma	rk the return	Date	_	
If any dependant(s) filed his/her own to indicate that "someone else can define the control of t	n return, did he/she ma claim him/her as a dep	rk the return endant"?		☐ Yes	□ No
If any dependant(s) filed his/her own	n return, did he/she ma claim him/her as a dep	rk the return endant"?		_	□ No
If any dependant(s) filed his/her owr to indicate that "someone else can o Did you buy/sell real estate, or refina	n return, did he/she ma claim him/her as a dep ance your current addr	rk the return endant"? ess, during the y	/ear?	☐ Yes	_
If any dependant(s) filed his/her own to indicate that "someone else can object the body of the body o	n return, did he/she ma claim him/her as a dep ance your current addr	rk the return endant"? ress, during the y as part of your ta	/ear? x filing pre	☐ Yes☐ Yes	□ No
If any dependant(s) filed his/her own to indicate that "someone else can object the body of the body o	n return, did he/she ma claim him/her as a dep ance your current addi k we should consider a	rk the return endant"? ress, during the y as part of your ta	/ear? x filing pre	☐ Yes☐ Yes	□ No
If any dependant(s) filed his/her own to indicate that "someone else can out Did you buy/sell real estate, or refine (If yes, provide Settlement Sheet.) Please list any other issues you think	n return, did he/she ma claim him/her as a dep ance your current addr k we should consider a	rk the return endant"? ress, during the y as part of your ta	/ear? x filing pre	☐ Yes☐ Yes	□ No
If any dependant(s) filed his/her own to indicate that "someone else can out to indicate that "s	n return, did he/she maclaim him/her as a deplance your current address we should consider a for 2020, do you wan deeded for 2021?	rk the return endant"? ress, during the yes part of your ta	/ear? ix filing prep	Yes No, r	No
If any dependant(s) filed his/her own to indicate that "someone else can dependent of the control of the contro	return, did he/she maclaim him/her as a deplance your current address we should consider a for 2020, do you war needed for 2021?	rk the return endant"? ress, during the yes part of your ta	/ear? Ix filing prep	Yes No, r	No □ No



Estimated Taxes Paid

If you r	oaid anv	/ estimated o	quarterly tax	es, it is im	portant to	detail a	all quarterly	v paymen [*]	ts made
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	FEDERAL TAX			STATE TAX			LOCAL TAX			
	Date	Paid	Amount	Date	Paid	Amour	t	Date	Paid	Amount
1Q due 7/15/20	/	/	\$	/	/	\$		/	/	\$
2Q due 7/15/20	/	/	\$	/	/	\$		/	/	\$
3Q due 9/15/20	/	/	\$	/	/	\$		/	/	\$
4Q due 1/15/21	/	/	\$	/	/	\$		/	/	\$
List other amounts paid,	if applic	able:								
Foreign Matters	5									
Did you or your sp	ouse v	vork o	utside the US,	or pay any	foreig	n taxes?			☐ Ye	es 🗌 No
Did you or your sp in a foreign countr									☐ Ye	es 🗆 No
Did you or your sp value greater than			ny "specified fo	reign asset	s" with	an aggrega	ate		☐ Ye	es 🗆 No
For reporting purposes, maintained by a foreign instruments or contracts include assets held in a	financia s held fo	l institut r investr	ion, foreign-issued ment, or any interes	stock or secur t in a foreign e	rities, fo	eign-issued fin	ancial			
Did you or your sp or transferor to, a f				from, or we	ere you	ı grantor of,			☐ Ye	es 🗌 No
Income										
Please indicate an	ıd prov	ide ar	ny of the follow	ing docum	ents y	ou may hav	e recei	ved:		
☐ Employment (W	/ -2)		☐ IRA	Distributio	ns (109	99-R)		Unemp	loyme	nt (1099-G)
☐ Interest (1099-II	NT)		☐ Pen	sions (1099	9-R)			Social S	Securi	ty (SSA)
☐ Dividends (1099	9-DIV)		☐ Part	nerships K	-1			Gambli	ng Inc	ome (W2G)
☐ Tax Refunds (10)99-G)		☐ S-C	orp K-1				Other I	ncome	<u> </u>
☐ Investment Sale	es (109	9-B)	☐ Esta	ate/Trusts K	(-1					
Did you have any of (If yes, provide Form 1				ncelled, for	given	or refinance	d?	☐ Yes		No
Did you have any	cryptoc	curron	cy-related (Bitc	oin otoltra	naaat			☐ Yes		N.I.



Child/Dependent Care Credit

Please provide a statement from your child care provider which lists the provider's name, address, tax identification number, and amount paid per child.

Healthcare Information

If you received a healthcare subsidy, you must provide Form 1095-A.

_____ Interest Paid on Student Loans

Health Savings Account (HSA) – In order to take advantage of HSA deductions, please provide Distribution Form 1099-SA and/or Contribution Form 5498.

Education Expenses

•	98-T issued by the student's school. In order to take advantage of education expense must provide this form.
\$	Contributions to Educational IRA, 529 Plan, or Qualified Tuition Plan (Provide Form 1099-Q)

Employee's Expenses

For Business Expenses NOT Reimbursed by Employer (State & Local Taxes Only)

This section is **FOR EMPLOYEES ONLY** who incure business-related expenses. If you are a Small Business Owner, do not complete this section. Instead, please provide Quickbooks data, or contact us and request our emailable PDF entitled "Small Business Worksheet".

IMPORTANT: These expenses must be required for, and related to, your employment. It is highly likely that authorities will ask you to provide documentation to support claimed expenses. Be sure to keep your records in order.

Taxpayer	Spouse		Taxpayer	Spouse	Other Expenses (Describe):
\$		Union Dues	\$		
\$		Professional Insurance, Licenses	\$		
\$		Tools, Equipment, Supplies	\$		
\$		Uniforms (Incl. Cleaning), Boots, Shoes	\$		
\$		Work Tuition, Books, Conferences	\$		

Vehicle Information – Supporting journal records should be written and/or have receipts.

Total Annual Miles Driven:

Total Business-Related Miles (excluding to & from work):



Deductions

Please complete the following expense details to help us determine if you will benefit more by Itemizing Deductions or by taking advantage of the Federal Standard Deduction.

Medical Expenses (If any of your medical, dental, or other insurance expenses are deducted from your paycheck, please provide your final paystub for the year.)

Other Medical Expenses: \$ \$ \$		Health	Dental	Medicare	e Long	-Term Care	Health Sharing
Other Medical Expenses: \$\$ \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Insurance Premiums Paid :	\$	\$	\$	\$		\$
Taxes Paid Spring/County Fall/School Total Annual		Prescriptions		Doctors/Dentists	. Med	lical Equipm	ent/Supplies
Taxes Paid	Other Medical Expenses:	\$		\$	\$		
Residence Real Estate:* \$	(Please DO NOT provide any collection)	cted receipts to us	for your inc	luded medical exp	enses.)		
Vacation Real Estate: \$	Taxes Paid	Spring/County		Fall/School		Total Annua	I
Vacation Real Estate: \$	Residence Real Estate:*	\$		\$	OR	\$	
Sales Tax on Large Purchases \$	Vacation Real Estate:	\$		\$	OR		
*Paid tax receipts will be required for any PA Property Tax Rebate claim. Interest Paid (Provide Form 1098 provided by your financial institution) \$	Investment Property:	\$		\$	OR	\$	
Interest Paid (Provide Form 1098 provided by your financial institution) \$	Sales Tax on Large Purchases	\$					
Interest Paid (Provide Form 1098 provided by your financial institution) \$	*Paid tax receipts will be required f	or any PA Property	· Tax Rebate	e claim.			
\$ Mortgage Interest \$ Home Equity Interest > How borrowed funds were used? \$ Premium Paid on Mortgage Insurance Did you pay interest to any private individual for which Form 1098 was not issued?							
\$ Home Equity Interest > How borrowed funds were used?	Interest Paid (Provide Form 10)98 provided by	your fina	ncial institution)			
\$ Premium Paid on Mortgage Insurance Did you pay interest to any private individual for which Form 1098 was not issued?		_					
Did you pay interest to any private individual for which Form 1098 was not issued?	\$ Home	Equity Interest	> How bo	rrowed funds we	ere used?		
Charitable Contributions SS#	\$ Premiu	ım Paid on Mort	gage Insu	rance			
Charitable Contributions \$ Religious Organizations \$ Payroll Deductio \$ Other: Please provide receipts for non-cash contributions of goods to organizations such as Goodwill. IRA Distributions Did you roll over an IRA's Required Minimum Distribution (RMD) directly to a charitable organization? If YES, please provide details of these transactions. According to CARES Act, did you elect to NOT take your Required Minimum	Did you pay interest to any pri	vate individual f	or which F	orm 1098 was n	ot issued?	☐ Yes	□No
Charitable Contributions \$ Religious Organizations \$ Payroll Deduction \$ Other: Please provide receipts for non-cash contributions of goods to organizations such as Goodwill. IRA Distributions Did you roll over an IRA's Required Minimum Distribution (RMD) directly to a charitable organization? If YES, please provide details of these transactions. According to CARES Act, did you elect to NOT take your Required Minimum	If yes, provide: Name				Amo	unt Paid: \$	
\$ Religious Organizations \$ Payroll Deduction \$ Other: Please provide receipts for non-cash contributions of goods to organizations such as Goodwill. IRA Distributions Did you roll over an IRA's Required Minimum Distribution (RMD) directly to a charitable organization? If YES, please provide details of these transactions. According to CARES Act, did you elect to NOT take your Required Minimum	Address				SS#		
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\$Other:	Charitable Contributions						
\$Other:	\$ Religio	ous Organization	ıs	\$		Pavroll	Deductions
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Did you roll over an IRA's Required Minimum Distribution (RMD) directly to a charitable organization? If YES, please provide details of these transactions. ☐ Yes ☐ No. According to CARES Act, did you elect to NOT take your Required Minimum							
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a charitable organization? If YES, please provide details of these transactions. Yes No According to CARES Act, did you elect to NOT take your Required Minimum	IRA Distributions						
a charitable organization? If YES, please provide details of these transactions. Yes No According to CARES Act, did you elect to NOT take your Required Minimum	Did you roll over an IRA's Regu	uired Minimum Γ	Distribution	n (RMD) directly t	·O		
<u> </u>					.0	☐ Yes	□No
	According to CARES Act. did v	ou elect to NO	Γ take vou	r Reauired Minir	num		
	-		,			☐ Yes	☐ No
Did you take a COVID-19 related Required Minimum Distribution (RMD) in 2020?	Did you take a COVID-19 relat	ed Required Mir	nimum Dis	tribution (RMD) i	n 2020?	☐ Yes	□No
		·					
Economic Stimulus Funds	Economic Stimulus Funds	5					
If your household received any CARES Act stimulus payments in 2020, please list the amounts received	If your household received an	v CARES Act sti	mulus nav	ments in 2020	please list th	ie amounts	received:
Taxpayer: \$ Spouse: \$ Dep1: \$ Dep2: \$ Dep3: \$ Dep4: \$	•	-					