

**GALICIA FINANCIAL LLC
TAX CHECKLIST & QUESTIONNAIRE**

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NOTE: The tax checklist/questionnaire is designed to assist you in gathering the information necessary for the preparation of your individual income tax return. Please submit this form with your corresponding tax documents via .pdf to our secure portal (@ _____.) *Page 1 must include taxpayer's (& spouse's, if applicable) signature and date and all pages must be initialed by the taxpayer (& spouse) to declare, to the best of their knowledge and belief, that the responses herein are true, correct and complete.*

TAX YEAR TO BE FILED (i.e. "2020") _____

Taxpayer's Name: _____ **Social Security #** _____

Date of Birth: _____ Marital Status: _____ Occupation _____

EMAIL ADDRESS (REQUIRED)- Taxpayer _____

Home Phone _____ Cell Phone _____ Driver's License is current? _____

Mailing Address (current) _____

Mailing Address (during reported tax year) _____

Taxpayer's Signature _____ **Date** _____

Spouse's Name: _____ **Social Security #** _____

Date of Birth: _____ Marital Status: _____ Occupation _____

EMAIL ADDRESS (REQUIRED)- Spouse _____

Home Phone _____ Cell Phone _____ Driver's License is current? _____

Mailing Address (current) _____

Mailing Address (during reported tax year) _____

Spouse's Signature _____ **Date** _____

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Dependent's Full Name _____ **Social Security #** _____

Date of Birth _____ Relationship _____ In College (at least P/T)? _____

Dependent's Full Name _____ **Social Security #** _____

Date of Birth _____ Relationship _____ In College (at least P/T)? _____

Dependent's Full Name _____ **Social Security #** _____

Date of Birth _____ Relationship _____ In College (at least P/T)? _____

Dependent's Full Name _____ **Social Security #** _____

Date of Birth _____ Relationship _____ In College (at least P/T)? _____

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ALL CHECKLIST ITEMS APPLY TO TAX YEAR (i.e. "2020") _____

THIS GENERAL CHECKLIST WILL ASSIST YOU IN ASSEMBLING THE TAX DOCUMENTS & INFORMATION TO BE UPLOADED INTO THE PORTAL:

- Copies of prior year filed Federal and applicable state tax returns (*new clients only*)**
- Current driver's license REQUIRED (both taxpayer and spouse)**
- Correspondence from the IRS or any other taxing authority (i.e. state of CT- Dept of Revenue)**
- W-2 (Employee Income)
- W-2G (Gambling Winnings)
- 1099-INT (Interest Income)
- 1099- DIV (Dividend Income)
- 1099-B (Consolidated Brokerage statements for ALL investment & security transactions)
- 1099-MISC (et al) Miscellaneous Income
- 1099-G (Unemployment Income)
- 1099-R (Retirement/Pension Distributions)
- Social security statements (IRS-SSA-1099)
- Any other type of income at all (other than the above) received during the tax year
- 1098-MIS (Mortgage Interest)
- Amount(s)and date(s) paid for real estate taxes
- Amount(s) and date(s) paid for motor vehicle and/or other personal property taxes
- 1098-E (Student Loan Interest)
- Total amount of related out-of-pocket educator expenses paid
- If member of the Armed Forces, total amount of moving expenses
- Closing statements and other documentation regarding purchase, refinance or sale of real or personal property
- Did you refinance your principal residence or rental properties during the tax year? If so, please provide detail.
- K-1 Schedules from Trusts, Estates, Partnerships, LLC's and S-corporations
- Summary of rental income and expenses (detail to be provided)
- Mileage information on all vehicles used for rental property purposes

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- Detail of asset purchases/sales > \$1K for rental property
- Summary of self-employment activity (detail to be provided)
- Detail of asset purchases/sales > \$1K for self-employment entity
- Mileage information on all vehicles used for business purposes (for self-employment)
- Amount of contributions made to self-employed SEP or SIMPLE plans
- Total unreimbursed medical and dental expenses
- Total out of pocket health insurance premiums paid (including long-term care premiums)
- Total charitable cash and non-cash contributions (any amount > \$500, please provide detail)
- Form 1095-A, 1095-B and/or 1095-C (relating to health insurance coverage), if applicable
- Form 5498-SA (HSA contributions) and Form 1099-SA (HSA distributions)
- If a dependent is in a daycare program, please provide Daycare program letter stating their name, address, EIN or SSN, total amount of dependent care charges/paid and name of corresponding dependent
- 1098-T (Tuition statements)
- Form 1099-Q (Payments for Qualified Education Programs)
- If a refund is to be received via direct deposit, please provide a **VOIDED** check for specific account information.
- Federal and state(s) estimated** tax payments detail:

FEDERAL QUARTER #	FEDERAL DUE DATE	ACTUAL DATE PAID	CHECK #	CHECK AMOUNT \$	COPY OF PAYMENT PROVIDED (Y/N)
1	07/15/2020				
2	07/15/2020				
3	09/15/2020				
4	01/15/2021				

STATE QUARTER #	STATE DUE DATE	ACTUAL DATE PAID	STATE NAME (I.E. CT)	CHECK #	CHECK AMOUNT \$	COPY OF PAYMENT PROVIDED (Y/N)
1	07/15/2020					
2	07/15/2020					
3	09/15/2020					
4	01/15/2021					

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ALL QUESTIONNAIRE ITEMS APPLY TO TAX YEAR (i.e. "2020") _____

Please answer ALL inquiries per this questionnaire (i.e. Yes or No). The questions are directed to both the taxpayer (and the spouse, if applicable) as presented per the tax return. If you or your spouse answer "Yes" to any of these questions, please provide the SUPPORTING tax documentation. If there is no supporting tax document, then please provide a detailed explanation on the final page of the questionnaire.

#	QUESTION	YES	NO
1	Would you like an electronic copy of your tax return in lieu of a "paper" copy? (An additional fee will be assessed for the processing and mailing of "paper" returns.)		
2	Did you receive any notices from the IRS or any other taxing authority?		
3	Did you receive any state tax refunds for the prior year's tax filing(s)? If so, indicate state, amount and for which tax year.		
4	Any changes to your filing status (i.e. married, divorced, separated, widowed, head of household)?		
5	Any changes to your address? If so, please provide detail.		
6	Any change in dependents? If so, please provide the following:		
	o Dependent Name:		
	o Dependent Date of Birth:		
	o Dependent relationship to you:		
	o Dependent Social Security Number:		
7	Did you receive or pay alimony (i.e. do not include child support)? If so, include the following:		
	o Total amount of alimony received or paid		
	o Include the social security number of the individual either paying or receiving alimony (if not taxpayer/spouse)		
	o Date of divorce		
8	If divorced and then remarried and still receiving or paying alimony? If so, indicate who is receiving or paying the alimony (i.e. taxpayer or spouse).		
9	Did you receive, sell, send, exchange or acquire any financial interest in any VIRTUAL currency (i.e. Bitcoin)? If so, please provide detail.		
10	Did you receive an IRS economic impact or "stimulus payment" in 2020? If so, how much?		
11	Did you receive W-2 wages?		

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Q#	QUESTION	YES	NO
12	Did you receive interest income?		
13	Did you receive dividend income?		
14	Did you RECEIVE any of the following during this tax year:		
	o Commissions or Fees not included your W-2		
	o Tip Income not reported to your employer		
	o Disability income		
	o Unemployment Compensation		
	o Income from sales of personal or real property		
	o Income from sale of your closely-held business		
	o Income from the sale of stocks, bonds or other investments		
	o Gifts of cash or personal/real property greater than \$15K		
	o Inheritances		
	o Gambling or lottery winnings (or losses)		
	o Any unusual or out of the ordinary cash receipts or earnings		
15	Did you receive an award for damages or compensation for an injury?		
16	Did you receive any military retirement benefits?		
17	Did you exercise any stock options or were awarded stock options?		
18	Did you redeem any US obligations?		
19	Did you receive or earn income in any other states (i.e. other than your home state)?		
20	Did you receive a distribution or rollover from a pension, 401(K), IRA, ROTH IRS or any form of retirement plan?		
21	Did you contribute to an IRA, ROTH IRA, SIMPLE IRA, SEP IRA or any other retirement plan?		
22	Did you convert or recharacterize an IRA or a ROTH IRA?		
23	Did you have any stock , bonds or investments that became worthless during the year?		
24	Did you contribute to any 529 Plans or educational funds?		
25	Did you contribute to a CHET (i.e. CT Higher Educational Trust)? (Need acct # & \$ amount)		
26	Did you pay any college tuition expenses for a dependent?		

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Q#	QUESTION	YES	NO
27	Did you pay any college tuition expenses for yourself or spouse?		
28	Did you pay student loan interest?		
29	Are you an educator? If so, provide total out of pocket educator expenses paid.		
30	Did you pay for any out-of-pocket medical and/or dental expenses?		
31	Did you pay for any out-of-pocket medical, long-term care or dental insurance premiums?		
32	Did you purchase any real estate?		
33	Did you sell your home or any other real property?		
34	Did you contribute to a Health Savings Account (i.e. "HSA")?		
35	Did you take any distributions from a Health Savings Account (i.e. "HSA") ?		
36	Did you pay real estate taxes?		
37	Did you pay mortgage interest?		
38	Did you refinance a mortgage?		
39	Did you pay any personal property taxes (i.e. automobile)?		
40	Did you pay any sales tax on large purchases (i.e. automobile or a boat)?		
41	Did you ever claim or receive a "Homebuyer Credit"?		
42	Did you have a foreclosure on a property?		
43	Did you incur adoption expenses?		
44	Did you pay for the cost of daycare for a dependent?		
45	Did you open a financial account for any of your children or a minor?		
46	Do you have children that received "unearned" income (i.e. interest, dividends, capital gains) greater than \$2,200 in total during the year?		
47	Did any listed dependent have any stock transactions resulting in capital gains or losses?		

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Q#	QUESTION	YES	NO
48	Did you pay any household employees during the year?		
49	Did you start a business?		
50	Did your self-employment entity receive a Paycheck Protection Program Loan (i.e. PPP)?		
51	If your self-employment entity did receive a PPP Loan, did you apply for loan forgiveness? Was all or part of the loan forgiven? Please provide detail.		
52	Did your self-employment entity receive an Economic Injury Disaster Loan (i.e. EIDL)?		
53	Did you receive a K-1 from any business venture in which you participated?		
54	Did you have any automobile expenses related to your business? If so, include the following:		
	○ Business mileage and total mileage		
	○ Actual expenses incurred for the automobile		
55	Total amount of health insurance premiums paid as a self-employed individual?		
56	Did you receive a K-1 from an estate or trust?		
57	Did you pay any margin or investment interest expense?		
58	Did you have any outstanding debts that were forgiven (i.e. not PPP or EIDL)?		
59	Did you have any unusual or out of the ordinary expense during the year?		
60	Did you purchase a qualified plug-in motor vehicle?		
61	Did you make any energy efficient/renewable improvements to your home?		
62	Did you own any assets or maintain any financial accounts in a <i>foreign country</i> ?		
63	Did you receive any funds from a <i>foreign entity or foreign bank account</i> ?		
64	Did you transfer any funds to a <i>foreign entity or foreign bank account</i> ?		
65	Did you have a financial interest in a bank account in a <i>foreign country</i> ?		
66	If a Federal refund is calculated, would you like to apply to the <i>next year's</i> estimated tax?		
67	If a state refund is calculated, would you like to apply to the <i>next year's</i> estimated tax? If so, which state?		

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