

**LOTITO & LAZZARA, P.C.**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**22525 Hall Road, Suite A**  
**Macomb, MI 48042**  
**Telephone: (586) 468-0200 Fax: (586) 468-0747**  
**Website: www.cpanerds.com Email: 1040@cpanerds.com**

**2020**  
**1040 Checklist**

This Checklist is designed to help you collect and report the information needed to prepare your 2020 income tax return.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Copy of your 2019 tax return. **(For 1st year clients only.)**
- Original Form(s) W-2.
- Form(s) W-2G for gambling winnings. Amount of gambling losses \$ \_\_\_\_\_
- Schedule(s) K-1 showing income or loss from partnerships, S corporations, estates or trusts.
- Form(s) 1099 or statements reporting dividend, interest, retirement, Social Security, state and/or local refunds, or miscellaneous income.
- Form 1099-G or statements reporting unemployment income.
- Brokerage statements showing investment transactions for stocks, bonds, etc. (Form 1099-B).
- IRS Notice 1444 for Economic Stimulus Payment(s) in 2020 and/or 2021.
- Total amount paid for property taxes, including license tabs on vehicles.
- Total amount of medical expenses (including premiums paid) during 2020. **(Please do not send all of the receipts.)**
- The dollar amount of cash and non-cash contributions made during the year.
- Copies of closing statements regarding the sale and/or purchase of real property.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E or 1099Q.
- All Forms 1095-A, 1095-B and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest and property taxes (including any Forms 1098 and 1098-C).

This Checklist should make your task easier. It will also help us in the preparation of your tax return by focusing attention on your special needs. Thank you for your cooperation.

*Please note: if you choose to upload your tax documents to the Client Gateway, please scan your documents as one file. It is not necessary to scan each document separately.*

## CLIENT GATEWAY QUESTIONS

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1.) <b>Please provide your email address and phone number. It improves our service by eliminating phone tag when we have questions or need additional information.</b><br>Email Address: _____<br>Phone Number: ( _____ ) _____   |                          |                          |
| 2.) This year, we will utilize electronic delivery of your tax returns exclusively. <b>If you would still like a paper copy, please check here. <u>You will be billed an additional \$25.</u></b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.) Returns will be delivered electronically through the Client Gateway. Lotito & Lazzara will provide you with a username and password. Please check the following, if needed, and we will email you that information:<br><input type="checkbox"/> I do not know my <b>username</b> for the Gateway<br><input type="checkbox"/> I do not know my <b>password</b> for the Gateway |                          |                          |

### NEW CLIENT INFORMATION

- 4.) *New clients only* - please provide the following information (if applicable):

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Dependent: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

## PERSONAL QUESTIONS

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 5.) Will the address on your 2020 Federal return be different from the one shown on your 2019 return? | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , enter the new address:  |                          |                          |
| Street  | _____                    |                          |
| City  | State                    | Zip                      |
| _____   | _____                    | _____                    |
| Phone   | Cell Phone               | _____                    |
| _____   | _____                    | _____                    |
| If effective in 2021, approximate move-in date: _____   |                          |                          |
| 6.) Did your marital status change during 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide details: _____   |                          |                          |
| 7.) Did you pay (or receive) alimony during the tax year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , to _____ SSN _____  |                          |                          |
| Amount _____  |                          |                          |
| Date of Divorce: _____  |                          |                          |
| Was a prior divorce agreement modified after 2018?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, please provide details if there was a change to the reporting of alimony.                      |                          |                          |

## DEPENDENT QUESTIONS

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 8.) Were there any changes in dependents from the prior year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , please include name, social security number & date of birth for additions <u>or</u> specify dependents claimed previously that should be removed. |                          |                          |
| Name: _____   |                          |                          |
| Date of birth: _____  |                          |                          |
| SSN #: _____  |                          |                          |
| 9.) Did you provide over half the support for any person in 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.) Do you have dependents who must file?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, do you want us to prepare the returns?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.) Are you being claimed as a dependent by another person?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.) Do you have any children under the age of <b>19</b> or a <b>full-time student under age 24</b> with investment income greater than \$2,200?                  | <input type="checkbox"/> | <input type="checkbox"/> |

## DEPENDENT QUESTIONS CONTINUED

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 13.) Are you paying child care (nursery school, babysitting, and household help) for your dependent children age 12 or under or a handicapped person in order for you to be gainfully employed, attend school, or look for a job? | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , how much did you pay in 2020? _____   |                          |                          |
| Number of children? _____   |                          |                          |
| <b>IRS requires:</b> Provider Name _____  |                          |                          |
| Address _____   |                          |                          |
| Child care provider ID # _____  |                          |                          |
| 14.) Did you pay expenses related to the adoption of a child in 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount paid: \$ _____   |                          |                          |
| 15.) If you are separated or divorced with child(ren), do you have a separation agreement or divorce decree that establishes custodial responsibilities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please provide a brief description of the agreement or decree (relative to which parent claims each child):   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |

## INCOME QUESTIONS

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 16.) Did you sell any stocks or bonds during the year? <i>If yes, please provide broker's information related to the transactions. (1099B and Statement of Realized Gains and Losses)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17.) Did you have foreign income or pay any foreign taxes in 2020?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18.) Did you incur any premature withdrawal penalties from a timed saving account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , amount of penalty: \$ _____   |                          |                          |
| 19.) Did you surrender any U.S. Series EE or I savings bonds during 2020?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20.) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?  | <input type="checkbox"/> | <input type="checkbox"/> |

## INCOME QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 21.) Did you make any withdrawals from an Education Savings or 529 Plan Account? <i>(Please provide Form 1099-Q)</i>               | <input type="checkbox"/> | <input type="checkbox"/> |
| 22.) Did you sell and/or purchase a principal residence or other real estate in 2020? If <b>Yes</b> , please answer the following: | <input type="checkbox"/> | <input type="checkbox"/> |

Date former home acquired: \_\_\_\_\_

Purchase price of former home: \$ \_\_\_\_\_

Total amount spent on improvements to former home: \$ \_\_\_\_\_

Date former home sold: \_\_\_\_\_

\*Selling price of former home: \$ \_\_\_\_\_

*\*Please provide seller's settlement statement from former home sold and buyer's settlement statement from the home you purchased.*

Was your former home your primary residence for 2 out of the 5 years prior to the date of sale?

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 23.) Did you receive any disability or unemployment payments this year? <i>If yes, please provide Form(s) 1099.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24.) Did you realize a gain on property which was taken from you by destruction, theft, seizure or condemnation?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 25.) Did you receive any income not included in the checklist?  | <input type="checkbox"/> | <input type="checkbox"/> |

## ITEMIZED DEDUCTIONS

### **Deductions and Medical and Dental Expenses**

For your personal privacy, please just provide us with a summary of the medical expenses you incurred this past year. However, make sure you maintain the information necessary to document the summary provided to us in the event of a subsequent audit.

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 26.) Did you travel for medical care?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Total miles traveled: _____  |                          |                          |
| 27.) Did you pay out-of-pocket medical expenses (health insurance, co-pays, Rx, etc.)?<br><i>Please provide summary.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**Deductions for Taxes Paid**

**Income Taxes Paid**

We should be able to obtain all the information we need with respect to Federal and State income taxes withheld from your W-2 and 1099 Form. **If you paid Federal and/or State estimates, we need to know the amount paid and date.**

	Federal			State	
	Date Paid	Amount Paid		Date Paid	Amount Paid
Q1			Q1		
Q2			Q2		
Q3			Q3		
Q4			Q4		

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 28.) <b>Real Estate Taxes</b><br>Did you pay real estate taxes?<br><i>If yes, please provide us with copies of the current year assessed and/or paid real estate property tax bills.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 29.) <b>Auto License Plates</b><br>Did you pay auto license plate fees?<br>People often forget to include information about auto license plate fees paid. In Michigan, auto license plate fees are allowed as a deduction. Amount \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**Deductions for Interest Paid**

Include any Form(s) 1098 you received for mortgage interest paid. If you paid land contract interest in 2020, we need the name, address, amount & taxpayer ID of the recipient.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 30.) Do you have a home equity loan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31.) Home equity interest is no longer deductible unless proceeds were used to buy, build or improve your main/qualified second home.<br>Were the proceeds used to buy, build or improve your main/qualified second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32.) Did you refinance your principal residence or 2 <sup>nd</sup> home this year?<br>If yes, did you pay points?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount of points paid: _____  |                          |                          |
| Length of loan: _____   |                          |                          |

## Deductions for Charitable Donations

**People often forget to list all of their charitable donations.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 33.) Do you have evidence from the charity to substantiate cash donation of \$250 or more?<br>Amount of cash contributions: \$ _____<br>For 2020, a deduction is allowed for cash contributions up to \$300 for taxpayers (for both single and joint returns) claiming a standard deduction (rather than itemized). Did you contribute at least \$300 either cash or check to charity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34.) Did you make any noncash (clothes, furniture, cars, etc.) donations?<br>Do you have evidence from the charity to substantiate noncash donations of \$500 or more?<br><i>Please provide fair market value (thrift store value).</i><br>Amount of non-cash contributions: \$ _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 35.) Did you travel for any charitable purpose?<br>Total miles traveled: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36.) Do you have any worthless securities or uncollected bad debts?<br>(Bad debts with relatives usually are not deductible.)  | <input type="checkbox"/> | <input type="checkbox"/> |

## **EDUCATIONAL DEDUCTIONS AND CREDITS**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 37.) Did you pay any student loan interest or have any educational expenses in 2020? <i>Please provide Form 1098-E.</i>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 38.) Did you pay any college tuition in 2020? <i>Include Form 1098-T.</i><br>Name of student _____<br>Name of school _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 39.) Did you make any contributions in 2020 to a MESP or MET?<br>If so, please provide amount paid: \$ _____               | <input type="checkbox"/> | <input type="checkbox"/> |

## **SELF-EMPLOYED QUESTIONS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 40.) Did you receive Form 1099?<br><i>If yes, please provide this form and a summary of business income and expenses.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

### SELF-EMPLOYED QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 41.) Do you have records for business related travel and expenses? Information must include amount, time and place, date and description of business gift(s), business purpose, and business relationship of recipient.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 42.) Did you travel for business (self-employed only)?<br>Business miles: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 43.) If you are a business owner (self-employed only), did you pay health insurance premiums this year?<br>Amount paid for your employees: \$ _____<br>Amount paid for yourself and family: \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 44.) Did you use an area of your home for business purposes? <i>If yes</i> , please provide square footage of the space used & total footage of the house. <i>Please also include costs for home owners insurance, utilities, repairs &amp; maintenance.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

### RETIREMENT QUESTIONS

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 45.) Did you or your spouse receive Social Security Benefits in 2020? <i>If yes</i> , please provide Form 1099-SSA.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 46.) Did you or your spouse reach age 70-1/2 in 2019 or a prior year? If so, you were required to take required minimum distributions (RMD), however all RMD requirements were rescinded for 2020 (including inherited accounts).<br><i>Please note:</i> if you did not turn 70-1/2 in 2019 or a prior year, you must begin taking RMD's beginning at age 72. | <input type="checkbox"/> | <input type="checkbox"/> |
| 47.) Have you contributed, or do you plan on contributing, to a regular IRA, Roth IRA, SEP, Keogh, or SIMPLE plan for tax year 2020?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>Yes</b> , self \$ _____ <b>CIRCLE ONE:</b> Reg IRA/Roth IRA/SEP/Keogh/SIMPLE<br>spouse \$ _____ <b>CIRCLE ONE:</b> Reg IRA/Roth IRA/SEP/Keogh/SIMPLE<br>Date(s) of contribution(s) _____  |                          |                          |
| 48.) Are you or your spouse an active participant in an employer provided retirement plan such as pension, profit sharing, 401(k) or stock purchase plan?   | <input type="checkbox"/> | <input type="checkbox"/> |



## RETIREMENT QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 49.) If you are subject to the IRA deduction limitations based on adjusted gross income, do you want to contribute the maximum allowed as a deduction?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , are you planning to make any nondeductible IRA contributions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 50.) Did you receive payments from an IRA, pension, or profit sharing plan? <i>If yes, please provide Form 1099-R.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , did you use the proceeds to fund college tuition and costs, or were you a first time home buyer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , were any withdrawals due to federally declared disaster or Covid-19?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , did you repay any of these distributions in 2020?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 51.) Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52.) Did you convert any regular IRA's into Roth IRA's?<br><i>If yes, please provide details and forms 1099R and 5498.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

## HEALTH CARE QUESTIONS

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 53.) Did you have qualifying health coverage, such as employer-sponsored coverage or government-sponsored (i.e. Medicare/Medicaid) for your family? "Your family" for healthcare coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. <i>If yes, provide any Form(s) 1095-B and 1095-C you received.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54.) Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act for <b>any month</b> in 2020? <i>If yes, please provide Form(s) 1095-A.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 55.) Did you make contributions to a Health savings account (HSA) or Archer MSA? <i>Please provide Form 5498-SA.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 56.) Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?<br><i>Please provide Form 1099-SA.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

## HEALTH CARE QUESTIONS CONTINUED

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 57.) Did you pay long-term care premiums for yourself or family?<br>Premiums paid: Taxpayer \$ _____ Spouse \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 58.) Did you make any contributions or withdrawals to an ABLE (Achieving a Better Life Experience) account? <i>If yes, provide Form(s) 5498-QA and/or Form(s) 1099-QA.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

## GENERAL QUESTIONS

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 59.) Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? <i>If yes, please provide details.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 60.) Were you notified by the Internal Revenue Service or State of changes to a prior year's return? <i>If yes, enclose notice.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 61.) Were there changes to a prior year's income, deductions, credits, etc. which would require filing an amended return? <i>If yes, please provide details.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 62.) Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include flooding, hurricane/tropical wind storms, and wildfires in many states. | <input type="checkbox"/> | <input type="checkbox"/> |
| 63.) At any time during 2020, did you receive, sell, exchange or otherwise acquire any financial interest in any virtual currency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 64.) Did you pay any individual as a household employee during 2020? <i>If yes, please provide details.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 65.) Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?<br><i>If yes, please provide details.</i>                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 66.) Did you make gifts over \$15,000 to an individual or trust or contribute to a prepaid tuition plan? <i>If yes, please provide details.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL QUESTIONS CONTINUED**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 67.) Would you like to designate \$3 to the Presidential Election Campaign Fund? Checking "Yes" will not change your tax or reduce your refund.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 68.) Did you make any out-of-state purchases (by telephone, internet, mail, or in person) on which the seller did not collect sales or use tax?<br>If <b>yes</b> , what was the total amount of the purchases? \$ _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 69.) If you are due a Federal or State refund, would you like them directly deposited into your checking or savings account?<br><b>If yes, please provide a voided check or the following:</b><br><b>Circle account type:    Savings    Checking</b><br><b>Bank Name:</b> _____<br><b>Routing #</b> _____<br><b>Account #</b> _____<br><i>If we do not have the proper bank account information, your refund will be delayed.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70.) Did you receive an Identity Protection PIN (IP PIN) from the IRS?<br><i>If yes, please include the IRS Letter.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |

**COVID-19 INFORMATION**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 71.) <b>Did you receive an economic stimulus check, electronic deposit, or debit card during 2020 or 2021?</b><br>If <b>yes</b> , amount received in 2020? \$ _____<br>amount received in 2021? \$ _____<br><i>If you received IRS Notice(s) 1444, please provide.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72.) If self-employed, did you receive a Paycheck Protection Program (PPP) loan?<br>If <b>yes</b> , PPP loan amount \$ _____<br>If <b>yes</b> , did you apply for Paycheck Protection Program (PPP) loan forgiveness?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 73.) Did you receive emergency leave sick pay?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 74.) Did you receive emergency family leave wages?   | <input type="checkbox"/> | <input type="checkbox"/> |

### COVID-19 INFORMATION CONTINUED

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 75.) Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?<br><i>If yes, please provide Form 1099-G.</i>      | <input type="checkbox"/> | <input type="checkbox"/> |
| 76.) If self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 77.) If self-employed, were you unable to perform your self-employment activities due to coronavirus related care you provided to your son or daughter under the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| 78.) If self-employed, were you unable to perform your self-employment activities due to coronavirus related care you provided to another?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

**Please Note:**

The IRS does **not** send out unsolicited emails, texts, or phone calls requesting detailed personal information. Nor does the IRS use any form of social media to contact and/or gather information from taxpayers.

Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to [phishing@irs.gov](mailto:phishing@irs.gov). Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.