

LEITE & SURFER TAX-BOOKKEEPING INC  
99 MADISON AVENUE  
FREDERICKSBURG VA 22405  
540-371-5779  
WWW.LEITEANDSURFERTAX.COM

## COVID RELATED QUALIFYING QUESTIONS

**Client Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Alternative Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

Was anyone in the household diagnosed with COVID during 2020?

Who? \_\_\_\_\_ When? \_\_\_\_\_

Was Taxpayer/Spouse impacted adversely or financially by COVID (laid off, furloughed, work hour reduction, business shut/hours or capacity reduced due to government mandates, unable to work due to diagnosis or quarantine of taxpayer, spouse, or family member)?

YES \_\_\_\_\_ NO \_\_\_\_\_

Taxpayer/Spouse unable to work due to caring for child that was out of school/daycare due to COVID?

YES \_\_\_\_\_ NO \_\_\_\_\_

### **Economic Impact Payment (EIP)/Stimulus Payment Please provide all copies of Notices 1444 that you receive**

Was economic impact payment (EIP) received (also known as the stimulus payment)?

Yes \_\_\_\_\_ No \_\_\_\_\_

## COVID RELATED QUALIFYING QUESTIONS

Was taxpayer or spouse (if married) a member of US Armed Forces in 2020:

Yes \_\_\_\_\_ No \_\_\_\_\_

### Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive that were COVID-related distributions

T/S	Issued by	Distribution Amount

Do you wish to spread the income from the pension distribution over three years (2020-2022) or include all on 2020 return?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like your tax professional to estimate options for these alternatives?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes**, please provide an estimate of what you think your income for 2021 and 2022 will be in comparison to 2020:

Do you plan on re contributing any of this distribution before 12/31/2022?

Yes \_\_\_\_\_ No \_\_\_\_\_

## COVID RELATED QUALIFYING QUESTIONS

### Unemployment Income/Paid Sick Leave/Emergency Family Leave (Please provide copies of Form 1099-G from you state)

Did the Taxpayer or Spouse receive any federal or state unemployment benefits due to COVID?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did the Taxpayer or Spouse receive any COVID related paid sick leave or emergency family leave benefits?

Yes \_\_\_\_\_ No \_\_\_\_\_

If self-employed, was the Taxpayer or Spouse unable to work due to actually being diagnosed with COVID?

Yes \_\_\_\_\_ No \_\_\_\_\_ # of Days \_\_\_\_\_

If self-employed, was the Taxpayer/Spouse unable to work due to caring for a family member diagnosed with COVID?

Yes \_\_\_\_\_ No \_\_\_\_\_ # of days \_\_\_\_\_

If self-employed, was the Taxpayer/Spouse unable to work due to caring for a child not able to go to school/daycare?

Yes \_\_\_\_\_ No \_\_\_\_\_ # of days \_\_\_\_\_

### **Paid Sick Leave/Emergency Family Leave - For Employers Please Provide your Form 941 and Form 7200**

Did the business pay any employees COVID related paid sick leave or emergency family leave benefits?

Yes \_\_\_\_\_ No \_\_\_\_\_ # of days \_\_\_\_\_

## COVID RELATED QUALIFYING QUESTIONS

Was the Employee unable to work due to being actually diagnosed with COVID?

Yes \_\_\_\_\_ No \_\_\_\_\_ # of days \_\_\_\_\_

Was the Employee unable to work due to caring for a family member diagnosed with COVID?

Yes \_\_\_\_\_ No \_\_\_\_\_ # of days \_\_\_\_\_

Was the Employee unable work to due to caring for a child not able to go to school/daycare?

Yes \_\_\_\_\_ No \_\_\_\_\_ # of days \_\_\_\_\_

### **PAYCHECK PROTECTION PROGRAM LOANS (PPP)**

**Include a copy of applications for loans and forgiveness and all correspondence**

Did you apply for a PPP Loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you approved? Yes \_\_\_\_\_ No \_\_\_\_\_

Date? \_\_\_\_\_

How much? \_\_\_\_\_

Have you applied for forgiveness of the loan? Yes \_\_\_\_\_ No \_\_\_\_\_

Was it approved? Yes \_\_\_\_\_ No \_\_\_\_\_

How much was forgiven? \_\_\_\_\_

### **Provide copies of all forgiveness applications and worksheets**

Did you apply for a Small Business Association COVID grant/loan?

Yes \_\_\_\_\_ No \_\_\_\_\_

Were you approved? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_

## COVID RELATED QUALIFYING QUESTIONS

If Approved how much did you receive in SBA Grants? \_\_\_\_\_

If Approved how much did you receive in SBA COVID Loans? \_\_\_\_\_

Did you or a family member use funds from a Health Savings Account (HSA) for COVID related expenses, including testing?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did you take advantage of the extensions to file/pay taxes after the original deadlines?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when were your 2019 tax returns filed?

Date: \_\_\_\_\_

If yes to extended payments, when was your tax liability paid? \_\_\_\_\_

Did you have a matter before the IRS for exam or collections that was extended due to COVID?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is anyone assisting you with this matter already?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, would you like a free consultation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did you make any charitable contributions in 2019? Yes \_\_\_\_\_ No \_\_\_\_\_

## COVID RELATED QUALIFYING QUESTIONS

Can you substantiate at least \$300 of those, even if you do not itemize deductions?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please provide documentation.**

Did you have a carryover loss from prior years going into 2020?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide copies of all impacted tax returns.**

Did you place any assets into service in a business or rental in 2018 /2019/2020?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide all impacted tax returns**