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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