

Additional Questionnaire (2021) 今年报税额外问答

For 2020 Income Tax Return

<p>1] At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any virtual currency? 在 2020 年任何时候, 你是否有收到、出售、发送、交换、或获得任何虚拟货币?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2] Please provide total amount for the 1st and 2nd Economic Impact Payment that you have been received. If you did not receive any or less, you will get it back as a refundable credit on your 2020 Tax Return. 请提供已经领取的第一次 EIP1 和第二次 EIP2 的纾困金总额。如果你没有领取或领少了, 那么就可以在 2020 年度报税表以退税方式补回给你。</p>	EIP1 \$ _____ EIP2 \$ _____
<p>3] Low earned income taxpayers can use 2020 or 2019 earned income to better qualify for EITC. If you are a new client, please provide 2019 tax return. 低劳动收入的纳税人今年可以使用 2020 年或 2019 年的劳动收入来获得更好的低收入补助。如果你是我们的新客户, 请提供 2019 年度税表。</p>	<input type="checkbox"/> 2019 Tax Return
<p>4] If you had cash contribution this year, please provide receipt and amount. Because you will get a deduction(300 max) even you don't itemize. 如果你今年有现金捐赠, 请提供收据和金额。因为你仍然可以获得一个扣除 (最多 300), 即便你没有逐项扣除。</p>	\$ _____
<p>5] For Self-Employed only. If you fall into the following situation during 04/01/2020 to 12/31/2020, you can claim for qualified sick and family leave equivalent credit. 仅针对自雇人士。如果你在 2020 年 4 月到 12 月期间属于以下情况, 你可以获得病假相等的税减。</p> <p><input type="checkbox"/> You were subject to a federal, state, or local quarantine or isolation order related to COVID-19. 由于疫情问关系, 你受制于联邦、州或地方政府的隔离令。</p> <p><input type="checkbox"/> You were advised by a health care provider to self-quarantine due to concerns related to COVID-19. 由于疫情关系, 卫健部门建议你进行自我检疫。</p> <p><input type="checkbox"/> You were experiencing symptoms of COVID-19 and seeking a medical diagnosis. 你感染新冠症状并正在寻求就医。</p> <p><input type="checkbox"/> You were caring for an individual who was subject to a federal, state, or local quarantine or isolation order related to COVID-19. 你在照顾一个受制于政府隔离令的人。</p> <p><input type="checkbox"/> You were caring for an individual who was advised by a health care provider to self-quarantine due to concerns related to COVID-19. 你在照顾一个被卫健部门建议进行自我检疫的人。</p> <p><input type="checkbox"/> You were caring for a son or daughter because the school or place of care for that child was closed or the childcare provider for that child was unavailable due to COVID-19 precautions. 你在照顾自己的儿女, 因为小孩的学校或托儿所基于疫情关系而关闭。</p>	How many days have you been quarantined or cared for somebody? 你被隔离多少天或你照顾了别人多少天? _____ Days (10 days max 最多十天)
<p>6] For California only. Do you have health insurance? If you don't, you will be facing a penalty on your CA tax return. 仅针对加州居民。你有没有医疗保险? 如果没有, 你的加州税表上将有一个罚款。</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 1095-A <input type="checkbox"/> 1095-B <input type="checkbox"/> 1095-C <input type="checkbox"/> No