

HRL COVENANT GROUP LLC

TAX RETURN QUESTIONNAIRE

Taxpayer's Name:	Date of Birth:	Social Security Number/ITIN:
Spouse's Name:	Date of Birth:	Social Security Number/ITIN:
Address:		
Phone Number:	Email Address:	

FILING STATUS

- Single
 Married
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)
1. If head of household: Have you paid more than half the cost of keeping up a home for the year? _____
 Are the bills of the house and rental agreement under your name?

DEPENDENTS

NAME	DATE OF BIRTH	SSN/ITIN	RELATIONSHIP	MONTHS LIVED IN THE HOME

If you're claiming a dependent that is not your child: Why aren't the parents claiming that child?

1. What was your source of income? Please select one or more

- Employment
 Self-Employment
 Rental Property
 Welfare
 Social Security
 Unemployment
 Alimony
 Jury-Duty Pay
 Pension
 Awards
 Gambling
 Prizes
 Scholarships
 Child Support
 Other

2. Did you and your dependents have health insurance? Yes or No

- Private
 Through Employer
 Medical
 Covered California

3. Are you a full time college student? Yes or No Do you have proof this expenses?

I declare under penalty of perjury under laws of Internal Revenue Services and State of California that the foregoing is true and correct.

Signature: _____

Date: _____

HRL COVENANT GROUP LLC

Educational Credits Questionnaire

Student's Name: _____

Student's SSN: ____/____/____

Institution's Name: _____

Address: _____

Did the student receive a 1098-T Form from school? Yes or No If yes, Enter institution's FIN: _____ - _____

1. Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? Yes or No
2. Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a post-secondary degree, certificate, or other recognized post-secondary educational credential? Yes or No
3. Did the student complete the first 4 years of post-secondary education before 2021? Yes or No
4. Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? Yes or No

Educational Expenses:

Tuition	\$
Books	\$
Supplies	\$
Parking	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$

Total Expenses (Max allowed by IRS: \$4000) \$ _____

I declare under penalty of perjury under laws of Internal Revenue Services and State of California that the foregoing is true and correct.

Signature: _____

Date: _____

HRL COVENANT GROUP LLC

Schedule C Organizer

Business Name: _____

Business Address: _____

Description: _____

Start Date: _____

Income:

Total Sales: \$ _____

Refund/Returns: \$ _____

Total Income: \$ _____

Jan.	\$	Jul.	\$
Feb.	\$	Aug.	\$
Mar.	\$	Sep.	\$
Apr.	\$	Oct.	\$
May	\$	Nov.	\$
Jun.	\$	Dec.	\$

Business Expenses:

Advertising	\$	Travel	\$
Contracted Labor	\$	Local Meals and Entertainment	\$
Employee benefit programs	\$	Utilities	\$
Interest paid	\$	Wages (only if you issue W-2 Form)	\$
Legal or Professional services	\$	Cellphone (___% used for business)	\$
Office Expenses	\$	Telephone Expenses	\$
Rent or Lease (Machinery of equipment)	\$	Professional development	\$
Rent (Office or storage)	\$	Internet Services	\$
Repairs and Maintenance	\$	Parking and Tolls	\$
Supplies and Tools	\$	Other:	\$
Taxes and Licenses	\$	Other:	\$

Total Business Expenses: \$ _____

Business Use of Vehicle:

Number of Miles: Business Use: _____

Commuting: _____

Personal Use: _____

Total: _____

Other Expenses :	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Auto Expenses: Answer Yes or No

Do you have another vehicle for personal use? ___

Was your vehicle available during off hours? ___

Do you have proof of use? ___

If yes, It is written? ___

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Signature: _____

Date: _____

Schedule A Organizer

Medical Expenses:

Medications	\$
Doctors/ Clinics	\$
Hospital Bills	\$
All Other	\$
Total Medical Cost:	\$
Medical Miles (Jan-Jun) ____ Miles x \$0.24=	\$
Medical Miles (Jun-Dec) ____ Miles x \$0.24=	\$
Total Mileage Cost:	\$

Total Medical Deductions: \$ _____

Taxes and Interest:

Sales Tax-Vehicles	\$
Real Estate Taxes	\$
Motor Vehicle	\$
Other Taxes Paid	\$
Total Taxes Paid	\$
Mortgage Interest:	\$
Home Morgage	\$
Points (Form 1098)	\$
If Mortgage Interest is paid to individual: SSN: _____ Name: _____ Address: _____ _____	
Total Mortgage Interest:	\$

Total Taxes and Int. Paid: \$ _____

Charitable Contributions:

	\$
	\$
	\$
	\$
Non-Cash Contributions:	\$
	\$
	\$
<i>Receipts must be provided for all charitable gifts</i>	

Total Contributions: \$ _____

Miscellaneous Deductions:

Union Dues	\$
Educator Expenses	\$
Professional Licenses	\$
Professional Societies	\$
Professional Journals	\$
Safety Equipment	\$
Uniforms/Laundry	\$
Investment Expenses	\$
Tax Preparation	\$
Theft	\$
Gambling Losses	\$
	\$

Total Misc. Deductions: \$ _____

Total Itemized Deductions: \$ _____

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Signature: _____

Date: _____