

# NEW 2021 COVID-19 TAX CHANGES

## ECONOMIC IMPACT PAYMENTS

Amount of Economic Impact Payment (Stimulus Check) #3\*

\* Provide Form 1444 if available and/or enter stimulus payment amounts above. Maximum stimulus amount available was \$1,400 per person. Payments were made beginning in March 2021 through end of September 2021. [Click Here](#) to check your payment amount online

## ADVANCED CHILD TAX CREDIT PAYMENTS\*\* (Please upload copies of IRS Letter 6419 showing details of payments)

Taxpayer - Advance Received: for Number of dependents (according to letter 6419)

Spouse - Advance Received: for Number of dependents (according to letter 6419)

\*\* Letter 6419 was sent in January listing Advance Payments and the # of dependents for which you were paid. A married-filing-joint couple will receive 2 letters with half of the refund on each – please send both! [Click Here](#) to check your Advance Payments online. Click "Manage Payments", save a pdf and upload to our [Online Portal](#).

## UNEMPLOYMENT

YES  NO Did you receive Unemployment?

If so, dates unemployment collected\*\*\*

\*\*\* Provide Form 1099-G

## PPP LOANS

YES  NO Did you receive a PPP Loan?

Date of loan disbursement

Loan amount received

Date of loan forgiveness

Amount of loan forgiven

## OTHER COVID GRANTS & LOANS

Amount of ERC (Employer Retention Credits) claimed for 2021 Payroll (for employers only)

Amount of EIDL Advance

Amount of EIDL Loan

Other COVID Grants/Emergency Assistance (Please list type of grant, date received and amount received for each)

Grant 1

Grant 2

## SICK AND FAMILY LEAVE FOR SELF-EMPLOYED INDIVIDUALS

Start Date End Date Enter the dates between January 1st and September 30th you were unable to work due to any of the following:

1. Dates you were subject to a federal, state, or local quarantine or isolation order related to COVID-19\*

2. Dates you were advised by a health care provider to self-quarantine due to concerns related to COVID-19

3. Dates you were experiencing symptoms of COVID-19 and seeking a medical diagnosis

4. Dates you cared for an individual who was (i) subject to a quarantine or isolation order, or (ii) had been advised by a health care provider to self-quarantine due to concerns related to COVID-19

5. Dates you cared for a child when the child's school or place of care was closed\*\*, or the child care provider was unavailable and no other adult was available to provide care.\*\*

For any dates listed above, can you provide the following:

YES  NO Dates affected and proof of doctor or gov't orders to quarantine?

YES  NO Proof of lost work due to quarantine or family care requirements?

YES  NO Verification that no other adult was available to provide childcare in your household? (for days listed under 4 and 5 above)

\* This is NOT the same as a stay at home order, but rather needs to be a full quarantine/isolation order. It also does not apply if there was not work available when you were quarantined.

\*\* This does not apply if your child's school had in-person option and you chose a voluntary at-home schooling option

[Click Here](#) for more info on Sick and Family Leave Credits for Self-Employed Individuals