

**INDIVIDUAL TAX RETURN QUESTIONNAIRE**



**YEAR 2021**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SPOUSE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: HOME \_\_\_\_\_  
BUSINESS \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_

DATE OF BIRTH Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DEPENDENTS

CHILDREN WHO LIVE WITH YOU:

| <u>FIRST NAME</u> | <u>DATE OF BIRTH</u> | <u>SOCIAL SECURITY #</u> |
|-------------------|----------------------|--------------------------|
| _____             | _____                | _____                    |
| _____             | _____                | _____                    |
| _____             | _____                | _____                    |
| _____             | _____                | _____                    |

OTHER DEPENDENTS (IF ANY)

| <u>NAME</u> | <u>SOCIAL SECURITY #</u> | <u># OF MONTHS LIVED IN YOUR HOME</u> |
|-------------|--------------------------|---------------------------------------|
| _____       | _____                    | _____                                 |
| _____       | _____                    | _____                                 |
| _____       | _____                    | _____                                 |
| _____       | _____                    | _____                                 |

Did you receive a stimulus payment? Letter 6475  
3rd Payment amount \_\_\_\_\_

Did you receive a Child Tax Credit? Letter 6419  
Payment amount \_\_\_\_\_

PLEASE SEND US ANY FORMS RECEIVED FROM THE IRS, STATE AND LOCAL TAXING AUTHORITIES

Local Tax Rate % \_\_\_\_\_

Bank Account Information

Account Type Checking or Savings  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

Direct Deposit for Refund yes or no  
Electronic Funds Withdraw for Balance Due yes or no

INCOME

OCCUPATION TAXPAYER \_\_\_\_\_  
YEAR 2021 SPOUSE \_\_\_\_\_

W-2 INCOME

| <u>EMPLOYER</u> | <u>AMOUNT</u> |
|-----------------|---------------|
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |

PLEASE ATTACH ALL COPIES OF W-2 FORMS

DIVIDEND INCOME PLEASE LIST AND ATTACH COPIES OF FORMS 1099

| <u>PAYOR</u> | <u>GROSS AMOUNT</u> |
|--------------|---------------------|
| _____        | _____               |
| _____        | _____               |
| _____        | _____               |
| _____        | _____               |

INTEREST INCOME PLEASE LIST AND ATTACH COPIES OF FORMS 1099

| <u>PAYOR</u> | <u>GROSS AMOUNT</u> |
|--------------|---------------------|
| _____        | _____               |
| _____        | _____               |
| _____        | _____               |
| _____        | _____               |

IF YOU RECEIVED SOCIAL SECURITY BENEFITS IN 2021, PLEASE LIST YOUR EXEMPT INTEREST INCOME

| <u>PAYOR</u> | <u>GROSS AMOUNT</u> |
|--------------|---------------------|
| _____        | _____               |
| _____        | _____               |

MORTGAGE INTEREST AND HOME EQUITY LOAN INTEREST

| <u>Name of Mortgage Bank</u> | <u>Interest for 2021</u> |
|------------------------------|--------------------------|
| a.) _____                    |                          |
| b.) _____                    |                          |
| c.) _____                    |                          |
| d.) _____                    |                          |
| e.) _____                    |                          |

CONTRIBUTIONS

Total by check and cash \_\_\_\_\_  
Total "other than cash" contributions \_\_\_\_\_

Please itemize if "other than cash" are more than \$500.

\_\_\_\_\_  
\_\_\_\_\_

CREDIT FOR CHILD OR DEPENDENT CARE EXPENSES

Number of children cared for \_\_\_\_\_  
Amount paid for childcare \_\_\_\_\_  
Name and Social Sec. # of person or agency  
\_\_\_\_\_

CASUALTY OR THEFT LOSSES (The tax law allows losses in excess of 10% of your gross income. If you think your loss exceeds that limit, please list below)

| <u>Property</u> | <u>Date and Nature of Loss</u> | <u>Total Loss</u> | <u>Insurance Reimbursement if Any</u> |
|-----------------|--------------------------------|-------------------|---------------------------------------|
| _____           |                                |                   |                                       |
| _____           |                                |                   |                                       |

SHORT -TERM CAPITAL GAINS AND LOSSES (ASSETS HELD LESS THAN ONE YEAR)  
YEAR 2021

| <u>DESCRIPTION</u><br><u>OF ASSETS</u> | <u>SHARES OR PAR</u><br><u>IF APPLICABLE</u> | <u>DATE</u><br><u>ACQUIRED</u> | <u>DATE</u><br><u>SOLD</u> | <u>NET</u><br><u>PROCEEDS</u> | <u>COST</u> |
|--|--|--------------------------------|----------------------------|-------------------------------|-------------|
|--|--|--------------------------------|----------------------------|-------------------------------|-------------|

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LONG -TERM CAPITAL GAINS AND LOSSES (ASSETS HELD MORE THAN ONE YEAR)

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Please forward ALL 1099-B forms received from your brokers.

Important Note: The statements you receive from your stockbrokers usually only include information on SALES. We also must receive information on the PURCHASE of stocks.)

MISCELLANEOUS INCOME (ALIMONY RECEIVED, EXECUTOR FEES, DIRECTOR FEES, UNEMPLOYMENT COMP., ETC.)

| <u>SOURCE</u> | <u>INCOME</u> |
|---------------|---------------|
|---------------|---------------|

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SOCIAL SECURITY PAYMENTS RECEIVED : \_\_\_\_\_

PROFIT OR LOSS FROM BUSINESS OR PROFESSION

NAME OF PROPRIETOR \_\_\_\_\_  
YEAR 2021 \_\_\_\_\_  
PRODUCT SOLD \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
IDENTIFICATION NUMBER \_\_\_\_\_

INCOME

SALES \_\_\_\_\_  
OTHER MISC. INCOME \_\_\_\_\_

EXPENSES

|                     |       |                |       |
|---------------------|-------|----------------|-------|
| ADVERTISING         | _____ | OFFICE SUPP.   | _____ |
| BANK CHARGES        | _____ | PENSION        | _____ |
| CAR & TRUCK         | _____ | POSTAGE        | _____ |
| COMMISSIONS         | _____ | RENT           | _____ |
| DUES AND PUB.       | _____ | SUPPLIES       | _____ |
| EMP. BENEFIT PROGR. | _____ | TAXES          | _____ |
| FREIGHT             | _____ | TELEPHONE      | _____ |
| INSURANCE           | _____ | TRAVEL         | _____ |
| INTEREST            | _____ | MEALS AND ENT. | _____ |
| LAUNDRY & CLEANING  | _____ | UTILITIES      | _____ |
| LEGAL & ACCOUNTING  | _____ | WAGES          | _____ |

OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS MILEAGE \_\_\_\_\_

NEW BUILDINGS, IMPROVEMENTS, EQUIPMENT, FURNITURE & FIXTURES, CARS  
& TRUCKS PURCHASED OR SOLD IN 2021

ACQUIRED IN 2021

| <u>DESCRIPTION</u> | <u>DATE ACQUIRED</u> | <u>COST</u> | <u>NEW OR USED</u> |
|--------------------|----------------------|-------------|--------------------|
| _____              | _____                | _____       | _____              |
| _____              | _____                | _____       | _____              |
| _____              | _____                | _____       | _____              |

SOLD IN 2021

| <u>DESCRIPTION</u><br>YEAR 2021 | <u>DATE</u><br><u>ACQUIRED</u> | <u>DATE</u><br><u>SOLD</u> | <u>COST</u> | <u>SALES</u><br><u>PRICE</u> | <u>WAS THIS A</u><br><u>TRADE-IN</u> |
|---------------------------------|--------------------------------|----------------------------|-------------|------------------------------|--------------------------------------|
|                                 |                                |                            |             |                              |                                      |
|                                 |                                |                            |             |                              |                                      |
|                                 |                                |                            |             |                              |                                      |
|                                 |                                |                            |             |                              |                                      |

COST OF GOODS SOLD

PURCHASES IN 2021 \_\_\_\_\_

COST OF ITEMS WITHDRAWN FOR PERSONAL USE \_\_\_\_\_

OTHER COSTS \_\_\_\_\_

INVENTORY AT 12-31-21 \_\_\_\_\_

OFFICE IN HOME

- 1.) ELECTRICITY \_\_\_\_\_
- 2.) GAS \_\_\_\_\_
- 3.) OIL \_\_\_\_\_
- 4.) TRASH \_\_\_\_\_
- 5.) SEWER \_\_\_\_\_
- 6.) HOME OWNER'S INSURANCE \_\_\_\_\_
- 7.) OTHER - LIST \_\_\_\_\_

ANY UNUSUAL EXPENSES OR LOSSES IN 2021 RELATING TO YOUR BUSINESS?  
PLEASE EXPLAIN BELOW

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RENTAL PROPERTY INCOME IF APPLICABLE

PROPERTY DESCRIPTION \_\_\_\_\_  
YEAR 2021  
LOCATION \_\_\_\_\_

RENTAL INCOME RECEIVED \_\_\_\_\_

EXPENSES

REAL ESTATE TAXES \_\_\_\_\_ PAINTING \_\_\_\_\_

INSURANCE \_\_\_\_\_ REPAIRS \_\_\_\_\_

ADVERTISING \_\_\_\_\_ UTILITIES \_\_\_\_\_

INTEREST \_\_\_\_\_ MNGMT. FEES \_\_\_\_\_

TRAVEL TO AND FROM LOCATION \_\_\_\_\_

OTHER EXPENSES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPRECIATION

WE WILL COMPUTE DEPRECIATION. IF A NEW PROPERTY WAS ACQUIRED THIS YEAR, PLEASE NOTE BELOW THE DATE OF ACQUISITION AND COST. IF ANY PROPERTY WAS SOLD, PLEASE NOTE BELOW THE DATE ACQUIRED, DATE SOLD, ORIGINAL COST AND PROCEEDS OF SALE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSONAL DEDUCTIONS

YEAR 2021

If you think your expenses exceed that, please list them below.)

Medicine and Drugs \_\_\_\_\_

Total Insurance premiums for medical and hospital care \_\_\_\_\_

Doctors, dentists, nurses, hospitals, eyeglasses, hearing aids, dentures, etc. -List below)

| <u>Name</u> | <u>Amount</u> | <u>Name</u> | <u>Amount</u> |
|-------------|---------------|-------------|---------------|
| _____       | _____         | _____       | _____         |
| _____       | _____         | _____       | _____         |
| _____       | _____         | _____       | _____         |
| _____       | _____         | _____       | _____         |
| _____       | _____         | _____       | _____         |

Medical Transportation \_\_\_\_\_

Amount of any insurance or medicare reimbursements received on above:

\_\_\_\_\_

IRA'S, KEOGH AND SEP CONTRIBUTIONS

\_\_\_\_\_

\_\_\_\_\_

ALIMONY PAID

\_\_\_\_\_



OTHER TAXES PAID

INCOME TAXES

YEAR 2021

Quarterly estimated income taxes paid for 2021

|         | <u>Date Paid</u> | <u>Amount</u> |
|---------|------------------|---------------|
| FEDERAL | 1.) _____        | _____         |
|         | 2.) _____        | _____         |
|         | 3.) _____        | _____         |
|         | 4.) _____        | _____         |
| STATE   | 1.) _____        | _____         |
|         | 2.) _____        | _____         |
|         | 3.) _____        | _____         |
|         | 4.) _____        | _____         |
| LOCAL   | 1.) _____        | _____         |
|         | 2.) _____        | _____         |
|         | 3.) _____        | _____         |
|         | 4.) _____        | _____         |

Any additional payments paid in 2021 for prior years' taxes:

| <u>Date</u> | <u>Amount</u> |
|-------------|---------------|
| _____       | _____         |
| _____       | _____         |
| _____       | _____         |

Real Estate taxes \_\_\_\_\_

Personal Property \_\_\_\_\_

Occupational taxes \_\_\_\_\_

Per Capita taxes \_\_\_\_\_

Any other taxes paid in 2021, please list : \_\_\_\_\_  
\_\_\_\_\_