



neafs.net

## Individual Tax Return Questionnaire - 2021 Tax Year

<b>Name and Address:</b>		<b>Occupation*</b>	
Taxpayer:			
Address:			
SS #			
Spouse:			
Address:			
SS #			
Phone Numbers		Primary:	Other:
Email Addresses:			

\* Self Employed?  We will need to collect your business income and expense information from you, use this questionnaire for your personal information only.

Filing Status:  Single     Married     Head of Household     Qualifying Widow  
Birth Date: Month, Day, Year    **Yourself:** \_\_\_/\_\_\_/\_\_\_    **Spouse:** \_\_\_/\_\_\_/\_\_\_

### VIRTUAL CURRENCY:

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

### ECONOMIC IMPACT PAYMENTS:

1: \_\_\_\_\_

Enter the amount of the first stimulus payment you received.

2: \_\_\_\_\_

Enter the amount of the second stimulus payment you received.



**3. Dividend Income** *(include 1099-DIV with the documents you submit)*

Name of Payor	Amount	Name of Payer	Amount

**4. Capital Gains and Losses** *(you may include your brokerage 1099 statement rather than listing brokerage transactions here):*

Investment	Date Acquired	Cost or Other Basis	Date Sold	Net Sale Proceeds

**5. Other Gains and Losses:** *(Include details of dispositions of any business/rental/farm assets)*

Investment	Date Acquired	Cost/Other Basis	Date Sold	Sale Proceeds

**6. Pensions, IRA Distributions, Annuities, and Rollovers**

Total Amount Received (*Submit all 1099-R or other documents*)..... \_\_\_\_\_

**7. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts**

*(Submit K-1's for all Partnerships/S Corporations/Fiduciaries; Submit income and expense details for each rental property)*

**Name(s) of Partnerships, S Corporations, Estates or Trusts:**

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

**Rental Property address(es)** (*Submit list if more than 2*):

\_\_\_\_\_

**8. Unemployment Compensation Received ...** \_\_\_\_\_

**9. Social Security Benefits Received** (*Include 1099-SSA with your docs*)... \_\_\_\_\_

**10. State/Local Tax Refund(s)**..... \_\_\_\_\_

**11. Other Income:**

Description	Amount

**CREDITS:**

**Child and Dependent Care:**

(1) Number of Qualifying Dependents..... \_\_\_\_\_

(2) Name, address and amount paid to each provider:

Name	Address:	Amount Paid

**Tuition & Fees paid for higher education** \_\_\_\_\_

**2021 Estimated Tax Payments**

Federal Date paid	Amount	State Date paid	Amount

**Total Advance Child Credit Payments Received: \$** \_\_\_\_\_

**ITEMIZED DEDUCTIONS:**

**Medical and Dental** *(Totals only; please retain all of your receipts)*

**Amount**

- 1. Medical and dental insurance premiums \_\_\_\_\_
- 2. Long Term Care premiums \_\_\_\_\_
- 3. Other medical expenses paid out of pocket - eyewear, hearing aids, medical devices, pharmaceutical expenses, ...etc. \_\_\_\_\_

**Taxes Paid in 2021**

- 1. State and local income taxes not on W2 or 1099 \_\_\_\_\_
- 2. Real estate taxes \_\_\_\_\_
- 3. Personal property taxes \_\_\_\_\_

**Interest Paid in 2021**

- 1. Home mortgage interest paid to financial institutions \_\_\_\_\_  
*(Include 1098 forms with your docs)* \_\_\_\_\_
- 2. Student Loan Interest \_\_\_\_\_

**Charitable Contributions:** *(Attach list if necessary, retain your receipts)* Amount

Non-cash - Attach details	

**Casualty and Theft Losses:** *(Submit Details).....* \_\_\_\_\_

**Adjustments to Income:**

	Maximize?	Amount
1. Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse's IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Alimony paid - List name		

**Did anyone in your family receive a scholarship of any kind during 2021?**

If yes, please supply details (1098-T). Yes No *(This includes athletic scholarships)*

---

**Don't forget - when submitting your documents:**

- 1. If we have not previously prepared your return - please provide a copy of your 2019 and 2020 tax returns with the other documents you submit.**
- 2. If you would like any possible refunds to be directly deposited into your checking account - please submit to us a copy of a voided check or an account statement that shows your bank routing and account numbers.**
- 3. Please include a clear copy of your driver's license or other valid picture ID - as well as your spouse if filing jointly.**

**Thank you!**

