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Individual Tax Return Questionnaire - 2021 Tax Year

This version of the questionnaire is for returning clients who filed with NEAFS last year. Please complete your name, then you only need to fill in any information that has changed since last year – address, marital status,...etc.

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

Filing Status: Single Married Head of Household Qualifying Widow

DEPENDENTS:

Name (First, Initial, Last)	Relation	Date of Birth	Social Security Number	Months Lived in Home

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

Name of Payor	Amount	Name of Payer	Amount

Capital Gains and Losses (you may include your brokerage 1099 statement rather than listing brokeragetransactions here):

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

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

Investment	Date Acquired	Cost/Other Basis	Date Sold	Sale Proceeds

Pensions, IRA Distributions, Annuities, and Rollovers

Total Received (*Submit all 1099-R or other documents*) _____

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*):

Unemployment Compensation Received _____

Social Security Benefits Received (*Include 1099-SSA with your docs*)... _____

State/Local Tax Refund(s)..... _____

Other Income:

Description	Amount

CREDITS:

Child and Dependent Care:

Number of Qualifying Dependents _____

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 <i>(Totals only; please retain all of your receipts)</i>	Amount
Medical and dental insurance premiums	_____
Long Term Care premiums	_____
Other medical expenses paid out of pocket - eyewear, hearing aids, medical devices, pharmaceutical expenses, ...etc.	_____

Taxes Paid in 2021

State and local income taxes <i>not</i> on W2 or 1099	_____
Real estate taxes	_____
Personal property taxes	_____

Interest Paid in 2021

Home mortgage interest paid to financial institutions <i>(Include 1098 forms with your docs)</i>	_____
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 you would like any possible refunds to be directly deposited into your checking account and we have not done this for you in previous years - please submit to us a copy of a voided check or an account statement that shows your bank routing and account numbers.***

2. ***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!

