

## **Tax Questionnaire for Year 2021**

This questionnaire should be used as a guide to organizing your materials prior to your tax interview. Rental activity and/or business income and expense should be prepared on separate schedules.

	Taxpayer	Spouse	Dependents			
<u>Name</u>	_____	_____	_____	_____	_____	_____
<u>Date of Birth</u>	_____	_____	_____	_____	_____	_____
<u>Social Security #</u>	_____	_____	_____	_____	_____	_____
<u>Address</u>	_____					
<u>Phone</u>	Home _____	Work (Taxpayer) _____	Work (Spouse) _____			
	Email _____	Cell (Taxpayer) _____	Cell (Spouse) _____			

**Wages and Salaries** (Attach ALL copies of **W-2 forms**)

**Pensions and Annuities** (Attach ALL copies of **Form 1099-R**)

**Interest Income – Taxable & Nontaxable** (Attach ALL copies of **Form 1099-INT**)

<u>Source</u>	<u>Amount</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Dividends Received – Taxable & Nontaxable** (Attach ALL copies of **Form 1099-DIV**)

<u>Company</u>	<u>Amount</u>	<u>Company</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Income from Businesses, Farms & Rental Properties** (Attach schedule of income/expense)

**Capital Gains & Losses** (Attach ALL **1099-B forms** and **1099-S forms**) – Please provide a detailed schedule showing purchase date, sale date, selling price, and cost. Generally, your broker will be able to provide this information for you.

**Income from Partnerships, S-Corporations, Trusts & Estates** (Attach copy of **K-1 form**)

<b>Amount of:</b>	<u>Taxpayer</u>	<u>Spouse</u>
<b><u>Unemployment Compensation Received</u></b> (Attach <b>1099 forms</b> )	_____	_____
<b><u>Social Security &amp; Railroad Retirement Received</u></b> (Attach <b>1099 forms</b> )	_____	_____
<b><u>2021 Roth IRA Conversions</u></b> (Attach <b>1099R forms</b> )	_____	_____

**All Other Income** (Fees, Prizes, State Tax Refund, ADC Payments, Gambling Winnings, child support, etc.)

<u>Nature</u>	<u>Amount</u>	<u>Nature</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Educator Classroom Supplies Purchased in 2021** \_\_\_\_\_

**Alimony** – Amount \_\_\_\_\_ Name and Social Security Number \_\_\_\_\_

**Child Care Provider Information**

Name & Address \_\_\_\_\_ Social Security Number \_\_\_\_\_ Amount Paid \_\_\_\_\_

**Medical and Dental (Unreimbursed):**

	Amount		Amount
Medicine & Drugs (Enter Total Only)		Medical Travel ____ mi. @ 16¢	
Health Insurance Premiums		Doctors	
Medicare Premium, if any		Hospitals	
Long-Term Care Premiums T-_____ S-_____		Glasses, Hearing Aides, etc.	

**Taxes:**

Real Estate Taxes Paid in 2021 on your home, vacation home, and other non-business property \_\_\_\_\_  
 Other (Sales Tax, License Plate Fees, etc.) \_\_\_\_\_

**Interest Expense:**

	Amount		Amount
Home Mortgage Interest - Residence		Investment Interest	
Home Mortgage Interest - Second Home		Student Loan Interest	
Private Mortgage Insurance			

**Contributions:**

	Amount		Amount
Charitable Work Travel _____ mi. at 14¢		Automobile, Boat or Airplane (Form 1098-C)	
Churches		Non-Cash Items (Attach List)	
All Others			

**Business Travel & Entertainment** – I (We) maintain adequate records for auto, travel and entertainment.

If yes, please sign here \_\_\_\_\_

**College Tuition, Fees, Books, & Supplies** - Attach Form 1098-T, enrollment date, college, amounts and dates paid.

**Health Savings Account** – 2021 Contributions (Attach **Form 5498SA**) \_\_\_\_\_  
 2021 Distributions (Attach **Form 1099SA**) \_\_\_\_\_

**Forms 1095-A, 1095-B, and 1095-C** – Please attach applicable Health Insurance Form(s) to verify coverage

**2021 Individual Retirement Account (IRA) Deduction**

	Taxpayer	Spouse
Amount		
Date Deposited		
Are you covered under your employer's retirement plan?		
"Regular" IRA or "Roth" IRA		

**Estimated Income Tax Data**

	Date Due	Federal		Michigan		Michigan Business Tax	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
2020 Overpayments Credited to 2021			\$		\$		\$
1st Installment	4/15/21						
2nd Installment	6/15/21						
3rd Installment	9/15/21						
4th Installment	1/18/22						
<b>Totals</b>			\$		\$		\$

**State:**

School District Name: \_\_\_\_\_ Are you a disabled veteran? ☐ No ☐ Yes % Disability \_\_\_\_\_  
 Taxable Value of Personal Residence \_\_\_\_\_  
 Real Estate Taxes Levied in 2021 on your home \_\_\_\_\_ Total Heating Costs \_\_\_\_\_ Type of Fuel \_\_\_\_\_  
 Rent Paid on your home in 2021 \_\_\_\_\_ Landlord's Name & Address \_\_\_\_\_  
 Total purchases of mail order items that you have not paid sales tax on \_\_\_\_\_  
 Contributions to MET or MESP Accounts \_\_\_\_\_