

2021 Tax Questionnaire



If you (and your spouse, if married) received an IRS IP PIN for tax year 2021, please enter them after each name.

- Your Name _____ IP PIN _____
- Spouse Name _____ IP PIN _____
- Phone Number _____ e-mail address _____
- What was your marital status on December 31, 2021?
 Married Filing Jointly Married Filing Separately Head of Household Single/Divorced/Widowed
- Did your address change during 2021? YES NO If yes, please provide your new address below:

NOTE: Please include a copy of the settlement statements for real estate purchased or sold during the year.

- If you received a refund last year by Direct Deposit, is the bank information the same this year?
 YES NO If no, please give us the updated information. (Skip if you did not use Direct Deposit or did not get a refund.)
 Name of Financial Institution _____ Acct Type Checking Savings
 Routing Number _____ Account Number _____
- If there were any changes in Dependents in 2021, please indicate if we should add or delete the dependent:

Name	Date of Birth	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
- Please provide us with the amount you received with the 3rd Economic Stimulus Payment, issued March 2021 \$ _____
- Please provide us with the total amount you received in Child Tax Credit Advance Payments, if any, for 2021 \$ _____
- If you paid for Child Care in 2021, how much did you pay? \$ _____
- If you paid Student Loan Interest or Tuition in 2021, how much did you pay? \$ _____ (Include Forms 1098-E and 1098-T)
- If you paid Mortgage Interest in 2021, how much did you pay? \$ _____ (Include Form 1098)
- If you made quarterly estimated tax payments in 2021, please provide the following:

Estimated Taxes Paid	Federal \$	State \$
First Quarter		
Second Quarter		
Third Quarter		
Fourth Quarter		

- Please provide Real Estate Taxes paid 1st Installment \$ _____ 2nd Installment \$ _____
- Did you purchase a vehicle in 2021? YES NO. If yes, please provide the amount you paid in sales tax \$ _____
- Did you make qualified energy improvements to your primary home? YES NO If yes, please provide amount paid and description. Amount \$ _____ Description (circle): Furnace A/C Solar Windows Doors (Please provide receipts.)
- Medical & Charitable Contributions:

Medical Expenses	
Prescription Drugs	
Doctors, Dentists, Nurses	
Nursing Home or Nursing Care	
Health Insurance Premiums	
Medicare Premiums Parts B&D	
Long Term Care Premiums – You	
Long Term Care Premiums – Spouse	
Hearing Aids, Glasses, Contacts, etc.	
Medical Lodging Costs	
Medical Miles _____ x .16¢ =	
Total Medical Expenses	\$ _____

Charitable Contributions	
Cash Contributions (list organizations):	
Paid thru IRA (if over 70 ½ yrs)	
Volunteer out-of-pocket exp	
Volunteer Miles _____ x .14¢ =	
Non-Cash Charity – includes clothing & household items donated (Thrift Shop Value)	
Total Charitable Expenses	\$ _____

- Teachers (K-12): Out-of-pocket Educator Expenses paid \$ _____
- Contributions to IL Bright Start \$ _____ Illinois Invest In Kids Credit \$ _____ K-12 Education Costs \$ _____