

2021

LEIGHTON & LONGTIN, CPA, LLP
INDIVIDUAL INCOME TAX QUESTIONNAIRE

2021

Taxpayer #1 _____ Soc. Sec. # _____ Occupation _____

Driver's License # _____ Issue Date _____ Expiration Date _____ Issuing State _____

Taxpayer #2 _____ Soc. Sec. # _____ Occupation _____

Driver's License # _____ Issue Date _____ Expiration Date _____ Issuing State _____

Street _____ Home Phone _____

City, State _____ Zip _____ Bus. Phone _____

Date of Birth: Taxpayer #1 _____ Email Address _____

Date of Birth: Taxpayer #2 _____ Email Address _____

Please * your preferred contact

Was there a change in your address, marital status, or dependents during the year?

_____ Yes _____ No Please give details.

In which format would you like your copy of your 2021 tax return? Email _____ Print _____

Did you receive the third Economic Impact Payment/Stimulus Payment? If so, how much did you receive? _____ Please include Notice 1444-C from IRS stating the amount you received.

Did you receive Advance Child Tax Credit Payments in 2021? If so, how much did you receive? _____ Please include Letter 6419 from IRS stating the amount you received.

If you are entitled to a refund from either the state or the federal government and would like it to be directly deposited in your bank account, please provide the following:

Bank Name _____

Routing Number _____ Account Number _____

Type of Account: Checking _____ or Savings _____

DEPENDENTS

Names of dependents that live with you. (If you have dependent children who do not live with you, please highlight their names. We may need to attach a signed 8332 form to ensure a proper deduction.)

First, Initial, Last	Date of Birth	Social Security #	Relation-ship	# of months @ home in 2021
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was anyone in the household on marketplace health insurance during 2021? If so, please include Form 1095-A.

CHILDCARE EXPENSES

Did you make payments for childcare for a dependent(s) during 2021? Amt. _____ In order to claim the credit, and/or if you received employer provided day care benefits, we need the following on the person/organization that provided care:

Name _____ Address _____

Soc. Sec./ I.D. number _____ Child Name _____ Amt. _____

Did you pay any expenses in relation to the adoption of a child? If so, how much? Please let us know if this child is a special needs child.

ESTIMATED TAX PAYMENTS

(Do not include below carryforwards on your 2020 tax return. Only include amounts actually paid)

	Federal		State	
	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Date Paid</u>
4 th Quarter 2020	_____	_____	_____	_____
1 st Quarter 2021	_____	_____	_____	_____
2 nd Quarter 2021	_____	_____	_____	_____
3 rd Quarter 2021	_____	_____	_____	_____
4 th Quarter 2021	_____	_____	_____	_____

WAGES

Please attach W-2s. Please give us ALL copies of your W-2s.

Taxpayer _____ Spouse _____

Do you expect any material change from 2021 in your income for 2022? If so, how much?
Increase _____ Decrease _____

OTHER INCOME

Did you receive state income tax refunds in 2021? Amount _____ Please attach Form 1099-G.

Did you receive any unemployment compensation? Amt. _____ Attach Form 1099-G.

Did you receive a Form SSA-1099 for social security benefits? Amount paid _____ Amount repaid _____ Attach Form SSA-1099.

Did you receive any lottery or gambling winnings? _____ Please attach Form W-2G.

Did you receive any pension or annuity payments this year? Please attach Form 1099-R.

If you received any rental income, please submit details pertaining to address of the property, expenses, income, and cost of property.

Did you receive any income or loss from an estate or trust? Please attach the Form K-1 that was provided to you.

Did you receive alimony? Indicate amount _____. Please give us the date of divorce on your divorce decree.

At any time during 2021, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency (Crypto)?

INTEREST INCOME

PLEASE attach copies of Form 1099, DO NOT COPY NUMBERS FROM THEM. Also remember that we must report tax-exempt interest.

Indicate the amount of interest received, if any, from seller-financed mortgages _____ the name, address and social security number of the person paying the interest _____.

Did you have a financial account(s) in a foreign country? Was the combined value more than \$10,000? _____. If yes, please list the country, the bank, the address, the account number(s) and the approximate maximum value(s).

DIVIDEND INCOME

PLEASE attach copies of Form 1099, DO NOT COPY NUMBERS FROM THEM. Capital gains distributions and nontaxable distributions must also be reported.

SECURITY TRANSACTIONS

Please send us the year end statement from your broker and form 1099-B.

Did any stock you own become worthless during 2021? Yes _____ Please describe.

BUSINESS MILEAGE

If you take auto expenses, PLEASE fill in the following: Total number of months you drove the car in 2021 _____; total mileage for the car in 2021 _____; business mileage 1/1/2021-12/31/2021 _____ date this car was put in service _____ average daily round trip commuting distance _____; do you (or your spouse) have another vehicle available for personal use? ____ Yes ____ No Do you have evidence to support your deduction? ____ Yes ____ No Is this evidence written? ____ Yes ____ No

Any married person should forget their mistakes. No use for two people remembering the same thing.

RETIREMENT PLAN CONTRIBUTIONS

Did you make contributions to any of the following? If so indicate amount.

	Taxpayer	Spouse
SEP	Amt. _____	_____
Traditional IRA	Amt. _____	_____
Roth IRA	Amt. _____	_____
Simple Plan	Amt. _____	_____

MISCELLANEOUS

Did you pay any student loan interest for yourself or a dependent? _____ amt. Please attach Form 1098-E.

Did you pay education expenses for yourself or a dependent? _____ amt. If you received a 1098-T please include.

Did you pay premiums for long-term care insurance? (This is not health care insurance.) _____

Did you pay alimony? Indicate amount _____ and to whom: Name _____ Social Security Number _____. Please give us the date of divorce on your divorce decree.

Did you make payments to a health savings account? (This is not a flex account.) What was the amount? _____ Please attach form 5498-SA. Did you take distributions from a health savings account? What was the amount? _____

Did you make any energy improvements to your house during 2021? If so, what were they and what was the cost of the improvements?

If you were an educator, did you spend up to \$250 on qualified expenses used in the classroom? Amt _____

Did you make a gift in excess of \$15,000 during 2021 to any individual? ___ Yes ___ No

If you made purchases from out of state retailers who do not collect sales tax, please give us the amount of total purchases. _____

MAINE

Do you wish to purchase a park pass for entry into Maine State Parks?
Individual pass (\$55) _____ Vehicle pass (\$105) _____

Do you wish to contribute to any of the following Maine charitable funds?

Companion Animal Sterilization Fund	Amt. _____
Maine Children's Trust	Amt. _____
Endangered & Nongame Wildlife Fund	
"Chickadee Check-off"	Amt. _____
Maine Military Family Relief Fund	Amt. _____
Maine Veterans' Memorial Fund	Amt. _____
Maine Public Library Fund	Amt. _____

Did you obtain an associate's or bachelor's degree after 2007 from an accredited Maine college or university? Were you a Maine resident during college and continue to be a resident now? Please include education loan payment information.

ITEMIZED DEDUCTIONS

Medical Expense:

Total medical and dental expenses	_____
Insurance reimbursement for above	_____

Taxes:

State income taxes	_____
Real estate taxes	_____
Excise taxes (do not include registration fee)	_____

Interest Expense:

Home mortgage paid to financial institution	_____
*Home equity line of credit interest is deductible for interest paid on the purchase of a residence or improvements of that residence.	
If your interest includes amounts for items other than above, please let us know.	
Mortgage interest paid to an individual (give name, address & social security number)	_____
Points paid separately to buy or improve home	_____

Contributions:

Cash or check	_____
Noncash contributions (attach required statement)	_____