

Tax Questionnaire

REQUIRED - Complete, sign, and return.

Please complete this brief tax questionnaire and return to us along with your TAX FORMS AND ANY OTHER DOCUMENTS. You can upload all documents via our tax portal (<http://macnealllc.securefilepro.com/>)

If you have not previously filed taxes with Mac Neal LLC and do not have a portal account, on our [website](#) click 'Become a client'. An email with instructions on how to upload your completed questionnaire and the filing process.





Tax Return Questionnaire for Tax Year 2021

For more information, access our website at:

www.MacNealLLC.com

Phone: 619-410-7978

Fax: 312-262-1062

malcolm@macnealllc.com

Check box if you are a new client ☐

Referred by: _____

| | |
|---|---|
| <p style="text-align: center;"><u>Mailing address</u></p> <p><input type="checkbox"/> Same as Last year</p> <hr/> | <p><input type="checkbox"/> Direct Deposit Check If you want faster and more secure refund sent to your account.</p> <p><input type="checkbox"/> Check if you want your Tax Return Fee deducted from you refund if directly deposited.</p> <p>Routing # _____</p> <p>Account # _____</p> <p>Type of Account (ex. Checking or Savings) _____</p> |
| <p>Taxpayer</p> <p>Name _____</p> <p>Social Security No. _____ Date of Birth _____</p> <p>Occupation _____</p> <p>Home # () _____ Work # () _____</p> <p>Cell # () _____</p> <p>E-Mail _____</p> <p style="color: red; font-size: small;">Attach & Upload a copy of your Driver's License or ID and your Social Security Card</p> | <p>Spouse</p> <p>Name _____</p> <p>Social Security No. _____ Date of Birth _____</p> <p>Occupation _____</p> <p>Home # () _____ Work # () _____</p> <p>Cell # () _____</p> <p>E-Mail _____</p> <p style="color: red; font-size: small;">Attach & Upload a copy of your Driver's License or ID and your Social Security Card</p> |
| <p>School District</p> <p>Filing Status as of 12/31</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Married filing Jointly</p> | <p>County</p> <p>Married Filing Separately</p> <p><input type="checkbox"/> Head of Household</p> <p><input type="checkbox"/> Qualifying Widow(er) with Dependent Child</p> |
| <p>If divorced or legally separated enter date Provide copy of Decree _____</p> | <p>Date of Death if Deceased: Taxpayer Spouse</p> |

Dependents (attach & upload a copy of all dependents(s) social security card(s))

| Check if New | Name | Social Security # | Date of Birth | Relationship Daughter, Son, Mother, Etc. | During the previous yr., No. of months in taxpayer's home | Dependent had income over \$3800? Yes/No | Taxpayer provided more than ½ support | Attends College? Yes or No |
|--------------------------|------|-------------------|---------------|---|---|--|---------------------------------------|----------------------------|
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |

2021 Tax Questionnaire

Yes* No

*If Yes to any questions, please provide us with any related tax forms and more details on the last page.

Virtual Currency

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

2021 Economic Impact Payment

Enter the Amount from IRS Notice 1444-C, your 2021 Economic Impact Payment

Are you missing any of the Economic Impact Payments? If so, which one?

☐ 1st March 2020 EIP ☐ 2nd December 2020 EIP ☐ 3rd March 2021 EIP

Personal Information

☐ ☐ Did your marital status change during the year?

☐ ☐ Did your address change during the year?

Dependents

☐ ☐ Could you be claimed as a dependent on another person's tax return? Were there any changes in dependents?

☐ ☐ Did any of your dependents have unearned income over \$1,100 or earned income over \$12,200? If yes, the dependent is required to file a return.

☐ ☐ Do you want us to prepare a tax return for your dependent if required?

☐ ☐ Did you or your spouse pay for childcare while you or your spouse worked or looked for work?

Healthcare

Starting with the 2019 plan year, the Federal Shared Responsibility Payment no longer applies.

Some states, however, have their own individual health insurance mandate, requiring you have qualifying health coverage or pay a fee with your state taxes. Please read the following statements carefully. More than one might apply to your "Tax Family."

☐ ☐ Did you obtain healthcare coverage through the Marketplace? If Yes, include all **Form 1095-A**.

☐ ☐ Did you have any transactions pertaining to a health savings account (HSA) or medical savings account (MSA)? If so, include all **Forms 1099-SA and/or 5498-SA**.

Retirement

☐ ☐ Did you receive a distribution from or contribute to a retirement plan (401(k), IRA, etc.)? If so, include all **Forms 5498 and/or 1099-R**.

☐ ☐ Did you transfer or rollover any amount from one retirement plan to another?

☐ ☐ Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?

☐ ☐ Did you withdraw any amounts from your IRA to pay for higher education expenses or acquire a principal residence? If so, provide us details.

Education

☐ ☐ Did you withdraw funds from a Coverdell Education Savings account or Qualified Education Program (Section 529) and use the funds for anything other than qualified education expenses? Please include **Form 1099-Q**.



Investments

- ☐ ☐ Did you or your spouse sell any securities, investment property, or cryptocurrencies (such as bitcoin), not reported on Form 1099-B?
- ☐ ☐ Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If so, please include settlement statement you received at closing.
- ☐ ☐ Did you or your spouse start, purchase, or sell a business, rental property, or farm, or acquire/sell any interest in any partnership or S corporation?

Deductions and Credits

- ☐ ☐ Did you purchase any motor vehicles or boats in 2021? If so, provide sales tax paid.
- ☐ ☐ Did you make a qualified residential energy-efficient improvements or purchases involving solar, wind, geothermal, or fuel cell energy resources? If so, provide us with invoices you paid in 2021 along with the tax credit certificate received.

ITEMIZING VS. STANDARD DEDUCTION

Both can cut your tax bill, but which one will save you more?



Itemizing

- You report each qualified deduction
- Requires completing Schedule A and possibly other forms
- The deductions reduce your taxable income
- Could save you more than taking the standard deduction

Common itemized deductions



Mortgage Interest



Charitable Donations



Unreimbursed medical expenses over 7.5% of your AGI



State and local taxes up to \$10,000

Standard Deduction

- You deduct a flat-dollar amount
- Less effort than itemizing
- The deduction reduces your taxable income
- Could save you more than what you'd get by itemizing

2021 standard deduction



Single:
\$12,550



Head of Household:
\$18,800



Married,
filing jointly:
\$25,100



Married,
filing separately:
\$12,550

Deductions and Credits

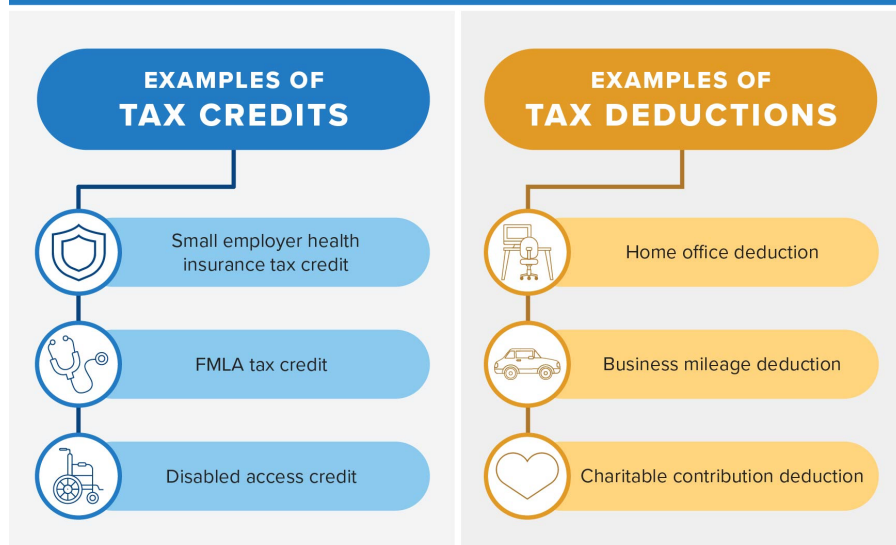
☐ ☐

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

☐ ☐

If yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

TAX DEDUCTIONS AND CREDITS



Miscellaneous

☐ ☐

Did you receive any disability income? If so, provide us with any forms you received, 1099's, etc.

☐ ☐

Did you pay an excess of \$1,000 in any quarter or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

☐ ☐

Did you have any interest in or a signature authority over a bank account, securities account, or other financial account in a foreign country?

Was your home rented out for more than 14 days or used as a home office?

☐ ☐

Did you have total mortgages incurred on or before December 15, 2017 on your first and/or second residence greater than \$1,000,000? Do you have total mortgages incurred after December 15, 2017 on your first and/or second residence greater than \$750,000?

☐ ☐

Did you use funds from a Home Equity Line of Credit (HELOC) for anything **other than** to purchase, build, or substantially improve your residence?

☐ ☐

Did you make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value more than \$15,000 to any individual?

Do you expect any changes (income, deductions, dependents, etc.) to occur in 2020? If so, please provide details.

☐ ☐

Were you notified or audited by either the IRS or a State taxing agency? Please provide us details.

May the IRS discuss your tax return with your preparer?

If we have questions regarding your tax information, how would you like us to contact you?

☐

Email

☐

Text

☐

Phone



INCOME:

1. Wages and Salaries (Attach W-2's)

| Name of Payer | Gross Wages (Withheld) | Soc. Sec. (withheld) | Medicare (withheld) | federal Income Tax (withheld) | State Income Tax (withheld) |
|---------------|------------------------|----------------------|---------------------|-------------------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Interest Income (Attach 1099's) *(List and identify as non-taxable Interest Income)*

| Name and Address of Payer | Amount | Name and Address of Payer | Amount |
|---------------------------|--------|---------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. If you received any interest from a "Seller financed" mortgage:

| Name and Address of Payor | Amount |
|---------------------------|--------|
| | |
| | |
| | |

4. Dividend Income (Attach 1099's)

| Name of Payor | Amount | Name of Payer | Amount |
|---------------|--------|---------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. Capital Gains and Losses:

| Investment | Date Acquired | Cost or Other Assets | Date Sold | Net Sale Proceeds |
|------------|------------------|-------------------------|-----------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. Other Gains and Losses: *(Include details of dispositions of any business/rental/farmassets)*

| Investment | Date Acquired | Cost Other assets | Date Sold | Sale Proceeds |
|------------|------------------|----------------------|-----------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. Pensions IRA Distributions Annuities and Rollovers

Total Received
Taxable Amount (Attach all 1099's or other related papers)

8. Rents Royalties Partnerships S Corporations Estates Trusts

(Attach K-1's for all Partnerships/S Corporations/Fiduciaries)

(Attach separate schedule(s) showing receipts & expenses for each rental property)

9. Unemployment Compensation Received

10. Social Security benefits Received (Attach annual statement)...

11. State Local Tax Refund(s)

12. Other Income:

| Description | Amount |
|-------------|--------|
| | |
| | |

2021 Estimated Tax Payments

| federal | Amount | State | Amount |
|---------|--------|-------|--------|
| | | | |

Other Payments: (Enter Advanced Child Credit Payment Here)

| Date | Amount | Date | Amount |
|------|--------|------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Other payments or credits - Attach schedule and explain _____

ITEMIZED DEDUCTIONS:**Medical and Dental****Amount**

| | |
|---|--|
| 1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare B) paid in 2021 (reduce any insurance reimbursements) | |
| 2. Transportation and lodging incurred to obtain medical care | |
| 3. Other - hearing aids, eyeglasses, medical devices, etc. | |
| | |
| | |

Taxes Paid in 2021**Amount**

| | |
|---|--|
| 1. State and local income taxes not listed elsewhere | |
| 2. Real estate taxes not listed elsewhere | |
| 3. Personal property taxes (includes owners tax on auto registration) | |

Interest Paid in 2021**Amount**

| | |
|--|--|
| 1. Home mortgage interest paid to financial institutions | |
| 2. Home mortgage interest paid to individuals | |
| Name: | |
| Address: | |
| 3. Points paid on [] purchase [] refinance (include details) | |
| 4. Investment Interest | |
| 5. Student Loan Interest | |



Automobile Use in 2021

To deduct mileage for auto expenses on a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

Car #1

| | |
|--|--|
| Make | |
| Model | |
| Year | |
| <i>If the vehicle is being used by the owner, please provide the following information</i> | |
| Date of Purchase | |
| Purchase Price | |

For the Period of Jan. 1, 2021, to Dec. 31 2021

Amount

| | |
|---|--|
| Business Mileage | |
| Moving Mileage - only members of the Armed Forces on active duty who moved because of a permanent change of station | |
| Charitable Mileage | |
| Total Mileage | |

Car #2

| | |
|--|--|
| Make | |
| Model | |
| Year | |
| <i>If the vehicle is being used by the owner, please provide the following information</i> | |
| Date of Purchase | |
| Purchase Price | |

*Commuting mileage must not be added to business mileage.

For the Period of Jan. 1, 2021, to Dec. 31 2021

Amount

| | |
|---|--|
| Business Mileage | |
| Moving Mileage - only members of the Armed Forces on active duty who moved because of a permanent change of station | |
| Charitable Mileage | |
| Total Mileage | |

Contributions: (Written documentation is required for all gifts of \$250 or more)

Amount

| | |
|--|--|
| 1. Cash - Less than \$3,000 paid to any one organization | |
| 2. Cash - \$3,000 or more to any one organization -- show name of organization | |
| | |
| | |
| 3. Other than cash - Attach details | |

Casualty and Theft Losses - Attach Details

Miscellaneous Deductions: Eliminated for tax years 2018 through 2025 due to tax reform.

| Employee business expenses - attach details | Amount |
|---|--------|
| Reimbursed | 0 |
| Not Reimbursed | 0 |
| Job hunting expenses (list) | 0 |
| Other Expenses | 0 |
| Tax Preparation | 0 |
| Union Dues | 0 |
| Business Publications | 0 |
| Professional Dues Fees | 0 |
| Safety Deposit Box Rental | 0 |
| Small Tools used in your trade or business | 0 |
| Business telephone | 0 |
| Uniforms & Cleaning | 0 |
| IRA Custodial fees | 0 |
| Investment Expenses | 0 |
| Education Expenses (attach details) | 0 |
| Business Entertainment | 0 |
| Other Miscellaneous deductions | 0 |

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. Keogh SEP deduction | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Penalty for early withdrawal of savings. | | |
| 5. Alimony paid - List name | | |
| 6. Self-employed health insurance premiums | | |

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

If yes, please supply details. ☐ Yes ☐ No (This includes athletic scholarships)

If you have added or disposed of any fixed assets used in trade or business or rental or farm facilities, please provide the following:

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

Note: If we did not prepare your 2019 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation.

If we have not previously prepared your return - please provide a copy of your 2018 2019 2020 tax returns.

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns?

☐ Yes ☐ No

(If yes, please provide copy of notices, settlement reports, etc.)

Did you receive any payments from a pension or profit-sharing plan?

☐ Yes ☐ No (If yes, provide pertinent information or statements from the plan.)

Did you sell your primary residence during 2021? ☐ Yes ☐ No

If "Yes," provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property indicate cost and date acquired. If you have previously sold a residence, provide a copy of Form 2119 from your tax return for the year of sale.

Did you change your state residency during 2021? ☐ Yes ☐ No

If "Yes" **AND** you were a member of the Armed Forces on active duty who moved because of a permanent change of station, please provide the following:

| | |
|-------------------|-------|
| Previous address: | |
| Date of move: | |
| Distance: | miles |
| Costs of move: | |
| (describe) | |

Tax Form Reference Guide

Please send us all tax forms you receive. We would prefer originals, so we can scan them using specialized software.

| Income/Deduction | Tax Form | How Many |
|---|---------------------------|----------|
| Wages | Form W-2 | |
| Interest | Form 1099-INT | |
| Dividends | Form 1099-DIV | |
| State or Local Tax Refunds | Form 1099-G | |
| Sale of Stocks, Securities, Capital Assets | Form 1099-B | |
| Miscellaneous Income | Form 1099-MISC | |
| Retirement/Pension Distributions | Form 1099-R | |
| Pass-thru Income (LLC's, S Corp., Partnership, Trust, Estate) | Schedule K-1 | |
| Unemployment Compensation | Form 1099-G | |
| Social Security Income | Form SSA-1099 | |
| Mortgage Interest | Form 1098 | |
| Health Savings Account (HSA or MSA) | Forms 1099-SA and 5498-SA | |
| Healthcare Coverage or Insurance | Forms 1095-A | |
| Student Loan Interest | Form 1098-E | |
| Tuition | Form 1098-T | |

Additional Information (also provide any details related to "Yes" answer from above)

If you prefer to have us **bill your credit card** upon completion of your return **OR** if you know that you may **OWE**, please include your credit card information below.

| | | | |
|--------------------------|-----------------|---------------|--|
| Name on Card: | Account Number: | | |
| Expiration Date: | Security Code: | Type of Card: | |
| Signature of Cardholder: | | | |

I have submitted this information for the sole purpose of preparing my tax return(s). This information is true, correct, and complete to the best of my knowledge. I agree to the terms of the 2021 Tax Return Engagement Letter on file in my Client Portal if I 1) sign this tax questionnaire, 2) send 2021 tax data to prepare my 2021 tax return(s), or 3) authorize BSH to electronically submit my tax return to taxing authorities.

Taxpayer Signature

Date

Spouse Signature

Date

