



2021 INCOME TAX QUESTIONNAIRE

TAXPAYER INFORMATION

(New clients fill in all information; existing clients please fill in changes only)

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
_____ City State ZIP Code

Phone-Cell#: () _____ **PA resident Municipality:** _____
SS# _____ **PA resident School District:** _____

Date of Birth: _____ **Occupation:** _____

E-Mail address: _____

SPOUSE/DEPENDENT INFORMATION

(New clients fill in all applicable information; existing clients please fill in changes only)

Spouse Full Name: _____
Full Name Date of Birth Social Security Number

Spouse Email: _____

Spouse Occupation: _____

Dependent #1: _____
Full Name Date of Birth Social Security Number

Dependent #2: _____
Full Name Date of Birth Social Security Number

Dependent #3: _____
Full Name Date of Birth Social Security Number

Bank information for direct deposit of any Federal and State refunds:

Do you want your refund/taxes owed directly deposited/debited into your bank account? _____ **Bank Name:** _____
Routing #: _____ **Account #:** _____ Checking Savings

Please answer these questions and supply additional documentation as needed.

YOUR NAME(S): _____	YES	NO
Would you like to securely receive copies of your 2021 tax returns electronically and sign your e-file authorization forms electronically via DocuSign?		
Do you have Health Insurance purchased independently through the marketplace (Healthcare.gov)? *If so, please provide the 1095-A form.		
Did anyone in your household attend college in 2021? *If so, please provide Form 1098-T		
Did you have a health insurance deduction from your paycheck? *If so, please provide the Year End Payout		
Did you and/or your spouse receive the Advanced Child Tax Credit payments in the second half of 2021? *If so, please provide the IRS letters 6419 for both taxpayer AND spouse		
Did you receive the third stimulus payment from the IRS? (these payments are NOT taxable) *If so, please state the TOTAL & include IRS letter 6475 Round 3 Amount: \$ _____		
Did you, and/or your spouse, pay interest on any student loans? *If so, what was the total amount? \$ _____		
Did you, and/or your spouse, receive any unemployment compensation in 2021? *If so, please provide form 1099-G		
Did you Install Solar Panels on your home and/or did you purchase a Qualified Plug-In Vehicle? *If so, please supply purchase receipts		
Did you sell and/or buy any real estate in 2021? *If so, please provide the closing disclosure statement		
Did you or your spouse earn any income from a foreign country and/or maintain any foreign national accounts with an aggregate value exceeding \$10,000 at any time during the year?		
Did you make any withdrawals from an education savings account and/or a 529 plan to pay for education expenses? *If so, please provide Form 1099-Q		
Did you and/or your spouse, take a distribution from a pension, annuity, or retirement plan in 2021? *If so, please provide the Form 1099-R		

Please include any additional comments or concerns in the area provided below:

YOUR NAME(S): _____

Please check the boxes of all that apply to you and provide amounts

PRESCRIPTION MEDICINE EXPENSES

Amount paid \$ _____

DOCTORS, DENISTS, NURSING HOME

Amount paid \$ _____

MEDICAL INSURANCE PREMIUMS

Amount paid \$ _____

LONG TERM CARE EXPENSES

Amount paid \$ _____

MEDICAL MILES DRIVEN

Amount of miles _____

REAL ESTATE TAXES PAID

Amount paid \$ _____

MORTGAGE INTEREST PAID

Amount paid \$ _____

CASH & CHECK CONTRIBUTIONS

Amount Paid \$ _____

NON-CASH CONTRIBUTIONS

Value of donations \$ _____

(Amounts over \$500 require receipts)

GAMBLING LOSSES TO EXTENT OF WINNINGS

Amount Lost \$ _____

TRADITIONAL IRA CONTRIBUTIONS

Amount paid \$ _____

ROTH IRA CONTRIBUTIONS

Amount paid \$ _____

SEP, SIMPLE, QUALIFIED PLAN CONTRIBUTIONS

Amount paid \$ _____

HSA, MSA CONTRIBUTIONS- NON-EMPLOYER

Amount paid \$ _____

RENT EXPENSE (NJ Residents Only)

Amount paid \$ _____

MILITARY VETERAN

CHILDCARE

(If you pay for anyone to care for your children while you work; complete this section)

Daycare Facility

Name of Facility

Address

***EIN Number REQUIRED

Summer camp or
Childcare Provider

Name of Provider

Address

Social Security Number

Dependent #1

Name

Amount Paid for this Child's care

Dependent #2

Name

Amount paid for this Child's care

2021 ESTIMATED TAX PAYMENTS

(If you pay estimated tax payments throughout the year; complete this section)

<i>Date due</i>	<i>Date Paid</i>	<i>Federal Amount Paid</i>	<i>State Amount paid</i>	<i>PA Local Paid</i>
April 15 2021				
June 15 2021				
September 15 2021				
January 18 2022				

Privacy Policy of Blue Line Tax & Accounting Services

To Our Clients:

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations. A recent law change requires us (along with banks, brokerage houses, and other financial institutions) to disclose our Privacy Policy to you – which we are more than happy to do. We hope that by taking a minute to read it, you will have a better understanding of what we do with the information you provide us and how we keep it private and secure.

A. Types of Information We Collect

We collect certain personal information about you – but only when that information is provided by you or is obtained by us with your authorization. We use that information to prepare your personal income tax returns and may also provide various tax and financial planning services to you at your request.

Examples of sources from which we collect information include:

- interviews and phone calls with you,
- letters or e-mails from you,
- tax return or income tax organizers, and
- financial history questionnaires.

B. Parties to Whom We Disclose Information

We do not disclose personal information about our clients or former clients to anyone. However, to the extent permitted by law and any applicable state Code of Professional Conduct, certain nonpublic information about you may be disclosed in the following situations:

- To comply with a validly issued and enforceable subpoena or summons.
- In the course of a review of our firm's practices under the authorization of a state or national licensing board, or as necessary to properly respond to an inquiry or complaint from such a licensing board of organization.
- As a part of any actual or threatened legal proceedings or alternative dispute resolution proceedings either initiated by or against us, provided we disclose only the information necessary to file, pursue, or defend against the lawsuit and take reasonable precautions to ensure that the information disclosed does not become a matter of public record.
- To provide information to affiliates of the firm and nonaffiliated third parties who perform services or functions for us in conjunction with our services to you, but only if we have a contractual agreement with the other party which prohibits them from disclosing or using the information other than for the purposes for which it was disclosed. (Examples of such disclosures include using an outside service bureau to process tax returns or engaging a records-retention agency to store prior year records.)

C. Security

- Physical security, electronic security safeguards and strict procedural measures that meet federal and state standards are in practice to protect your non-public personal information.