

Tax Worksheet

YOUR CONTACT INFORMATION:

Husband's Name and Occupation	Birthdate	Social Security Number
Wife's Name and Occupation	Birthdate	Social Security Number
Address		
Email	Telephone Number	
Husband Cell #	Wife Cell #	
School District	Coun	ty
DEPENDENTS: Please list all regardless	ot age	
Name	 Birthdate	Social Security Number
	Birthdate Birthdate	Social Security Number Social Security Number
Name		·
Name Name Name	Birthdate	Social Security Number
Name Name	Birthdate Birthdate	Social Security Number Social Security Number

Questions: If any of the following items pertain to you or your spouse please provide additional information.

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return?
- Were there any changes in dependents?
- Did you buy or sell any stocks, bonds or other investment property?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- If you are over age $70\frac{1}{2}$ did you donate a portion of your IRA to charity?
- Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
- Did you incur a loss because of damaged or stolen property?
- Did you use your car on the job (other than to and from work)?
- Was your home rented out or used for business?
- Were you notified or audited by either the IRS or the State taxing agency?
- Did you add any energy efficient improvements to your home?
- Did you purchase a new hybrid vehicle?
- Did you give a gift over \$13,000 to any individual?
- If you have an overpayment of taxes, do you want your refund directly deposited to more than one financial account (checking, savings, retirement, etc.)?

Personal Income:

- Please provide all W-2s, W-2 G's, 1099 R's, 1099-SSA (Social Security), Unemployment Compensation and State Income Tax Refund statements.
- Please provide all K-1's from S Corporations, Partnerships, LLC's, Estates and Trusts.
- Please provide any other Miscellaneous Income information.

Employer	Spouse	Retirement Plan	State	Wages	Federal W/H	SS Tax	Medicare	State W/H
Social Security Income (109	99-SSA)	(1	- 1) \$		(W	') \$		_
Unemp Compensation \$		Federal W/H \$		State W/H <u>\$</u>			_	
State Income Tax Refunds						\$		_

Interest Received:

• Please provide all 1099's received.

(H=Husband, W=Wife, J=Joint)

Received From H, W, J Amount

Dividends Received:

• Please prove all 1099's received.

	(H=Husband, W=Wife, J=Joint)					
Received From	H, W, J	Amount				

Sale of Stocks & Bonds:

Please provide Form 1099-B.

Name of Company	Date Purchased	Original Purchase Price	Date Sold	Sale Price (Net)

Deductions:

Estimated Quarterly Tax Payments (If Any)						
		Federal		State		
	Date Paid	Amount	Date Paid	Amount		
1 st Quarter						
2 nd Quarter						
3 rd Quarter						
4 th Quarter						
Overpayment applied	d from last year					

	Itemiz	ed Deductions		
	Amount		Amount	
MEDICAL		INTEREST		
(not paid by Ins)		Residence	\$	
Health Ins Premiums	\$	Paid To:		
Long Term Care Ins		Address:		
Doctors, Dentists, Pres. Drugs		Second Residence or Mortgage		
Nursing Home Costs		Paid To:		
Glasses, Hearing Aids, Etc.		Address:		
Other:		Investment Interest		
Medical Travel-Miles				
TAXES		MISCELLANEOUS		
Property Taxes		Union Dues		
License Plates		Tax Preparation		
Other:		Safe Deposit Box		
		Professional Dues, Special Tools		
CONTRIBUTIONS		Safety Equip. (work related)		
(List those over \$250 Separate)		Continuing Education		
Church & Charity		Gambling Losses (up to winnings)		
Other:		Other:		
Charitable Travel - Miles				
Noncash				

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IRA or SEP/SIMPLE Cont	ributions			\$	
Roth IRA Contributions				\$	
Tuition and book bill for d	ependents,	kindergarten through	12 th grade		
		Daycare Expe	nses		
Name of Babysitter		Address		Security Number	Amount Paid
					\$
					<u> </u>
	College 7	Fuition (Please prov	uida Form	1008 T)	
Name of Student	Conege	College	nde i oi iii	Tuition \$	Books/Supplies/ Computers/Etc.
				\$	\$

Have any students completed 4 years of undergraduate schooling prior to the beginning of this tax year? If yes, list students.

Business & Rental Income:

Name of Business			
Type of Business			
Address			
Employer ID			
INCOME:			
Sales (Excluding Sales Tax)	\$	Other Income:	\$
Services Provided			
Rents Received			
		1	
COST OF SALES: (Not app	licable to rental	properties)	
Goods (Inventory) Purchased fo	r resale		\$
Inventory at Year End			
EXPENSES:			
Advertising	\$	Vehicle Expense	\$
Bad Debts		Vehicle Miles	
Commissions		Other	\$
Employee Benefits			
Insurance			
Interest Paid			
Legal & Accounting			
Office Expense			
Rent			
Repairs			
Supplies			
Taxes (Real Estate)			
Taxes (Other)			
Travel			
Meals & Entertainment			
Utilities			
Telephone			
Wages Paid (Provide W-2s)			
Hired Labor (Provide 1099's)			

Equipment & Building Purchased:

List here the items of Machinery, Equipment, Buildings, and Building Improvements that you purchased this year. (N=New U=Used)

Date	N/U	Item Purchased	Cost or Difference Paid	Item Traded - If Any
			\$	

Equipment Sold:

Date	Item Sold	Year Bought	Cash Received
			\$