

# Tax Worksheet

## YOUR CONTACT INFORMATION:

Husband's Name and Occupation	Birthdate	Social Security Number
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Wife's Name and Occupation	Birthdate	Social Security Number
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Address \_\_\_\_\_

Email	Telephone Number
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Husband Cell #	Wife Cell #
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School District \_\_\_\_\_ County \_\_\_\_\_

### DEPENDENTS: Please list all regardless of age

Name	Birthdate	Social Security Number
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Name	Birthdate	Social Security Number
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Name	Birthdate	Social Security Number
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Name	Birthdate	Social Security Number
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Name	Birthdate	Social Security Number
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Name	Birthdate	Social Security Number
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**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.)?





## Deductions:

### Estimated Quarterly Tax Payments (If Any)

	Federal		State	
	Date Paid	Amount	Date Paid	Amount
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				
Overpayment applied from last year				

### Itemized Deductions

MEDICAL		Amount	INTEREST		Amount
(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 Safety Equip. (work related)		
(List those over \$250 Separate)			Continuing Education		
Church & Charity			Gambling Losses (up to winnings)		
Other:			Other:		
Charitable Travel - Miles					
Noncash					

**Other Deductions:**

IRA or SEP/SIMPLE Contributions \$ \_\_\_\_\_

Roth IRA Contributions \$ \_\_\_\_\_

Tuition and book bill for dependents, kindergarten through 12<sup>th</sup> grade \_\_\_\_\_

**Daycare Expenses**

Name of Babysitter	Address	Social Security Number	Amount Paid
			\$

**College Tuition (Please provide Form 1098-T)**

Name of Student	College	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			

## COST OF SALES: (Not applicable to rental properties)

Goods (Inventory) Purchased for 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)			

