



Certified Public Accountants

Individual Tax Worksheet

Tax Year: _____

Appointment: _____

Remember all of your supporting documents, including - 1099s, K-1s, W-2s, SS Statements

Taxpayer: _____ Spouse: _____ E-Mail: _____

Address: _____ Primary Phone Number: _____

School District: _____ County: _____

Any Changes to your Name, Address, Marital Status, or new children during the year? _____

Did you own, buy, or sell any Digital Currency this year? _____

Dependents

<u>Name</u>	<u>Relationship</u>	<u>SSN</u>	<u>Lived in home how many months of the year?</u>

Estimated Tax Payments

	<u>Federal</u>		<u>Iowa</u>	
	<u>Date Paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>
Quarter 1				
Quarter 2				
Quarter 3				
Quarter 4				

Balance Paid with Tax Return Last Year: Federal: _____ State: _____

Refund received with Tax Return Last Year: Federal: _____ State: _____

Contributions

	<u>Date Paid</u>	<u>Tax Year</u>	<u>Traditional</u>	<u>Roth</u>
Ira Contribution (Taxpayer):				
Ira Contribution (Spouse):				
Retirement Plan, SEP Contribution:				
Penalty on Early Withdrawal of Savings:				
Alimony Paid:		Recipient's last name: _____	SSN: _____	
Do you have foreign investment Accounts?				
HSA Contribution:		HSA Qualified Medical Spend:		

Personal Itemized Deductions

Interest Income:

<u>Source:</u>	<u>H/W/J</u>	<u>Total Amount</u>	<u>Dividend Source</u>	<u>Capital Gain</u>	<u>N/T</u>
Contract Sale Interest:					
U.S Bond Interest:					
Municipal Bond Interest:					
Stocks and Bonds Sold:					
Other:					

Charitable Contributions

Total paid by check: _____ Cash Contributions: (Receipts Needed): _____ Charitable Mileage: _____

Medical and Dental

Medical Insurance Premiums: _____	Hospital Expenses: _____
Health Insurance Premiums Pre-Tax: _____	Lab Fees: _____
Long-Term Care Insurance: _____	Ambulance: _____
Taxpayer: _____ Spouse: _____	Medical Transportation: _____
Nursing Home Care: _____	Hearing Aide, Medical Equipment: _____
No. of Medical Miles: _____	Prescription Medicine: _____
Lodging: _____	Other: _____
Doctors, Dentist: _____	Other: _____
Eyeglasses, contacts, exam: _____	Insurance Reimbursements: _____

Miscellaneous Deductions:

Workshops/Seminars: _____	IRA Fees - Paid By Check: _____
Teacher/Educator Supplies: _____	Tuition Fees/Books (K-12): _____
College Loan Interest: _____	College Tuition and Fees: _____
College Books and Fees: _____	Other: _____

Interest Expense

Home Mortgage Paid: _____
Deduction Points: _____
Investment Interest: _____

Taxes Paid:

State Income Tax Paid: _____
Personal Residence Real Estate Tax Paid: _____
Non-Business Auto License: _____

Child and Dependent Care:

Were the dependent care services performed in your home? _____
If yes, did you file wage statements with the IRS? _____ Amount of Payroll Tax Paid? _____
Were you reimbursed by your employer for child care? _____ If So, how much? _____

If your reimbursement equaled your child care expenses, you are required to show this information on your tax return.

<u>Individual/Organization Who Provided Child Care</u>	<u>Address</u>	<u>SSN/EIN</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____