Feldmann & Company CPAs PC (PLEASE BRING ALL 1099 AND W-2S RECEIVED) PERSONAL INCOME TAX INFORMATION SHEET AND CHECKLIST – TAX YEAR 20____

N	an	ne	١
Ν	an	ne	

I. PERSONAL	INFORMATI	ON (if cl	hang	es or a	dditio	ns fron	n previ	ous	year)			
Address Home phone												
Taxpayer's work phone							rk phone					
Email Address:			ı			1	Spouse	's wo	rk phone			
	Social securi	ty number	Driver License Number		. Oc	Occupation		Date of birth		h	Blind Yes No	
TAXPAYER		•					•					
SPOUSE												
Filing Status: Singl	e Married filin	g joint ☐M	arried t	filing sepa	rate 🗆	lead of Ho	ousehold	Qua	llifying wid	ow(er)	w/ depe	endent child.
II. EXEMPTION	INFORMA	TION If vo	ou can	be claime	d on vo	ur parent's	or some	one el	se's return	. chec	k here	
DEF	ENDENTS t, initial, and last)	<u> </u>	Dep	pendent's	Date Of birth	Depende	ent's social number		ationship	Depe	Did endent vith you	# of months lived in your home
								+				
III. INCOME						1						
□ Please attac	h all W-2s v	ou have	rece	eived (i	nclud	e all co	nies)					
□ Please attac				•				ensi	on/retir	eme	nt	
distributions												ial
security ber	-	,	•		,	,		,			,	
□ Please attac	•	rom Part	ners	hips, S	ub S	Corps e	etc.					
All informat	ional letters	and bro	chu	res.		-						
IV. ESTIMATE	D TAX PAYI	MENTS I	MADI	E (DET/	AIL IN	IPORT/	ANT)					
				F	EDER	AL				STA	\TE	
Du	ie Date		<u></u>	Date Paid		<u>Amou</u>	<u>ınt</u>		Date Paid		<u>A</u>	<u>mount</u>
Prior Year Balance												
1 st Quarter – April 15	5 th											
2 nd Quarter – June 1	5											
3 rd Quarter - Septen	nber 15											
4 th Quarter – Januar	y 15											
Totals					\$,					\$	
	D OADITAL	0.41110	4 1 1 1	1 000								
V. SCHEDULE		nclose copi				d other de	cumonts i	olatin	a to calo			
	Taxpayer	liciose copii	53 UI A	109910	Jillis all	a other ao	Cos		y to sale			
December of some of	Spouse	Date acq		Date S		Sales	oth		1.000		CAINI	Danaire
Description of propert	y J oint	(Mo,day,	year)	(Mo,day	year)	price	bas	SIS	LOSS	5	GAIN	Passive
VI. IRA CONTRIBUTIONS MADE (DO NOT INCLUDE EMPLOYER SPONSERED PLANS)												
FOR YEAR												
	\ LAI\	D-11 15 1	\$						17	(
Taxpayer	Roth IRA \$ Traditional \$ Keogh \$ Roth IRA \$ Traditional \$ Keogh \$											
Spouse		Roth IRA	Ф		Trac	utional 🔊			Keog	gh 🞝		

Did you put money into a medical savings account? YES No Hodical Insurance premiums S	VII. ITEMIZED DEDUCTION		'ENSES O NOT INCLUDE CAFETER	IA OR F	LEX PLAN)
Dootor, dentist, etc. \$ Medical Insurance premiums \$	Did you put money into a medical sa	vings account? YES N	O ☐ How Much? \$		
Hospital \$ Ars. these deducted via park beek. Yes No		_ =		\$	
Laboratory fees \$ Longterm care Expenses \$ Eyeglasses \$ Longterm Care Insurance Company Name Prescription medicines & drugs \$ Longterm care premiums \$ Ambulance \$ Taxpayer \$ Medical supplies \$ Policy # Hearing Aids \$ Spouse \$ Medical supplies \$ Policy # Hearing Aids \$ Spouse \$ Mumber of miles traveled for medical purposes Policy # VIII. TAXES Total Additional State income tax \$ Real estate on personal property \$ Iowa car license \$ Sales Tax on Major purchases \$ IX. INTEREST EXPENSE (bring 1098 form received) Total Home mortgage interest paid to financial institutions Home mortgage interest paid to individuals (show that person's name, address & social security number) SCIPER STATE OF			 -	Ye	s No
Eyeglasses \$ Longterm Care Insurance Company Name Prescription medicines & drugs \$ Longterm care premiums \$ Ambulance \$ Taxpayer \$ Ambulance \$ Taxpayer \$ Policy # Hearing Aids \$ Spouse \$ Number of miles traveled for medical purposes Policy # Policy				 \$	
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Medical supplies \$ Policy #	Prescription medicines & drugs	\$	Longterm care premiums	\$	
Hearing Aids	Ambulance	\$	Taxpayer	\$	
Hearing Aids	Medical supplies	\$	Policy #		
Additional State income tax			Spouse	\$	
Additional State income tax	Number of miles traveled for medica	l purposes	Policy #		
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Other S X. CONTRIBUTIONS Church(es)				· · · —	
Church(es)	Home mortgage interest paid to indiv	riduais (snow that person's	name, address & social security n	umber) •	
Church(es)	Other			_	
Church(es)				_ <u> </u>	F-1-1
Other Non-Cash: Clothing, other items of value, Charitable miles XI. EMPLOYEE BUSINESS EXPENSE Total Occupation in which expenses were incurred Description of vehicle Description of vehicle Date placed in service Total mileage Meals and Lodging - # of Nights away from XII. MISCELLANEOUS DEDUCTIONS Total Tax Preparation Fee Paid Sunitorms and maintenance Safety equipment Safety equipment Safety equipment Safety equipment Safety equipment Safe Deposit box Safety equipment Saf				I	otai
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Charitable miles S XI. EMPLOYEE BUSINESS EXPENSE Total		ne of value		_ \$	
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	College tuition paid in this year for 15	" or 2" year \$	Other years	\$	