

# Feldmann & Company CPAs PC

(PLEASE BRING ALL 1099 AND W-2S RECEIVED)

## PERSONAL INCOME TAX INFORMATION SHEET AND CHECKLIST – TAX YEAR 20\_\_

Name: \_\_\_\_\_

### I. PERSONAL INFORMATION (if changes or additions from previous year)

Address		Home phone			
		Taxpayer's work phone			
Email Address:		Spouse's work phone			
	Social security number	Driver License Number	Occupation	Date of birth	Blind Yes No
TAXPAYER					<input type="checkbox"/> <input type="checkbox"/>
SPOUSE					<input type="checkbox"/> <input type="checkbox"/>

**Filing Status:**  Single  Married filing joint  Married filing separate  Head of Household  Qualifying widow(er) w/ dependent child.

### II. EXEMPTION INFORMATION

If you can be claimed on your parent's or someone else's return, check here

DEPENDENTS Name (first, initial, and last)	Dependent's Income	Date Of birth	Dependent's social security number	Relationship	Did Dependent live with you	# of months lived in your home

### III. INCOME

- Please attach **all W-2s** you have received (include all copies)
- Please attach **all 1099's** you received for interest, dividends, pension/retirement distributions, non-employee compensation, rent, state refunds, unemployment, social security benefits, etc.
- Please attach **all K-1s** from Partnerships, Sub S Corps etc.
- All informational letters and brochures.

### IV. ESTIMATED TAX PAYMENTS MADE (DETAIL IMPORTANT)

Due Date	FEDERAL		STATE	
	Date Paid	Amount	Date Paid	Amount
Prior Year Balance				
1 <sup>st</sup> Quarter – April 15 <sup>th</sup>				
2 <sup>nd</sup> Quarter – June 15				
3 <sup>rd</sup> Quarter – September 15				
4 <sup>th</sup> Quarter – January 15				
<b>Totals</b>		\$		\$

### V. SCHEDULE D-CAPITAL GAINS AND LOSSES

Please enclose copies of ALL 1099 forms and other documents relating to sale

Description of property	Taxpayer Spouse Joint	Date acquired (Mo,day,year)	Date Sold (Mo,day,year)	Sales price	Cost or other basis	LOSS	GAIN	Passive

### VI. IRA CONTRIBUTIONS MADE (DO NOT INCLUDE EMPLOYER SPONSERED PLANS)

FOR YEAR		Roth IRA	Traditional	Keogh
Taxpayer		\$	\$	\$
Spouse		\$	\$	\$

**VII. ITEMIZED DEDUCTIONS – MEDICAL EXPENSES**

**(DO NOT INCLUDE CAFETERIA OR FLEX PLAN)**

Did you put money into a medical savings account? YES  NO  How Much? \$ \_\_\_\_\_

Doctor, dentist, etc.....	\$ _____	Medical Insurance premiums	\$ _____
Hospital .....	\$ _____	*Are these deducted via paycheck.....	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	\$ _____
Number 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)	_____
Other .....	\$ _____

**X. CONTRIBUTIONS** **Total** \_\_\_\_\_

Church(es).....	\$ _____
Other .....	\$ _____
Other Non-Cash: Clothing, other items of value, .....	\$ _____
Charitable miles .....	\$ _____

**XI. EMPLOYEE BUSINESS EXPENSE** **Total** \_\_\_\_\_

Occupation in which expenses were incurred .....	_____	Total mileage this .....	_____
Description of vehicle .....	_____	Miles that vehicle was used for business .....	_____
Date placed in service .....	_____	Total miles commuting .....	_____
Total mileage .....	_____	Amount of employer Reimbursement received .....	_____
Meals and Lodging - # of Nights away from .....	_____		

**XII. MISCELLANEOUS DEDUCTIONS** **Total** \_\_\_\_\_

Tax Preparation Fee Paid .....	\$ _____	Union or Professional Dues .....	\$ _____
Uniforms and maintenance .....	\$ _____	Tools/supplies for job .....	\$ _____
Safety equipment .....	\$ _____	Safe Deposit box .....	\$ _____
Unreimbursed job expense .....	\$ _____	Gambling losses .....	\$ _____
Other .....	_____		\$ _____

**XIII. CHILD CARE EXPENSE** **Total** \_\_\_\_\_

Amounts paid to babysitter(s) while gainfully employed: Fed ID or Social Security Number is REQUIRED!

Name	Address	Fed ID or Social Security Number	Amount

**XIV. EDUCATION EXPENSES (Bring in your 1098-T,1099Q,or 529 Plan)** **Total** \_\_\_\_\_

Tuition paid for grades K-12 .....	\$ _____
Textbook fees for grades K-12 .....	\$ _____
College tuition paid in this year for 1 <sup>st</sup> or 2 <sup>nd</sup> year .....	\$ _____
Other years .....	\$ _____
Teacher Expenses – Supplies .....	\$ _____