

**BTS DBA Bruflat Tax Service**

**Personal Income & Expense Worksheet**  
(For Individual Tax Return – Form 1040)

**SECTION 1 — TAXPAYER INFORMATION**

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

Social Security Number: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Filing Status: \_\_\_\_\_

Dependents (Name, SSN, Relationship):

Name	Social Security Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 2 — INCOME**

W-2 Wages (Form W-2) \_\_\_\_\_

Interest Income (Form 1099-INT) \_\_\_\_\_

Dividend Income (Form 1099-DIV / 1099-B) \_\_\_\_\_  
Independent Contractor / Gig Income (Form 1099-NEC) \_\_\_  
Other Income (Form 1099-MISC) \_\_\_\_\_  
Retirement Income (Form 1099-R) \_\_\_\_\_  
Social Security Benefits (SSA-1099) \_\_\_\_\_  
Unemployment Compensation (Form 1099-G) \_\_\_\_\_  
Rental Income \_\_\_\_\_  
Alimony Received (pre-2019 decree only) \_\_\_\_\_  
Other Income \_\_\_\_\_

**SECTION 3 — ADJUSTMENTS TO INCOME**

Educator Expenses \_\_\_\_\_  
Student Loan Interest \_\_\_\_\_  
IRA Contributions    Traditional    Roth \_\_\_\_\_  
HSA Contributions \_\_\_\_\_  
Self-Employed Health Insurance \_\_\_\_\_  
Other Adjustments \_\_\_\_\_

**SECTION 4 — DEDUCTIONS & EXPENSES**

Medical Expenses (not covered by insurance) \_\_\_\_\_  
Mortgage Interest (Form 1098) \_\_\_\_\_  
Real Estate Taxes \_\_\_\_\_  
Charitable Contributions \_\_\_\_\_  
Casualty / Theft Losses \_\_\_\_\_  
Other Itemized Deductions \_\_\_\_\_

**SECTION 5 — CREDITS**

Child Tax Credit  
Child & Dependent Care Credit (Childcare expenses)

Education Credits (Form 1098-T)

Retirement Savings Credit

Energy Credits (Energy-efficient improvements)

Other Credits \_\_\_\_\_

**SECTION 6 — PAYMENTS & WITHHOLDING**

Federal Withholding (W-2 / 1099) \_\_\_\_\_

Estimated Tax Payments \_\_\_\_\_

Prior Year Refund Applied \_\_\_\_\_

Extension Payments (amount paid) \_\_\_\_\_

**SECTION 7 — HEALTH INSURANCE**

Marketplace Insurance (Form 1095-A)

Employer Coverage (Form 1095-C or 1095-B)

**SECTION 8 — OTHER INFORMATION**

Cryptocurrency Transactions

Foreign Accounts (FBAR)

Prior-Year Carryovers

Notes / Questions \_\_\_\_\_

**SECTION 9 — CLIENT ATTESTATION & ACKNOWLEDGMENT**

By signing below, I certify that I have reviewed this worksheet in full and that all information provided is complete and accurate to the best of my knowledge. I understand that the tax return is prepared solely from the information I provide and that I am responsible for any omissions or errors resulting from information not disclosed. This worksheet serves as a comprehensive checklist of tax-related information.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Name (Printed, if applicable): \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL FORMS & BUSINESS / RENTAL INFORMATION**

Check all that apply. If checked, a separate worksheet will be required for the applicable schedule.

Schedule C — Business / Self-Employed Income

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

Business Description: \_\_\_\_\_

EIN (if applicable): \_\_\_\_\_

Schedule E — Rental / Pass-Through Income

Rental Property Address: \_\_\_\_\_

Type:    Residential    Commercial    Short-Term Rental

Schedule F — Farm Income

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

Primary Farming Activity: \_\_\_\_\_