The Accountant, LLC

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INCOME TAX WORKSHEET

YEAR _____

Name: _____
Social Security #: _____
Date of Birth: _____
Occupation: _____
E-mail address: _____
Cell phone: _____
Address: _____
Are you legally blind? Yes ___ No ___

Spouse's Name: _____
Social Security #: _____
Date of Birth: _____
Occupation: _____
E-mail address: _____
Cell phone: _____
Is your spouse legally blind? Yes ___ No ___

DEPENDENTS

Name	Social Security #	Date of Birth	Gender	Grade

WAGES - Must provide all W-2s

Employer	Total Gross	O/T Gross	Tips	Fed W/H	State W/H

INTEREST RECEIVED - Include all 1099's **Do you have a foreign financial account that exceeded $10,000 at ANYTIME during the year?

Payer	Amount	Payer	Amount

DIVIDENDS RECEIVED - Include all 1099's

Payer	Amount	Payer	Amount

RENTAL PROPERTY INCOME	Property 1	Property 2	Property 3
Description			
Rent Income			
Expenses: Real Estate Tax			
Interest			
Repairs/Maintenance			
Insurance			
Miles Driven x .70			
Other - Specify			

OTHER INCOME - Include all Related Forms & 1099s

Unemployement Compensation _____
Pension/Annuities/IRA Distributions _____
Social Security - Taxpayer _____
Social Security - Spouse _____
Sales of Property / Land _____

Prizes/Awards/Gambling _____
S-Corp, Partnership, Trust (K-1's) _____
Commisions/Bonus _____
Jury Duty Pay _____
Cancelled Debt _____

MISCELLANEOUS ITEMS

Did you contribute to a 529 College Savings Plan during the year? If so, please provide plan administrator, Plan IDs #, Amounts

Did you make payments on your student loans? If so: Original loan amounts

Amount paid this year

Have you gifted anyone over $19,000 worth of money or property this year?

Are you buying / trading / selling virtual currency? If yes, please provide detailed information of gain/losses this year:
Include any forms received and/or a detailed spreadsheet of activity

Did you make any residential energy improvements this year? If so, what purchased/amount paid?

NON-BUSINESS ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL (Not reimbursed by Insurance, HAS, FSA, MSA, Employer)

Prescriptions & Drugs (Prescribed Only)
Doctors, Dentists, etc.
Eyeglasses and Exams
Hearing Aids & Supplies
Hospitals
Medical/Dental/Eye Insurance (Non-Employee)
Nursing Home Care
Transportation Expense
Miles Driven _____ x .21
Lodging

Other - Specify

Long-Term Care Insurance Premiums:
Taxpayer:
Ins. Co.
Policy #
Taxpayer:
Ins. Co.
Policy #

HSA CONTRIBUTIONS

	Date	Amount		Date	Amount
Taxpayer			Spouse		

*** MAKE SURE TO BRING IN ALL HSA FORMS - 1099-SA & 5498 ***

TAXES

Real Estate Taxes Paid
Less: Refund Received ( )
Net Taxes Paid

Income Tax - Paid this Year for Prior Years

	Date	Amount	Date	Amount
Federal				
State				

Auto License: Registration Tax Base Fee

Vehicle 1 ( )
Vehicle 2 ( )
Vehicle 3 ( )

Sales Tax Paid on Large Item Purchases

Estimate Payments for Current Year

	Federal		State	
	Date Paid	Amount	Date Paid	Amount
1st				
2nd				
3rd				
4th				

HAVE YOU FILED FOR YOUR 2024 PROPERTY TAX REFUND? Yes _____ No _____

INTEREST ** *If you purchased or refinanced a home this year bring in your closing papers/settlement statement*

Home Mortgage - Provide all 1098s
Home Mortgage (Paid to Individual)
Name
Address
Social Security #

Home Equity Loan
What was loan used for?
Points paid to purchase or refinance
Investment Interest
Student Loan Interest -Include 1098-E
Car Loan Interest (no used vehicles)
(New vehicle purchased in 2025)

CHARITABLE CONTRIBUTIONS (Provide if itemizing or not)

Need Documentation for any contribution of $250 or more (cash or non-cash)

Church / Charitable Organization Name	Cash Amount	Describe Donated Property	Item/Property Value
		Volunteer Work - Mileage & Expense	
		Miles Driven _____ x .21	
		Out of Pocket Expenses	

OTHER DEDUCTIONS

Unreimbursed Casualty or Theft Losses - Describe

Unrembursed Employee Expenses - Meals, Travel, Tools, Class, Etc.

Professional / Union Dues

Repayment of Prior Year Income

Gambling Losses - (To Extent of Winnings)

OTHER INFORMATION

Educator/Teachers Expenses (K-12)

K-12 Ed Expense - Receipts Required; No lunch, Clothes, Athletic Fees

Private School Tuition (K-12) _____

College Tuition -**Must haveForm 1098T**

College Books, Supplies, Equipment

Current year of College (ex. 1,2,3,4)

Adoption Expenses _____

CHILD AND DEPENDENT CARE INFORMATION

Provider Name & Address	Provider Social Security/Tax ID #	Child's Name	Amount Paid

IRA CONTRIBUTIONS

	Date	Traditional	Roth		Date	Traditional	Roth
Taxpayer				Spouse			

ANY OTHER INFORMATION YOU FEEL PERTINENT