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The Accountant, LLC

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INCOME TAX WORKSHEET

YEAR _____

Name: _____
Social Security #: _____
Date of Birth: _____
Occupation: _____
E-mail address: _____
Cell phone: _____
Address: _____

Spouse's Name: _____
Social Security #: _____
Date of Birth: _____
Occupation: _____
E-mail address: _____
Cell phone: _____

Are you legally blind? Yes ___ No ___

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

Payer	Amount	Payer	Amount

*Do you have a foreign financial account that exceeded \$10,000 at ANYTIME during the year?

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/Maint			
Insurance			
Miles Driven x .70			
Other - Specify			

OTHER INCOME - Include all Related Forms & 1099s

Unemployment Compensation _____
Pension/Annuities/IRA Distributions _____
Social Security - Taxpayer _____

Prizes/Awards/Gambling _____
S-Corp, Partnership, Trust (K-1's) _____
Social Security - Spouse _____

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

INTEREST RECEIVED - Include all 1099's

Lodging

Other - Specify

Long-Term Care Insurance Premiums:

Taxpayer:

Ins. Co.

Policy #

Taxpayer:

Ins. Co.

Policy #

HSA CONTRIBUTIONS

Date

Amount

Date

Amount

*Do you have a foreign financial account that exceeded \$10,000 at ANYTIME during the year?

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

TAXES

Real Estate Taxes Paid

Less: Refund Received

Net Taxes Paid

Auto License: Registration Tax

Base Fee

Vehicle 1

Vehicle 2

Vehicle 3

Sales Tax Paid on Large Item Purchases

Repairs/Maint

Income Tax - Paid this Year for Prior Years

Federal

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

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
		Spouse's Name: _____	
		Social Security #: _____	
		Date of Birth: _____	
		Occupation: _____	
		E-mail address: _____	
		Cell phone: _____	

OTHER DEDUCTIONS

Unreimbursed Casualty or Theft Losses - Describe	Professional / Union Dues	
	Repayment of Prior Year Income	
Unreimbursed Employee Expenses - Meals, Travel, Tools, Class, Etc.	Gambling Losses -	
	(To Extent of Winnings)	

OTHER INFORMATION

Educator/Teachers Expenses (K-12)	College Tuition - Must have Form 1098T	
K-12 Ed Expense - Receipts Required; No lunch, Clothes, Athletic Fees	College Books, Supplies, Equipment	
	Current year of College (ex. 1,2,3,4)	
INTEREST RECEIVED - Include all 1099's		
Private School Tuition (K-12)		
	Adoption Expenses	

Do you have a foreign financial account that exceeded \$20,000 at any time during the year?

CHILD AND DEPENDENT CARE INFORMATION

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

IRA CONTRIBUTIONS

Taxpayer	Date	Traditional	Roth	Spouse	Date	Traditional	Roth

ANY OTHER INFORMATION YOU FEEL PERTINENT

Repairs/Maint