

210 20th St S., Ste. 106
PO Box 104
New Ulm, MN 56073

The Accountant, LLC

INCOME TAX WORKSHEET

www.theaccountantllc.live

Ph. 507.276.1841

betsy@theaccountantllc.live

YEAR _____

Name: _____

Spouse's Name: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

E-mail address: _____

E-mail address: _____

Cell phone: _____

Cell phone: _____

Address: _____

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 _____

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: _____	_____
Address: _____			

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	_____

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							