

TAX WORKSHEET

TAX YEAR 2017

NAME SS# DOB
NAME SS# DOB
Address
Email Address: School District:
Telephone (Home) (Work) (Cell)

Health Care Coverage 12 months Taxpayer [ ] yes [ ] no Spouse [ ] yes [ ] no
Dependents. NOTE: All dependents must have a social security number.
First Name and Middle Initial
Social Security No.
Date of Birth
Health Care Coverage [ ] yes [ ] no [ ] yes [ ] no [ ] yes [ ] no [ ] yes [ ] no
BRING TO THE OFFICE any health insurance coverage statements (1095-A, 1095-B, or 1095-C)

Do you (and your spouse) want \$3 of your federal income liability to go to the Presidential Election Campaign Fund [it does not increase your taxes]? Yes [ ] No [ ]

\*\*\* REPORTABLE INCOME \*\*\*

WAGES, SALARIES, TIPS, ETC.: Bring to the office all of your W-2 forms. List below names of your employer(s):

\_\_\_\_\_

INTEREST INCOME: Bring to the office all of your 1099 forms showing interest payments to you. List below the names of persons who paid mortgage or real estate contract interest to you:

\_\_\_\_\_

List below all other institutions or persons paying interest to you:

\_\_\_\_\_

Also, list below all entities that paid you tax exempt interest, and the amount:

\_\_\_\_\_ \$
\_\_\_\_\_ \$

DIVIDEND INCOME: Bring to the office all of your 1099 forms showing dividend payments to you. Under current tax laws there is a lower tax rate for "qualified dividends". List below the names of companies which paid dividends to you:

\_\_\_\_\_

SOCIAL SECURITY RECEIVED: A portion of your social security payment may be taxable. Bring to the office your Forms 1099/SSA showing total social security benefits.

PARTNERSHIP, LIMITED LIABILITY COMPANY, S-CORPORATION, ESTATE AND TRUST INCOME: Bring to the office all of the Forms K-1 you received reporting your share of income.

MISCELLANEOUS INCOME:

Pension, IRA, or Annuity Income \$
Unemployment compensation \$
Alimony (not child support) received \$
Disability Income from \$
Other \$

TAX REFUNDS RECEIVED IN 2017: Federal: \$ State: \$

HIGHER EDUCATION EXPENSES (you must bring in your 1098-T from the school as well as the tuition summary report provided by the school)

Student name Year in College
Tuition & Fees \$ Course Materials \$
Student name Year in College
Tuition & Fees \$ Course Materials \$
Student Loan Interest Paid \$

CERTAIN EXPENSES (If you check yes, please provide supporting information):

Did you contribute to a 529 College Savings Plan? Yes No State

INFORMATION FOR CHILD OR DEPENDENT CARE EXPENSES:

Number of persons cared for during year ( )

Table with 4 columns: PROVIDER'S NAME, ADDRESS, SSN/EIN, AMOUNT

FOR IOWA TAXPAYERS: pre-school expenses for children aged 3, 4, and 5. \$
BROWN, FAGEN & ROUSE, LAWYERS - Dallas Center, Iowa (txwksht) 12/31/17