

TAX WORKSHEET

TAX YEAR 2014

NAMES Address Email Address Telephone (Home) Telephone (Work) School District: (Cell) Social Security Numbers: Yourself Spouse Birthdate(s) Yourself Spouse

Dependents. NOTE: All dependents must have a social security number.

First Name and Middle Initial Social Security No. Date of Birth

If Iowa resident, how many dependent children do not have health care coverage?

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

Do you (and your spouse) want \$1.50 of your Iowa income tax liability to go to the Iowa Republican or Democratic Party, or 75¢ to each Party [it does not increase your taxes]? To Republican To Democratic One-half to Each No Checkoff

\*\*\* 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 new 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 2013: Federal: \$ State: \$

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

Student name Tuition & Fees \$ Course Materials \$ Year in College Student name Tuition & Fees \$ Course Materials \$ Year in College 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 Did you make energy-efficient improvements to your home? Yes No

INFORMATION FOR CHILD OR DEPENDENT CARE EXPENSES:

Number of persons cared for during year ( )

Table with 3 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 (taxkshst) 12/31/14