

TAX WORKSHEET

NAMES \_\_\_\_\_ TAX YEAR 2011
Address \_\_\_\_\_
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (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 2011: Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

HIGHER EDUCATION EXPENSES:

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 \_\_\_\_\_
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 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) 12/31/11