

**JEFF PINKNEY CPA, INC.**  
**CERTIFIED PUBLIC ACCOUNTANT**

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**INDIVIDUAL INCOME TAX WORKSHEET - Tax Year \_\_\_\_\_**

**Taxpayer Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

DEPENDENTS (List only children/dependents you are eligible to claim on your tax return)

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Income (Wages, Interest, Retirement, Etc):** Please provide all W2's, 1099s, and other items received for the current tax year

**Health Insurance:** Please furnish any 1095-A, 1095-B, or 1095-C received or your coverage information (required if you are enrolled in Marketplace Health Insurance Coverage).

**Itemized Deductions**

Medical Expenses (out of pocket):

Prescriptions/Drugs \_\_\_\_\_

Doctors/Dentists \_\_\_\_\_

Hospital/Nursing \_\_\_\_\_

Insurance Premiums \_\_\_\_\_

Long-Term Care (T) \_\_\_\_\_

Long-Term Care (S) \_\_\_\_\_

Medical Lodging \_\_\_\_\_

Medical Mileage \_\_\_\_\_

Interest You Paid:

Home Mortgage \_\_\_\_\_

\*\*Enclose Form 1098 \_\_\_\_\_

Investment Interest \_\_\_\_\_

Self Financed \_\_\_\_\_

Mortgage Interest \_\_\_\_\_

Miscellaneous:

Teaching Exp \_\_\_\_\_

Student Loan \_\_\_\_\_

Interest \_\_\_\_\_

\*\*Enclose \_\_\_\_\_

Form 1098-E \_\_\_\_\_

Contributions:

Cash or Check \_\_\_\_\_

Taxes:

State Income Tax \_\_\_\_\_

Sales Tax (Vehicles) \_\_\_\_\_

Real Estate (Home) \_\_\_\_\_

Real Estate (Other) \_\_\_\_\_

Prop Tax (Vehicle) \_\_\_\_\_

Prop Tax (Other) \_\_\_\_\_

Non-Cash Contributions \_\_\_\_\_

Charitable Miles \_\_\_\_\_

Gambling Income/Expense

Winnings \_\_\_\_\_

Losses \_\_\_\_\_

\*\*Please include all W-2G's received.

**Estimated Taxes paid for current tax year**

	<u>Date Paid</u>	<u>Federal</u>	<u>State</u>
Due April 15th	_____	_____	_____
Due June 15th	_____	_____	_____
Due Sep 15th	_____	_____	_____
Due Jan 15th	_____	_____	_____

**See Next Page**

**Child Care Expense**Child 1Child 2Child 3

Child Name	_____	_____	_____
Amount Paid	_____	_____	_____
<u>Name and Address of Daycare Provider (s)</u>	<u>Providers EIN/SSN</u>		<u>Amount Paid</u>
_____	_____		_____
_____	_____		_____

**Education Credits**Child 1Child 2

Student/Dependent Name	_____	_____
Student was enrolled at least 1/2 time	Yes _____ No _____	Yes _____ No _____
Student Completed first four years?	Yes _____ No _____	Yes _____ No _____
Name of Educational Institution	_____	_____
Address of Education Institution	_____	_____
Amount of Qualified Tuition/Fees <b><u>Paid</u></b>	_____	_____
Books/Supplies/Computer required to be purchased from the institution	_____	_____

**Note:** Please include a Form 1098-T or other Tuition statements and documentation to support the tuition credits.

The credit is based upon amount "**paid**", not what was billed.

**IRA Contributions**

Amount contributed to Traditional IRA (T) \_\_\_\_\_ Roth IRA (T) \_\_\_\_\_

Amount contributed to Traditional IRA (S) \_\_\_\_\_ Roth IRA (S) \_\_\_\_\_

If eligible, are you considering contributing to an IRA before April 15? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or your spouse covered by your employer's retirement plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**Rental/Royalty Income and Expenses**

Property 1

Property 2

Property 3

Property 4

Total

Description	_____	_____	_____	_____	_____
Rent or Royalties Received	_____	_____	_____	_____	_____
Expenses					
Advertising	_____	_____	_____	_____	_____
Association Dues	_____	_____	_____	_____	_____
Auto & Travel	_____	_____	_____	_____	_____
Cleaning and Maintenance	_____	_____	_____	_____	_____
Commissions	_____	_____	_____	_____	_____
Gardening	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____
Legal & Professional	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
Painting	_____	_____	_____	_____	_____
Pest Control	_____	_____	_____	_____	_____
Repairs	_____	_____	_____	_____	_____
Supplies	_____	_____	_____	_____	_____
Taxes	_____	_____	_____	_____	_____
Utilities	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list any rental property or equipment purchased/sold during the year (include any closing statements)