

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

1513 E 27th St.
Hays, Kansas 67601
(785) 628-3811

www.jeffpinkneycpa.com
Office - accounting@jeffpinkneycpa.com

826 Washington
Ellis, Kansas 67637
(785) 726-3650

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 ExpenseChild 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 CreditsChild 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 <u>Paid</u>	_____	_____
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) _____

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)