

2016 INCOME TAX WORK SHEET

NAME: _____ DOB: ____/____/____
 SPOUSE: _____ DOB: ____/____/____
 MAILING ADDRESS: _____
 SOCIAL SECURITY # YOU: _____ SPOUSE: _____
 EMPLOYER IDENTIFICATION NO.: _____

ARE YOU OR YOUR SPOUSE OVER 65 FOR THE FIRST TIME THIS YEAR? _____
 WERE ALL FAMILY MEMBERS COVERED FOR HEALTH INSURANCE? _____

AMOUNT OF SOCIAL SECURITY RECEIVED: YOU _____ SPOUSE: _____

DEPENDENTS

<u>NAME</u>	<u>DOB</u>	<u>SOC SEC #</u>	<u>RELATION</u>	<u>TUITION PAID</u>
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

*If college age, year in college _____

PERSONAL INCOME

W-2 WAGES: Please attach a copy of all W-2's. Total: \$ _____

INTEREST EARNED: Please attach a copy of all 1099's.

<u>INTEREST SOURCE</u>	<u>OWNER'S NAME</u>	<u>AMOUNT EARNED</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TAX EXEMPT INTEREST: (i.e. municipal bonds) Total: \$ _____

DIVIDENDS: Please attach all 1099's. Do not include Patronage Dividends which go under farm income.

<u>DIVIDEND SOURCE</u>	<u>OWNER'S NAME</u>	<u>AMOUNT EARNED</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SALE OF CAPITAL ASSETS: (i.e. stocks, etc).

<u>ITEM SOLD</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>COST TO ACQUIRE</u>	<u>GROSS SALES PRICE</u>	<u>SALES EXPENSE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERSONALIZED ITEMIZED EXPENSES

MEDICAL & DENTAL:

Health Ins \$ _____ Ins Reimbursements \$ _____

Doctors	\$ _____	Lodging	\$ _____
Hospital	\$ _____	Meals	\$ _____
Medication	\$ _____	Special Items	\$ _____
Dentist	\$ _____	Medical Miles	\$ _____

TAXES: (non-farm, please)

Real Estate \$ _____ State Income Taxes \$ _____
 (Personal interest is no longer deductible)

CHARITABLE AND RELIGIOUS CONTRIBUTIONS: Total Paid \$ _____

MISCELLANEOUS NON-FARM EXPENSES:

(union dues, uniforms, moving expense, educational expenses, tools, and gambling expenses to the extent of winnings, etc.)

_____ \$ _____ _____ \$ _____
 _____ \$ _____ _____ \$ _____

RETIREMENT ACCOUNTS

Type of Retirement Account: (check) IRA _____ Keogh _____ H-R 10 _____

How much do you wish to contribute for 2016? \$ _____ spouse \$ _____
 Or do you wish to contribute the maximum? Yes _____ No _____

Are you or your spouse covered by an employer's plan? Yes _____ No _____

ESTIMATED TAX PAYMENTS FOR 2015 TAXES

(includes April 15, June 15, Sept. 15, 2016 & Jan. 15, 2017)

Amount paid to IRS every quarter \$ _____ Total \$ _____
 Amount paid to State each quarter \$ _____ Total \$ _____

CHILD CARE EXPENSES

(Child care expenses necessary to allow both parents to work)

<u>TO WHOM PAID</u>	<u>ADDRESS</u>	<u>TAX ID OR SS#</u>	<u>AMOUNT PAID</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER INCOME

(List all other income sources (i.e. alimony, tax refunds, prizes, gambling winnings, jury duty, etc.)

<u>SOURCE</u>	<u>AMOUNT</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____