

**Individual Income Tax Worksheet for 2011 Taxes**

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 SS# \_\_\_\_\_  
 SS# \_\_\_\_\_

Email address \_\_\_\_\_  
 Cell phone \_\_\_\_\_  
 Residence phone \_\_\_\_\_  
 Business phone \_\_\_\_\_

Interest & Dividend Income:  
 (Send in all 1099's and 1098's you receive)

Dependent Children & Social Sec #'s  
 (1) Name \_\_\_\_\_ SS# \_\_\_\_\_ B-Day \_\_\_\_\_  
 (2) Name \_\_\_\_\_ SS# \_\_\_\_\_ B-Day \_\_\_\_\_  
 (3) Name \_\_\_\_\_ SS# \_\_\_\_\_ B-Day \_\_\_\_\_  
 (4) Name \_\_\_\_\_ SS# \_\_\_\_\_ B-Day \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Charitable Contributions**

(Including donations to Goodwill):

\_\_\_\_\_  
 \_\_\_\_\_

**Deductions:**

Medical Insurance \$ \_\_\_\_\_  
 Doctors & Hospitals  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Other Medical Bills  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Medicine & Drugs  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 Mileage for Medical Purposes  
 \_\_\_\_\_

**Other Mis Deductions:**

Union Dues \$ \_\_\_\_\_  
 Protective Clothing \$ \_\_\_\_\_  
 Uniforms \$ \_\_\_\_\_  
 Income Tax Prep \$ \_\_\_\_\_  
 Investment Expenses:  
 \$ \_\_\_\_\_  
 Child Care Costs:\*\*\* \$ \_\_\_\_\_  
 College Tuition Costs  
 Dependents \$ \_\_\_\_\_  
 Yours \$ \_\_\_\_\_  
 Continuing Ed Cost: \$ \_\_\_\_\_

**Taxes:**

Real Estate Taxes \$ \_\_\_\_\_  
 Sales Tax on cars, trucks, motor homes &  
 motorcycles. (Send In Purchase Contract)  
 \$ \_\_\_\_\_  
 Interest and Financial Charges:  
 Home:  
 1st Mortgage \$ \_\_\_\_\_  
 2nd Mortgage \$ \_\_\_\_\_  
 (For new home purchases or refinancing old  
 residence-Bring In the HUD Settlement Stmt.)

**Employee or Business**

**Expenses:**

Total Car Miles \_\_\_\_\_  
 Total Business Miles \_\_\_\_\_  
 Total Commuting Miles \_\_\_\_\_  
 Lodging \$ \_\_\_\_\_  
 Airfare and Car Rental \$ \_\_\_\_\_  
 Meals \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Office Supplies \$ \_\_\_\_\_  
 Other Expenses (List) \$ \_\_\_\_\_  
 Other Expenses (List) \$ \_\_\_\_\_  
 Other Expenses (List) \$ \_\_\_\_\_

Interest on investments (land, etc)

\*\*\* Need providers listed by: Name, Address, SS# & Amount Paid.

\*\* This is the short version worksheet. If you would like the long version please call and request one. 801-820-7018