



119 Central Ave. W
PO Box 540
Clarion, IA 50525
515-532-6661
1-800-348-4419
Fax: 515-532-6547

bradfordgroups.com

General Tax Worksheet

Taxpayer #1: _____ DOB: _____ SSN: _____ Health Care Coverage: Yes No
Street Address: _____ City: _____ State: _____ Zip Code: _____
School District: _____ Primary Phone: _____ Email: _____
Photo ID: DL Passport Military Other GOV-Issued ID: _____ State of Issuance: _____
ID Number: _____ Issue Date: _____ Expire Date: _____

Taxpayer #2: _____ DOB: _____ SSN: _____ Health Care Coverage: Yes No
Street Address: _____ City: _____ State: _____ Zip Code: _____
School District: _____ Primary Phone: _____ Email: _____
Photo ID: DL Passport Military Other GOV-Issued ID: _____ State of Issuance: _____
ID Number: _____ Issue Date: _____ Expire Date: _____

Please indicate if any of the following information has changed since last year.

Yes No Any dependent changes: _____
Yes No Daytime Phone Update: _____
Yes No Email Update: _____
Yes No Legal Address Update: _____
Yes No Mailing Address Update: _____

Dependent (s) Social Security Card required for each dependent.

Dependent: _____ DOB: _____ SSN: _____ Health Care Coverage: Yes No
Dependent: _____ DOB: _____ SSN: _____ Health Care Coverage: Yes No
Dependent: _____ DOB: _____ SSN: _____ Health Care Coverage: Yes No
Dependent: _____ DOB: _____ SSN: _____ Health Care Coverage: Yes No

Child & Dependent Care Expenses

Number of Qualifying Children: _____

Amount of Qualified Expenses: \$ _____

Person/Organization Who Provided Care: _____

Name: _____

Address: _____

SSN/EIN: _____ Amount: \$ _____

Name: _____

Address: _____

SSN/EIN: _____ Amount: \$ _____



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Taxes Paid

Vehicle Sales Tax \$ _____ Year/Make/Model: _____
Vehicle License \$ _____ Year/Make/Model: _____

Add For Each Vehicle Owned

Real Estate Taxes (1st and 2nd Home)

Financial Institution: _____ Amount: _____
Financial Institution: _____ Amount: _____
Financial Institution: _____ Amount: _____

Home Mortgage Interest Information

Financial Institution: _____ Amount: _____
Financial Institution: _____ Amount: _____
Financial Institution: _____ Amount: _____
Deductible Points: _____

Investment Interest: _____
Investment Interest: _____

College Loan Interest: _____
College Tuition Paid: _____



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Check List for Source Documents

- Yes No W-2(s)
- Yes No SSA-1099 (Social Security)
- Yes No 1099NEC/1099MISC
- Yes No 1099R (Pension/Annuities/IRA Distributions)
- Yes No 1099B/1099DIV
- Yes No 1099-INT (Interest Income)
- Yes No 1099-DIV (Dividend Income)
- Yes No HSA
- Yes No Student Loan, Tuition & Fee Deduction & Education Credits

Tuition Fees & Books (Iowa Only) \$ _____

School (K-12 Only) \$ _____

Child Development Materials (Age 3-5) \$ _____

Yes No Childcare Credit

Yes No Estimated Taxes Paid (*State/Local*)

Paid to: _____ Date: _____ Amount \$ _____

Paid to: _____ Date: _____ Amount \$ _____

Paid to: _____ Date: _____ Amount \$ _____

Paid to: _____ Date: _____ Amount \$ _____

Yes No Estimated Taxes Paid (*Federal*)

Paid to: _____ Date: _____ Amount \$ _____

Paid to: _____ Date: _____ Amount \$ _____

Paid to: _____ Date: _____ Amount \$ _____

Paid to: _____ Date: _____ Amount \$ _____

Yes No Business Income & Expense

Yes No Rental Income & Expenses

Yes No Farm Income & Expenses (including 1099 PTRN & Cash Rent)

Yes No Any Information for Sale of Real Estate

Yes No K-1's

Itemized Deduction Expenses

IMPORTANT: You may qualify to itemize deductions on your State tax return, even though you do not itemize on your Federal.

Yes No Health/Accident Insurance

Yes No Long Term Care Insurance Taxpayer #1 _____ Taxpayer #2 _____

Yes No Medicine/Drugs (prescription) \$ _____

Yes No Medical Transportation/Lodging

of miles: _____ Lodging: \$ _____ Other: \$ _____

Summarize all other doctor, dental and medical expenses:

Yes No Insurance reimbursement to offset above: (\$ _____)



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Checklist for Source Documents

Charitable Donations:

Contribution to a Charity

- Yes No Cash Contributions \$ _____
 Yes No Check Contributions \$ _____
Other (Donation of Clothes, Furniture, etc.)
 Yes No Contribution Amount \$ _____

of Miles: _____ Lodging: \$ _____ Other: \$ _____

Direct Deposit Bank Account Information

Name on the Account: _____

Bank Name: _____

Account Type: Checking Savings

ABA Routing Number: _____ (9 digit number on left side of check or savings slip)

Account Number: _____ (Middle set of numbers after routing number, before check number)

Please list any additional information that may be useful for your tax professional.

Tax Planning/Goals
