



180 E 5th Street  
 Garner, IA 50438  
 641-923-2262  
 Fax: 641-923-2627

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

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## 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:

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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.

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Tax Planning/Goals

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