

# Bisbee Income Tax Service

Est. 1993

Providing Excellent Service at Reasonable Rates

33 1 <sup>st</sup> St. NE Mason City, IA 50401 (641) 424-4865	15 4 <sup>th</sup> St NW Adams, MN 55909 (507) 582-3600	613 Main Street Osage, IA 50461 (641) 732-3445	115 S. Broad St. Stacyville, IA 50476 (641) 737-2428	411 12 <sup>th</sup> St. SE Rochester, MN 55904 (507) 529-0520
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Your Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Your Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Spouse's Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**THINGS TO BRING:** <sup>TM</sup> Last year's return (If new client) <sup>TM</sup> W-2 Forms <sup>TM</sup> Purchase & sale dates for all property sold  
<sup>TM</sup> 1099 Forms for: ● Interest ● dividends ● social security ● unemployment ● property sales

Misc Income	
Alimony	
Jury Duty	
Election Duty	

DEPENDENTS			
Name First, Initial & Last	Number of months lived in your home this year		
	Social Security #	Birth date	

Social Security Number is required for all dependents.

K-12 SCHOOL EXPENSES (for Iowa & Minnesota)	Child #1	Child #2	Child #3	Child #4
<b>Enter Child's Name to the Right</b> →				
Textbooks & Supplies (IA & MN)				
Tuition (IA & MN)				
Drivers Ed which is part of school curriculum (IA & MN)				
Rental & Supplies of Band Instruments (IA & MN)				
Purchase of Band Instruments (MN)				
Home Schooling – Textbooks & Supplies (MN)				
Fees and Supplies for extracurricular activities (IA)				
Fees for academic enrichment programs (MN)				
Transportation to & from School (paid to others) (MN)				
Computer related expenses (up to \$200) (MN)				
Uniforms (not including sports) (IA)				
Physical Education Uniforms (MN)				

**CHILD and DEPENDENT CARE - If you or your spouse paid for dependent care to be gainfully employed.**  
 Were the Dependent Care services performed in your home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, did you file wage statements with the IRS? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Were you reimbursed by your employer for child care? Yes \_\_\_\_\_ No \_\_\_\_\_ If so \$ \_\_\_\_\_ Amount forfeited, if any \$ \_\_\_\_\_  
**Even though your reimbursement equaled your child care expenses you are required to show this information on your tax return.**

Name(s) and Ages(s) of Dependents	Name(s) of Individuals/Organization Who Provided Care	Address: Number, Street City, State, Zip	Social Security or Employer ID Number	Amount Paid this year
				\$
				\$
				\$

## ITEMIZED DEDUCTIONS

MEDICAL EXPENSES	Net amount paid by you <b>NOT PRE-TAX</b>
Medical Ins Prem: Payroll Deduction – Pre-Tax	Not Deductible
Medical Ins Prem: Payroll Deduction – Taxable	
Medical Ins Prem: Paid directly by you	
Medicare B deducted from Social Security check	
Medicare Supplement Insurance	
Long Term Care Insurance - Taxpayer	
Long Term Care Insurance – Spouse	
Cancer Insurance	
Dental Insurance	
	Miles
Prescriptions (not over the counter)	
Insulin	
Doctors, Dentists, Chiropractors, etc.	
Hospitals	
Anesthesiology	
Required Nursing Home Care	
Lodging (limited to \$50/day per person)	
Ambulance	
Hearing aid, Batteries, Repairs	
Prescribed Medical Attire	
Prescribed Medical Equip: Cost/Rental	
Eye glasses, Contact Lenses, Exams	
Parking	
Other	

TAXES	
Real Estate: Home	
2 <sup>nd</sup> Home	
Other	
Vehicle License Tabs – 1 <sup>st</sup> Vehicle	
2 <sup>nd</sup> Vehicle	
3 <sup>rd</sup> Vehicle	
4 <sup>th</sup> Vehicle	

INTEREST	
HOME MORTGAGE (paid to financial institution)	Bring 1098
HOME MORTGAGE (paid to individual)	
List Name, Social Security number and address:	
Points (bring closing papers if purchased this year)	
INVESTMENT INTEREST (Provide details)	

CONTRIBUTIONS	Documentation is required for all gifts
Church	
United Way (payroll ded.)	
Charitable Organizations	
State Return Check-offs	
Non-cash donations	
Volunteer miles	
Volunteer parking	

MISCELLANEOUS DEDUCTIONS	
<b>JOB EXPENSES:</b>	
Union Dues	
Professional Dues/Licenses	
Tools – Small	
Uniforms – Cost/Cleaning	
Job Supplies	
Professional Journals/Trade Journals	
Phone	
Malpractice Insurance	
Safety Equipment	
<b>JOB RELATED EDUCATION:</b>	
Tuition Fees	
Books/Supplies	
Workshops/Seminars	
Mileage	
Food	
Lodging	
Job Hunting Expenses	
<b>INVESTMENT EXPENSE</b>	
Safe Deposit Box	
Journals/Subscriptions	
Phone/Postage/Mileage	
Tax Preparation Fee/Tax Consultations	
IRA or Keogh Fees (paid separately)	
<b>OTHER:</b>	
Gambling Losses	
Minnesota Nongame Wildlife Fund	
Iowa Fish/Wildlife Fund	
Iowa State Fair Fund	
Iowa Keep Iowa Beautiful Fund	
Iowa Firefighters/Veterans Fund	
Iowa Child Abuse & Prevention	

ESTIMATE PAYMENTS MADE	FEDERAL			STATE		
	Date Paid	Check #	Amount	Date Paid	Check #	Amount
4 <sup>th</sup> Qtr. Prior Year (if paid this year)						
1 <sup>st</sup> Qtr. This Year						
2 <sup>nd</sup> Qtr. This Year						
3 <sup>rd</sup> Qtr. This Year						
4 <sup>th</sup> Qtr. This Year						

### RETIREMENT PLANS

If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan list the amount you have contributed this year and the date of contribution.

IRA.....	You \$ _____	Date _____	Spouse \$ _____	Date _____
SEP.....	You \$ _____	Date _____	Spouse \$ _____	Date _____
....				
Keogh.....	You \$ _____	Date _____	Spouse \$ _____	Date _____
SIMPLE.....	You \$ _____	Date _____	Spouse \$ _____	Date _____



# BUSINESS

# RENTAL PROPERTY

<b><u>BUSINESS INCOME</u></b>			
Gross Sales			
Other Income			
<b><u>COST OF GOODS</u></b>			
Purchases			
Sub Contract Labor			
Personal Use			
Inventory at End of Year			
<b><u>BUSINESS EXPENSES</u></b>			
Advertising			
Bank Charges			
Commission			
Delivery & Freight			
Dues & Subscriptions			
	<u>Total</u>	<u>Personal</u>	<u>Business</u>
Insurance			
Mort Int			
RE Taxes			
All Other Interest			
License			
Office Expense/Postage			
Prof Fees/Legal Fees/Tax Prep			
Rent			
Repairs			
Sales Tax (if incl in sales)			
Supplies			
Travel			
Telephone			
Utilities (Elec., Water, Sewer)			
Uniforms			
Wages			
	<u>1<sup>ST</sup> VEHICLE</u>	<u>2<sup>ND</sup> VEHICLE</u>	
Gas & Oil			
Repairs			
Insurance			
License			
Personal Miles			
Business Miles			
Total Miles			

<b><u>RENTAL INCOME</u></b>		
Rent		
<b><u>RENTAL EXPENSES</u></b>		
Advertising		
Association Dues		
Cleaning		
Commissions		
Gardening		
Insurance		
Legal/Professional Fees		
License/Permits		
Management Fees		
Misc.		
Interest-Mortgage		
Interest-Other		
Painting		
Pest Control		
Repairs-Maintenance		
Supplies		
Taxes-Real Estate		
Taxes-Payroll		
Telephone		
Utilities		
Wages		
	<u>1<sup>ST</sup> VEHICLE</u>	<u>2<sup>ND</sup> VEHICLE</u>
Gas & Oil		
Repairs		
Insurance		
License		
Personal Miles		
Business Miles		
Total Miles		

## **BUSINESS USE OF HOME**

Total Sq Ft		Business Sq Ft	
Total Hours Used (Applies only for Daycare)			
Mort Interest		Insurance	
RE Taxes		Utilities	
Rent of Home		Repairs	

### **SALE OF MACHINERY OR EQUIPMENT**

<i>Kind of Property</i>	<i>Date Sold</i>	<i>Gross Amount</i>	<i>Sale Expense</i>	<i>Date Acquired</i>	<i>Cost</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### **MAJOR PURCHASES OR IMPROVEMENTS**

<i>Item Purchased</i>	<i>Date Purchased</i>	<i>Cost</i>	<i>Cash Boot</i>	<i>Item Traded</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____