

Bisbee Income Tax Service

Providing Excellent Service at Reasonable Rates

33 1st St. NE
Mason City, IA 50401
(641) 424-4865

320 W Main St
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 12th St. SE
Rochester, MN 55904
(507) 529-0520

Your Name _____

Soc. Sec. No. _____

Spouse's Name _____

Soc. Sec. No. _____

Your Occupation _____ Date of Birth _____

Home Phone _____

Spouse's Occupation _____ Date of Birth _____

Primary Phone _____

Address _____

Email _____

THINGS TO BRING: Last year's return (If new client) W-2 Forms • Purchase & sale dates for all property sold
1099 Forms for: • Interest • Dividends • Social Security • Unemployment • Debt Cancellation

Alimony	Jury Duty	Election Duty				
\$	\$	\$	\$	\$	\$	\$

DEPENDENTS

Name: First, Initial & Last	Social Security #	Birth date	Relationship	Months lived in your home

Social Security Number is required for all dependents.

K-12 School Expenses	Child #1	Child #2	Child #3	Child#4
Enter Child's Name to the Right →				
Textbooks & Supplies	IA & MN			
Tuition and/or Tutoring Fee	IA & MN			
Drivers Ed fees paid to the school	IA & MN			
Rental & Supplies of Band Instruments	IA & MN			
Purchase of Band Instruments	MN			
Home Schooling – Textbooks & Supplies	MN			
Music lessons	MN			
Physical Education Uniforms	MN			
Tuition, fees – after school fine arts and academic	MN			
Transportation to & from School (paid to others)	MN			
Computer related expenses (up to \$200)	MN			
Uniforms, clothes, shoes (non-street use)	IA			
Materials for shop and mechanics class	IA			
Fees, dues, or admissions for extracurricular activities	IA			
Materials for extra-curricular activities	IA			

CHILD and DEPENDENT CARE - If married, both need to be employed. You must list your child care expenses on return even if reimbursed by employer.

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 NOT PRE-TAX
Medical Ins Prem: Payroll Deduction – Pre-Tax		Not Deductible
Medical Ins Prem: Payroll Deduction – Taxable		
Medical Ins Prem: Paid directly by you		
Drug Insurance		
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		
Total Miles		

TAXES	
Real Estate: Home	
2 nd Home	
Other	
Vehicle License Tabs – 1 st Vehicle	
2 nd Vehicle	
3 rd Vehicle	
4 th 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	
Church	Documentation is required for all gifts
United Way (payroll ded.)	
Charitable Organizations	
Non-cash donations	
Volunteer miles	
Volunteer parking	
MINNESOTA ONLY	
Employee Business Expense	
NOT Reimbursed	
Office in Home	
Education (tuition/books)	
Travel Expenses (overnight)	
Business Miles Driven (not commuting)	
Meals	
OTHER:	
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 th Qtr. Prior Year (if paid this year)						
1 st Qtr. This Year						
2 nd Qtr. This Year						
3 rd Qtr. This Year						
4 th Qtr. This Year						

RETIREMENT PLANS				
If you or your spouse has an IRA, SEP, SIMPLE or ROTH 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
ROTH	You\$	Date	Spouse\$	Date
Simple	You\$	Date	Spouse	Date

BUSINESS

BUSINESS INCOME			
Gross Sales			
Other Income			
COST OF GOODS			
Purchases			
Personal Use			
Inventory at End of Year			
BUSINESS EXPENSES			
Advertising			
Bank Charges			
Commission			
Contract Labor			
Delivery & Freight			
Dues & Subscriptions			
	<u>Total</u>	<u>Personal</u>	<u>Business</u>
Insurance			
Mort Int			
RE Taxes			
All Other Interest			
License			
Meals (list 100%)			
Miscellaneous			
Office Expense/Postage			
Payroll Taxes			
Prof Fees/Legal Fees/Tax Prep			
Rent			
Repairs			
Sales Tax (if incl in sales)			
Supplies			
Telephone			
Tools			
Travel			
Utilities (Elec., Water, Sewer)			
Uniforms			
Wages			
	<u>1ST VEHICLE</u>	<u>2ND VEHICLE</u>	
Gas & Oil			
Repairs			
Insurance/License			
Personal Miles			
Business Miles			
Total Miles			

RENTAL PROPERTY

RENTAL INCOME			
Rent			
RENTAL EXPENSES			
Advertising			
Association Dues			
Cleaning			
Commissions			
Contract Labor			
Gardening			
Insurance			
Interest-Mortgage			
Interest-Other			
Legal/Professional Fees			
License/Permits			
Management Fees			
Miscellaneous			
Painting			
Pest Control			
Repairs-Maintenance			
Supplies			
Taxes-Real Estate			
Telephone			
Utilities			
	<u>1ST VEHICLE</u>	<u>2ND 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	

MAJOR PURCHASES OR IMPROVEMENTS

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

SALE OF MACHINERY, EQUIPMENT OR BUILDING(S)

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