

McGowan Tax & Accounting LLC

P.O Box 1144, Carroll, IA 51401

Phone: 712-210-3191 Email: Shauna@mcgowanaccounting.com

Individual Tax Worksheet

Tax Year:

Filing Status: Single

Married Filing Jointly

Married Filing Separately

Head of Household

Qualifying Widower(er)

Can someone else claim you or your spouse as a dependent? Yes or No

Name:	SS#	Date of Birth:
Spouse Name:	SS#	Date of Birth:
Address:		
Phone:		Email:
Did you sell, send, exchange or acquire any financial interest in any virtual currency? Yes or No		
Are you or your spouse blind? Yes or No? If Yes who _____		

Dependents

First Name Last Name	Social Security #	Date of Birth	Daycare Expense

For day care expense please attach daycare provider Name, Address, Tax ID #,

Please bring in all supporting tax documents for ALL your income.

Wages (W2)	Interest	IRA Distribution	Pension/annuities
Social Security Benefits	Capital Gain	Unemployment	Taxable Refund
Alimony Received: \$		Date of divorce or separation:	
Other income List Type and Amount:			

Tax payments and Estimates paid

	Date Paid	Federal	Date paid	State
Prior year taxes paid in current tax year		\$		\$
Estimate Payments (Please include date paid and amount)				
Due 4/15		\$		\$
Due 6/15		\$		\$
Due 9/15		\$		\$
Due 1/15		\$		\$

Other Tax Deductions - Please bring in all supporting tax documents

Educator Expenses: \$		
Health Savings Account: \$		
Retirement Contribution:	Roth IRA\$	IRA \$
Retirement Contribution Spouse:	Roth IRA\$	IRA \$
Alimony Paid \$	Recipients SSN#:	Date of Divorce
Moving Expense Armed Force		

Tuition and Fees- Eligible expense required for enrollment and attendance.

The IRS requires that you report all income, from whatever source derived, and maintain and retain records substantiating all items reported on your return. Specific written records are required for deductions of charitable contributions, travel, entertainment, auto mileage, and computer use. McGowan Tax and Accounting LLC is your advisor and preparer, but you have the final responsibility for accuracy and overall correctness of your return.

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Not Eligible room & board, Insurance, Medical, Transportation, personal living expense

Please included 1098-T from College

Student Name	Tuition	Fees	Books, Supplies, Equipment	Grants, Scholarships, ect
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Medical and Dental Expenses

Did you purchase your medical insurance through the Market Place? Yes or No

If yes please include **1095-A** tax document received from healthcare.gov.

	Taxpayer	Spouse
Prescription Medication	\$	\$
Health/Dental/Vision Insurance Premiums	\$	\$
Medicare Premiums	\$	\$
Long-term Care Premiums	\$	\$
Long-term Care Expense-attach detail	\$	\$
Fees for Doctor, Dentist, Hospital, clinic, ECT	\$	\$
Eye Glasses/contacts	\$	\$
Medical Equipment & Supplies	\$	\$
Other Medical expense	\$	\$
Medical Miles Driven		
Lodging for Medical Purposes	\$	\$

Taxes and Interest -Please attached form 1098 from your bank

Real Estate Tax (Primary Residence) \$	Real Estate Tax (2nd Residence) \$
Motor Vehicle Tax \$	Sales tax on major purchases\$
Home mortgage interest \$	Mortgage Points Paid\$
Mortgage insurance Premiums \$	

Charitable Contributions

Cash Donations over \$250 Provide Receipt

Non-Cash donations to thrift store include receipts with thrift store values attached.

To whom:	Type (cash/noncash)	Date	Amount

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