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INCOME TAX WORKSHEET

118 E 2nd Street, Suite C
PO Box 525
Winthrop, MN 55396
Phone: 507-647-5312

YEAR _____

Your Name: _____
Social Security #: _____
Date of Birth: _____
Occupation: _____
E-mail Address: _____
Address: _____
Are you legally blind? Yes ___ No ___

Spouse's Name: _____
Social Security #: _____
Date of Birth: _____
Occupation: _____
Cell Phone: _____
Home Phone: _____
Is your spouse legally blind? Yes ___ No ___

DEPENDENTS

Name	Social Security #	Grade	Date of Birth	Name	Social Security #	Grade	Date of Birth

WAGES - Attach all W-2s

Employer	Gross	Fed W/H	State W/H	Social Security	Medicare

INTEREST RECEIVED - Attach all 1099's

**Do you have a foreign financial account that exceeded \$10,000 at ANYTIME during the year? _____

Payer	Amount	Payer	Amount

DIVIDENDS RECEIVED - Attach all 1099's

Payer	Dividends	Qualified Dividends	Capital Gains	Non-Taxable

RENTAL PROPERTY INCOME

	Property 1	Property 2	Property 3
Description			
Rent Income			
Expenses:			
Real Estate Tax			
Interest			
Repairs/Maintenance			
Insurance			
Miles Driven x 0.535			
Other - Specify			

OTHER INCOME - Attach all Related Forms

Unemployment Compensation _____	Prizes / Awards / Gambling _____
Pension and Annuities / IRA Distributions _____	S-Corp, Partnership, Trust, Estate (K-1's) _____
Social Security - Husband _____	Commissions / Bonus _____
Social Security - Wife _____	Jury Duty Pay _____
Sales of Property/Land - Include 1099-S _____	Cancelled Debt _____

MISCELLANEOUS ITEMS -

Did you enroll in a masters degree program in the teaching field after June 30, 2017? _____

Are you considered a beginning farmer, or are you renting land to or selling assets to a beginning farmer? _____

Have you set up a first-time homebuyer savings account? _____

Did you contribute to a Section 529 College Savings Plan during the year? If so, how much did you contribute? _____

Did you make any payments on your student loans?
If so: Original loan amounts _____ Payments made this year _____

Have you gifted anyone over \$14,000 worth of money or property this year? _____

****PLEASE COMPLETE AFFORDABLE CARE ACT QUESTIONNAIRE INCLUDED WITH YOUR LETTER. REQUIRED FOR YOUR RETURN***

NON-BUSINESS ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL: (Expenses not reimbursed by Insurance, HSA, FSA, MSA, Employer)

Prescriptions & Drugs (Doctor prescribed only) _____	Other - Specify _____
Doctors, Dentists, etc. _____	_____
Eyeglasses and Exams _____	_____
Hearing Aids and Supplies _____	Long-Term Care Insurance Premiums: _____
Hospitals _____	Taxpayer: _____
Medical/Dental/Vision Insurance (Non-Employee) _____	Ins. Co. _____
Nursing Home Care _____	Policy # _____
Transportation Expense _____	Spouse: _____
Miles Driven _____ x .17 _____	Ins. Co. _____
Lodging _____	Policy # _____

HSA CONTRIBUTIONS	Date	Amount	Date	Amount
Husband	_____	_____	Wife	_____

**** MAKE SURE TO BRING IN ALL HSA FORMS - 1099-SA & 5498 ****

TAXES

Real Estate Taxes Paid _____	Income Tax - Paid This Year For Prior Years
Less: Refund Received (_____)	Date Amount Date Amount
Net Taxes Paid _____	Federal _____
	State _____
Auto License: Registration Tax Less Base Fee	Estimate Payments for Current Year
Vehicle 1 _____ (_____)	Federal State
Vehicle 2 _____ (_____)	Date Paid Amount Date Paid Amount
Vehicle 3 _____ (_____)	1st _____
Sale Tax Paid on Large Item Purchases _____	2nd _____
_____	3rd _____
_____	4th _____

HAVE YOU FILED FOR YOUR 2017 PROPERTY TAX REFUND? Yes ___ No ___

INTEREST *** If you purchased or refinanced a home this year bring in your closing papers / settlement statement (HUD-1)*

Home Mortgage - Attach all 1098's _____	Home Equity Loan _____
Home Mortgage (Paid to Individual) _____	Points paid to refinance or purchase residence _____
Name _____	Qualified Mortgage Insurance Premiums _____
Address _____	Investment Interest _____
Social Security # _____	Student Loan Interest - Attach all 1098-E's _____

CHARITABLE CONTRIBUTIONS - Need documentation for any contribution of \$250 or more (cash or non-cash)

Church/Charitable Organization Name	Cash Amount	Describe Donated Property (Clothing/Household) Property Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	Volunteer Work - Mileage and Expense
_____	_____	Miles Driven _____ x .14 _____
_____	_____	Out of Pocket Expense _____

Note: Individuals claiming the federal standard deduction are allowed a subtraction of 50% of contributions in excess of \$500 on the MN return.

OTHER DEDUCTIONS

Unreimbursed Casualty or Theft Losses - Describe _____	Tax Preparation/Planning Fees _____
Unreimbursed Employee Expenses - Meals, Travel, Tools, Class, etc. _____	Professional/Union Dues _____
_____	Repayment of Prior Year Income _____
_____	Gambling Losses - To extent of winnings _____
_____	Investment Expenses and Fees/Safe Deposit _____
_____	Legal Fees related to income/taxes _____

OTHER INFORMATION

Educator/Teachers Expenses (K-12) _____	Moving Expenses - Specify _____
College Tuition - Must include Form 1098T to file _____	_____
College Books, Supplies, Equipment, etc. _____	_____
K-12 Ed Expense - Receipts Required; No Lunch, Clothes, Athletic Fees _____	Private School Tuition (K-12) _____
_____	_____
_____	Adoption Expenses _____

CHILD AND DEPENDENT CARE INFORMATION

Provider Name & Address	Provider	Social Security/Fed Tax ID #	Child's Name	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IRA CONTRIBUTIONS

Date	Traditional	Roth	Date	Traditional	Roth
Husband	_____	_____	Wife	_____	_____